RADIX

VOLUME THREE

PROFESSOR STEPHEN K SMITH

Battling health and wealth inequalities

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PROFESSOR STEPHEN K SMITH

THE BEST NHS?

Battling health and wealth inequalities

RADIX

Published in 2022 by Radix UK.
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eBook ISBN 978-1-912880-46-1
Print ISBN 978-1-912880-47-8

CONTENTS

SUMMARY

The ten macro trends in the NHS (see Book 1) are creating many more chronic, out-of-hospital conditions and even 'new' conditions such as diabetes and dementia that make the boundary between a medical condition and a social condition meaningless. The imperative now is to give local leaders the authority and support to get on with it – and to protect them from the local interference that is often exercised by the national bodies and by central government.

WHY?

The health and care system as currently designed cannot cope. Even before the pandemic, A&E visits were up 22 per cent over the last nine years. That's almost 24 million attendances. This is largely because of the failure to tackle the growing problems of deteriorating health in poorer communities and the needs of an ageing population.

HOW?

This leads to radically different conclusions about how health services should be delivered:

1. *It has as much of an emphasis on keeping the population healthy as on treating them when they become ill.*
2. *If we are to improve the health of the nation, the most significant and crucial agent is not central government but the properly sized regional authority, with NHS services embedded in the provision of broader community services that determine the health of the population.*
3. *These regional authorities should be founded on a proper area-based economic footprint, like the combined authorities, amalgamating many of the currently smaller-sized, stove-piped local authorities, and encompassing NHS services.*
4. *These devolved health and care systems need to be structured more boldly than the integrated care systems launched in 2019 by Corporate NHS as a good first step.*
5. *The overarching authority should be a new one made up of both the NHS and amalgamated local authority organisations. There should be no question of one body taking over another – it will need to be a mix of both but with clear lines of authority.*
6. *Regional democratic legitimacy is important. There must be a single, democratically elected, regional leader and that can only be a mayor, such as exists in Manchester with Andy Burnham, in London with Sadiq Khan, and in the West Midlands with Andy Street. Obviously, there is only a small number of mayors currently, but this structure should be extended as quickly as possible to cover the whole country.*

Improving the health and wellbeing of the British population requires not just reform of the NHS and social care, but also reform of the way that the country is governed

A radical shift is also needed if we are to create liveable cities as urban populations grow. Much more emphasis needs to be placed on understanding the social life of cities – how government, public agencies and urban planners can design spaces, but more importantly, services can help neighbourhoods flourish.

Unravelling what makes a place work means understanding and examining the particular social life of that community and the multitude of influences – past and present – that shape it.

This can't be done from the cosseted square mile of Westminster and Whitehall. What is the history of a neighbourhood? Is its story one of growth or decline? What is its spatial relationship to the rest of the city? How is a place understood and defined by its residents, and in relation to neighbouring places? Is it integrated? Segregated? Socially excluded? Politically engaged? What is its reputation today and in the past?

These are challenging questions for many public agencies to deal with, especially in light of local government and public sector job cuts. Yet, objectively these things matter, and they are essential to understand if urban sustainability is to be a genuine policy goal.

Devolution of power from London and the extension of newly integrated health and social care into the other fundamental drivers of health and wellbeing – education, employment and housing – is a vital precursor to restoring the vitality and dignity of the denuded regions of England.

RADICAL RETHINKING

The approach advocated here is based upon the principles of 'equity, territorial justice and solidarity'. It calls for a radical re-fashioning of the structure of economic governance, based on a new federal constitution that would provide for a cohesive and balanced process of decentralisation, enabling national and regional governments to adopt inclusive models of development that promote more and better jobs, and target resources at the most disadvantaged areas and people.

Just how much power will be decentralised is uncertain, and the white paper announced in 2021 is ambiguous in that it doesn't really do anything to integrate health and social care, and has centralising tendencies, such as provisions for greater political control from Westminster.

The need for integration of health and social care

SECTION 1

THE NEED TO IMPROVE OUT-OF-HOSPITAL CARE, AND TO INTEGRATE HEALTH AND SOCIAL CARE, IS NOT A RECENT PRIORITY:

> *'A hospital plan makes no sense unless the medical profession outside the hospital service will be able progressively to accept responsibility for more and more of that care of patients which, today, is given inside the hospitals. It makes no sense therefore unless the medical profession outside the hospital service can be supported in this task by a whole new development of the local authority services for the old, for the sick and for the mentally ill.'*[1]

This was written in 1961 by the then Secretary of State for Health, and the aspiration has been repeated in every NHS plan and in every announced intention since. The need for this integration has become even more compelling in the nearly 60 years since the speech above was made, due to the ten macro-trends described in Book 1.

These are creating many more chronic, out-of-hospital conditions and even 'new' conditions such as diabetes and dementia that make the boundary between a medical condition and a social condition meaningless. The imperative now is to give local leaders the authority and support to 'just do it', and to protect them from the local interference that is often exercised by the national bodies and by central government.

The health and care system as currently designed cannot cope. Even before the pandemic, A&E visits were up 22 per cent over the last nine years. That's almost 24 million attendances.[2] This is largely because of the failure to tackle the growing problems of deteriorating health in poorer communities and the needs of an ageing population.

This leads to radically different conclusions about how health services should be delivered, with as much of an emphasis on keeping the population healthy as on treating them when they become ill. Public Health England has rightly argued that the centralised NHS, separated from the broader drivers of ill health, is not the delivery system one would design if attempting to improve the nation's overall health.

As the former Secretary of State for Health and Social Care Matt Hancock rightly notes:

> *'We cannot continue to invest in the same service models of the past. We will not meet our mission with 'business as usual.'…This means services which target the root causes of poor health and promote the health of the whole individual, not just treating single acute illnesses.'*[3]

It is universally acknowledged that the UK has the most centralised government of the major advanced economies.[4] But devolution is seldom recognised as a vital means of delivering better health and care outcomes. It is not so much that local accountability needs to replace the distant centre of power and decision-making in Whitehall and Westminster, but that the central state is incapable of tackling the highly specific demands and needs of a geographical area without a local overseer or agent with knowledge of local health needs to direct them.

It is the local state – reformed local authorities – that can best deliver economic growth by tailoring economy to tackling poverty, the overwhelming socio-economic indicator for public health. It is the local state that can redesign housing, roads and public places, foster physical activity, reduce crime and remedy isolation. It is the local state that can deliver optimal training in skills and education to those excluded, so they no longer pay the price of low status and poor attainment.

It is the local state that can best undertake what is needed to give a place a future. It is the local state that currently delivers, under great pressure, social care, and it is the systematic failure of this that lies behind much of the rise of hospital admissions - not just from those under direct local authority care but from the thousands denied its support, people who don't yet qualify for hospital support but suffer from multiple conditions and whose first point of recourse is all too often the local A&E unit.

To argue that devolved, local authorities can best deliver on total population health is not as radical as it sounds.[5] In fact, this has been accepted in British health policy for some time. The Health and Social Care Act 2012 transferred public health from the NHS to local authorities. It abolished primary care trusts and transferred much of their responsibility for public health to local authorities. From this date, local authorities have had a new duty to take such steps as they consider appropriate for improving the health of the people in their areas.

Local authorities also inherited responsibility for a range of public health services previously provided by the NHS including sexual health and

services to tackle drug or alcohol misuse. As understanding of public and total population health has increased, so has an appreciation of what factors decisively influence these outcomes.

If we are to improve the health of the nation, the most significant and crucial agent is not central government but the properly sized regional authority, with NHS services embedded in the provision of broader community services that determine the health of the population.

These regional authorities should be founded on a proper area-based economic footprint, like the combined authorities, amalgamating many of the currently smaller-sized, stove-piped local authorities, and encompassing NHS services.

These devolved health and care systems need to be structured more boldly than the integrated care systems launched in 2019 by Corporate NHS as a good first step. The overarching authority should be a new one made up of both the NHS and amalgamated local authority organisations. There should be no question of one body taking over another – it will need to be a mix of both but with clear lines of authority. Regional democratic legitimacy is important. There must be a single, democratically elected, regional leader and that can only be a mayor, such as exists in Manchester with Andy Burnham, in London with Sadiq Khan, and in the West Midlands with Andy Street. Obviously, there is only a small number of mayors currently, but this structure should be extended as quickly as possible to cover the whole country.

> *'Devolving powers to new and emerging city regions and combined authorities will have the capacity to change and transform their social and economic environment, and will be essential if cities are to deliver on the twin objectives of growth and reform….Cities will need far greater control over public resources to shape local economies and design integrated place-based services that meet local needs and achieve local outcomes.'*[6]

This accelerated empowerment of cities to shape services around the needs of the local population should quickly be extended to non-urban regions such as counties:

> *'We propose a path to reform that leads to transformative devolution to the counties – 'Devo 2.0'….Through them, we can both reform the existing two-tier county/district system; and move to complete reorganisation in the form of single-tier unitary councils'.*[7]

Some might worry that devolution will undermine the principle of 'universality' in the NHS, that everyone in the country should have equal access to healthcare. However, the reverse is true: the centralised NHS and, more broadly, the dominant power of London are the causes of the current postcode lottery:

> *'Access to good care is more and more of a lottery depending on where people live, with some areas providing only services that have been deemed substandard, according to the Care Quality Commission (CQC).'*[8]

One of the central recommendations of this book is that health and social care should be devolved to regions of two to five million people, underpinned by national platforms that bring economies of scale and scope to support local delivery of services. These moves should be accompanied by greater local democracy provided by a greatly strengthened mayoral system, and by a corresponding reduction in the stultifying centralisation of power in Whitehall and Westminster.

The current postcode lottery is actually getting worse for two reasons. In the first place, the nationalisation of the NHS in 1948 was implemented on a system that already had ingrained inequalities, then (as now) between rich and poor areas, into the system, and the lack of meaningful reform since then, for the reasons outlined in this book, mean that the inequalities have not been overturned. Just as the way the system works, in terms of separation of health and social care, an independent GP network, and so on, is stuck in 1948, so too are the inequalities that characterised that system after the end of the second world war.

> *'The creation of the NHS did not immediately address inequalities in care across socio-economic groups. In nationalising the patchwork of existing services, unequal access to health care was hardwired into the health service from the start. Nearly 50 years ago, Julian Tudor Hart highlighted the 'Inverse Care Law', by which access to good quality care was worse in areas of greatest need….inequalities in the quality of care between socioeconomic groups remain.'*[9]

The second reason for growing inequalities is that the Tory government since 2010 has pursued policies, both deliberately and by accident that have exacerbated those differences. Cuts in social care have inevitably caused the gap between rich and poor to widen. The marker forces factor introduced into health service capitation calculations, in which the wages are benchmarked against local wage levels, inevitably moves money from poorer areas to richer ones.

'While stated NHS policies are aiming to reduce health care inequalities, there is growing concern that welfare and social care spending cuts are having the opposite effect and causing inequalities to widen….Across all of the indicators, people living in the most deprived areas of England experience a worse quality of care than people living in the least deprived areas. The size of the inequality gap is greatest for measures that are more influenced by the wider link between deprivation and ill health, such as avoidable mortality, smoking prevalence and emergency admissions to hospital. Measures relating to children and young people also show large inequalities….Looking at the trends over time, for many measures of care quality the inequality gap has widened.' [10]

Devolution to the locality is an inspirational ambition that will mobilise the health and care workforce, reversing its increasingly dispirited outlook. It will replace the current jumble of confused jurisdictions and unclear responsibilities, both within the NHS and between the NHS and local authorities. It will localise the NHS and make it more relevant to the patients and citizens that it serves. It is the engine that will drive an appropriate alignment of the 'workings' of the system with the needs of a 21st century population.

Such a localised NHS must though make sure that its boundaries are co-terminal with the local boundaries which is currently not always the case.

This process of devolution needs to be carefully done. It needs to be measured and sustained and must not be interrupted by new cross-cutting initiatives and reorganisations from the top. Of course, this devolution needs to be complemented by national platforms, such as the spread of best practice and well-crafted regulation, that support effective local delivery. These national platforms will be considered in Book Nine of the Radix series.

Some regions are ready for the change now, and they should be supported by the national bodies to pilot the devolved arrangements, making sure that lessons are learnt and applied to those that follow. This should include an assessment of why 'Devo Manc', the 2015 experiment in which Greater Manchester was to become the first local authority in England to take control of its health and social care budget, has not lived up to initial aspirations, despite a significant injection of public money in the form of a £450 million grant.[11]

'Devo Manc' has made some progress in improving population health but it has, sadly, failed the first key test of a successfully devolved healthcare operation: that of building the out-of-hospital infrastructure to take the pressure off A&E departments. In Manchester, these have now slipped to become some of the worst performing in the country.[12] Devolution that looked good on paper has not been followed through with either the type of delegated executive authority or the competent management needed for the still-disordered patchwork of local authorities, commissioners, primary care, community-based care and hospital providers. A rejuvenated and fortified wave of devolution needs to be launched.

The rest of this book continues to make the case for devolution, and gives a short history of the unsuccessful attempts to make it happen.

Health and wealth inequalities

SECTION 2

ACROSS RACES, CLASSES AND REGIONS – IN THE UK ARE THE WORST IN EUROPE AND ARE THE LARGEST DRIVERS OF POOR ENGLISH HEALTH OUTCOMES.

AND THEY ARE GETTING WORSE.

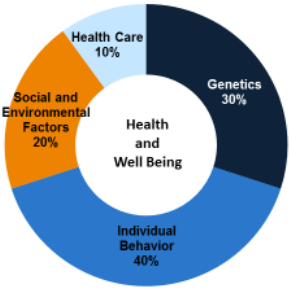
The widely-acclaimed 2010 report *'Fair Society Healthy Lives'* by UCL Professor and WHO advisor Sir Michael Marmot argued that people are more likely to suffer illness, or an early death, if they are unemployed or poorly educated, not because of the performance of the NHS. Only around 20 per cent, or less,[13] as low as 10 per cent in the study that produced the graphic below[14] of the factors that cause ill-health are influenceable by the NHS.[15]

This and numerous other studies have led Public Health England and the NHS to identify seven key areas or indicators through which population health can be improved: the natural and built environment, work and the labour market, vulnerability, income, crime, education and the Marmot indicators.

Launched by the Institute of Health Equity, the Marmot Indicators 2015 identify the social determinants of health, health outcomes and social inequality and come up with the following recommendations: [16]

1. *Give every child the best start in life.*
2. *Enable all children, young people and adults to maximise their capabilities and have control over their lives.*
3. *Create fair employment and good work for all.*
4. *Ensure a healthy standard of living for all.*
5. *Create and develop healthy and sustainable places and communities.*
6. *Strengthen the role and impact of ill-health prevention.*

IMPACT OF DIFFERENCE FACTORS ON RISK OF PREMATURE DEATH



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.

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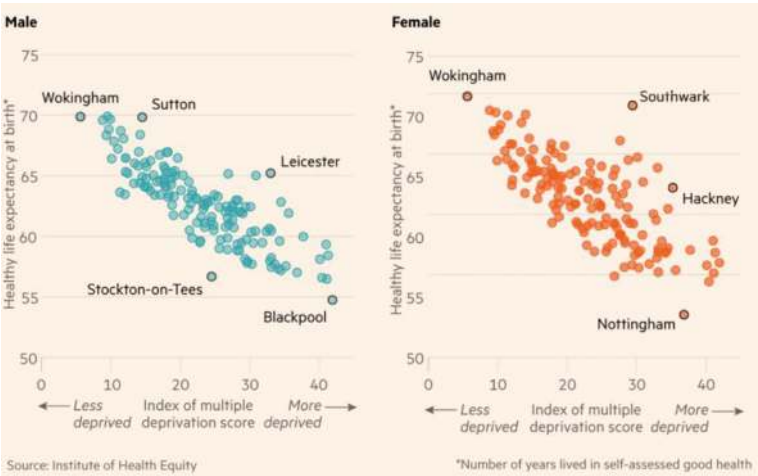
FACTORS INFLUENCING HEALTH AND WELLBEING

In his most recent review (February 2020), Marmot has described as 'shocking' the fact that government austerity has led to life expectancy grinding to a halt for the first time in 120 years. He highlighted rising child poverty, a fall in education budgets, an increase in zero-hours contracts and the large number of people resorting to food banks. The result was 'ignored communities with poor conditions and little reason for hope' with a widening gap between rich and poor. Life expectancy was falling fastest in the most deprived areas (the bottom ten per cent of neighbourhoods in the north east), and in the least deprived 10 per cent of London neighbourhoods. This widening gap is illustrated below.



INCREASING HEALTH INEQUALITIES

HEALTHY LIFE EXPECTANCY AT BIRTH

The health of the general population is not improving in line with other advanced nations and is actually deteriorating in the more deprived parts of society.

> *'In many areas of the country, and for poorer groups, life expectancy was already falling before 2018. It is not just the elderly who are especially harmed. The infant mortality rates for the poorest families in the UK have risen significantly since 2011. In 1990, the UK ranked seventh best in Europe by neonatal mortality rate. Only six countries had better outcomes. By 2015, it ranked 19th.'* [18]

For the poorest parts of the UK population, their health is getting worse not better, and the health gap between poorer and richer people is widening:

> *'The health of Britain's poorest people has declined since the mid-20th century while the rich have got fitter…poor people born in the late 1960s were less healthy during their thirties, forties and fifties than poor people born in the early 1920s were at the same age. The same comparison found that rich people born in the late 1960s were healthier than rich people born in the early 1920s, showing that there is widening health inequality between Britain's most and least affluent people.'* [19]

The burden of disease borne by the poorest in our society has been highlighted in the 2020 pandemic:

> *'General mortality rates are normally higher in more deprived areas, but covid-19 appears to be increasing this effect. ... 'Today's data show that people living in the most deprived areas of England are more than twice as likely to die as a result of covid-19 than those in the least deprived.'*[20]

Not only is there real damage and a terrible waste of human potential, but also there is a heavy burden on the country's finances:

> *'69 billion, 1 in every 5 of all spending on public services, is needed because of the impact and cost poverty has on people's lives. It is equivalent to 4 per cent of the UK's GDP.'*[21]

Wealth and income inequalities in the UK are growing, and these are having a significant effect on the ill-health of the poorest and most vulnerable in our society. Improving health outcomes in the UK is not only a matter of improving the health and care systems but, even more importantly, it is about re-shaping the UK economy so that the gap between the poor and rich people is reduced.

It can be argued that the political and economic circumstances of the UK over the last 10 or 20 years – a Conservative government (senior in the coalition years) and an increasing proportion of corporate profits going to the financial services and high-tech industries in London – have contributed to rising levels of social dysfunction.

Economic inequality, and the associated health and social inequalities, are not predetermined. They are the result of political choices. Many of these were made in the 1980s with the deregulation of the financial markets by Ronald Reagan and Margaret Thatcher. This resulted in financial services moving from being a facilitator of investment in the real economy and real jobs, to one that takes an ever-larger share of people's savings and pensions. It stifles investment in the real economy, instead stoking asset (such as house and stock market) inflation, which benefits the rich.

Before the deregulation of financial services began thirty years ago, 85 per cent of the money that people saved (mostly in pension funds) was recycled into investments in the real economy (production, purchase and flow of goods and services). Fifteen percent was taken as fees by the banks and financial intermediaries.

Today only 15 per cent of our savings get through to productive investment: 85 per cent gets taken by the bankers and financiers or is used to fund existing assets, mostly property.[22] The financial services sector has, as a consequence, become very rich. The figures in the following quotation are for the United States but they are even larger in the UK where financial services accounts for 10 per cent of the economy:

> *'To get a sense of the size of this shift, consider that the financial sector now represents around 7 per cent of the US economy, up from about 4 per cent in 1980. Despite currently taking around 25 per cent of all corporate profits, it creates a mere 4 per cent of all jobs.'* [23]

Financial services are not the only cause of regional inequalities. The rise of high-tech industries, often in London, has created disparities between higher-paid, educated, tech workers and 'the rest'. London more broadly has proved a magnet for investment and growth in the new industries. Productivity in London is 77 per cent higher than the British average and a half of all foreign investment goes into London and the south east.[24]

The dominance of London is exacerbated by the UK's centralised political (Westminster) and administrative (Whitehall) structures, as described in the next section. Also, the UK has had a very chequered history with regard to regional policy and, at times (starting most recently with the

Blair government), has actively eschewed regional 'equalisation' policies in favour of trusting to the free market. As a result, the UK has larger regional disparities than most other developed economies.

> *'North of a line from the Severn estuary to the Wash, and south of Hadrian's wall, lies an area that (measured by purchasing-power parity) is as poor as the American state of Alabama or the former East Germany. The regions therein—the East and West Midlands, North West, Yorkshire and the Humber, North East, Wales and Northern Ireland—contain 47 per cent of Britain's population. By contrast, 20 per cent of Germans live in the former Democratic Republic, and only 15 per cent if you exclude Berlin.'*[25]

Improvements in the health and wellbeing of UK citizens is going to require not only improvements in the way that the health and social care sectors work, but also changes in the way that our economy works. The imbalance between the size and riches of the financial sector compared to the real economy is a major driver of inequality. This 'levelling up' agenda needs to be complemented by other economic and social levers such as greater investment in the poorer parts of the country and improvements in educational provision in these areas. It is not just a political strap line to be banded about by increasingly discredited politicians.

Research has shown that, as well as morbidity and mortality, inequality is also associated with obesity, teenage birth, mental illness, homicide, low levels of trust, low social capitali, hostility, racism, poor educational performance among schoolchildren, imprisonment, drug overdose mortality, and low social mobility.[26] Further research extended the analysis to include women's status, juvenile homicides, child conflict, overweight children, and drug abuse. [27]

The strength of the link in this piece of research between 'an index of health and social problems' and 'income inequality' was very high (0.9). The UK scored third 'worst' (that is, third worst performer on the index and third highest level of income inequality, behind Portugal and the USA on both counts) out of the 21 advanced nations in the analysis – with Japan and the Scandinavian countries scoring highest.

There is a growing recognition that wealth and income inequalities have very substantial effects on health outcomes. Most tellingly, it's the ill-health that we suffer throughout our lives that drives much of the demand in the acute sector today.

i Social capital is defined as 'the networks of relationships among people who live and work in a particular society, ennabling that society to function effectively'.

This aspect of in-life ill-health is fundamentally driven by socio-economic factors that are often beyond the remit of the NHS to influence or change. For example:

> *'A boy borne today in the most deprived area of England can expect to live about 19 fewer years in good health and die nine years earlier than a boy borne into the least deprived area.'*[28]

Improving the health and wellbeing of the British population requires not just reform of the NHS and social care, but also reform of the way that the country is governed.

The effects of centralised healthcare

SECTION 3

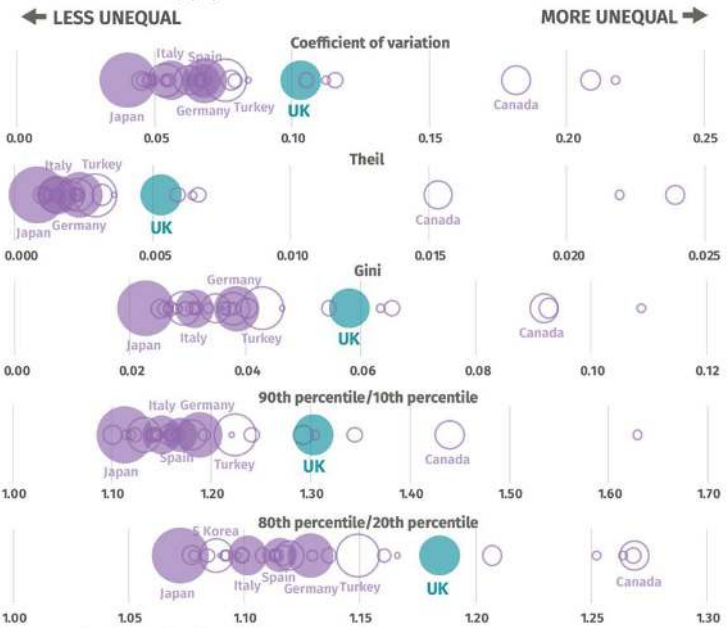
ENGLAND HAS THE MOST CENTRALISED SYSTEM OF GOVERNMENT IN EUROPE, AND IT IS A MAJOR DRIVER OF THE POSTCODE LOTTERY

A recent report analysing regional inequalities in the UK reports 'the alarming extent' of divides across the country, 'created and worsened' by most power being held in Westminster and Whitehall.[29]

The UK is more regionally divided and unequal, than comparable countries like France or Germany, on vital areas like health, jobs, disposable income and productivity. Rates of mortality, as shown in the chart below, vary more within the UK than in the majority of developed nations and some places like Blackpool, Manchester and Hull have mortality rates worse than parts of Turkey, Slovakia and Romania.[30]

FIGURE 1.4: THE UK IS ONE OF THE MOST REGIONALLY UNEQUAL COUNTRIES IN TERMS OF AGE-ADJUSTED MORTALITY

Indices of regional inequality in health (age-adjusted mortality rates, five-year average) (bubble area = country population)



Note: TL3 regions, all countries with available data.
Source: Author's analysis of OECD 2019e

REGIONAL INEQUALITIES IN HEALTH: INTERNATIONAL COMPARISONS.

The jobs divide is larger than in any comparable country. Where you live in the UK has a big impact on opportunities for work, given that the job creation rate is far higher in London and the south east than any other part of the UK.

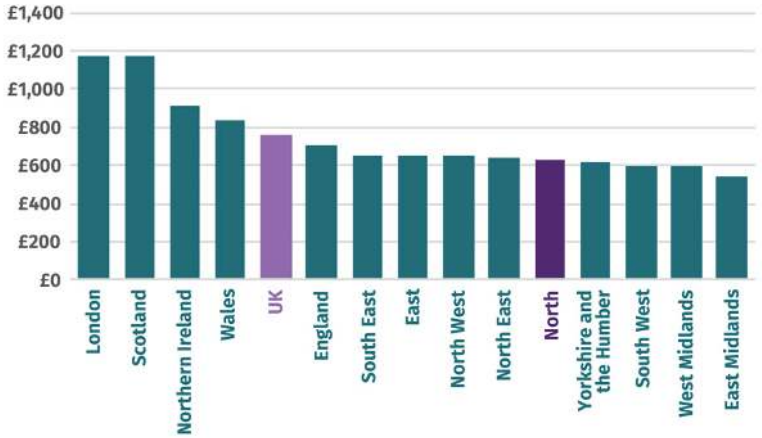
The disposable income divide is larger than any comparable country and has increased over the last 10 years. In Kensington and Chelsea, Hammersmith and Fulham, disposable income per person is £48,000 per annum higher than in the borough of Blackburn with Darwen, Nottingham and Leicester. The UK's productivity divide is larger than any comparable country. Parts of London and the south east have an economy among the most productive in the developed world, whereas parts of Northern Ireland, Wales and the north are less productive than parts of Poland, Hungary and Romania.

The OECD report stressed that *'many of these divides have been created and worsened by the fact that in the UK power is more centralised than any comparable country'*.[31] According to the Institute for Public Policy Research thinktank, 95p in every £1 paid in tax is taken by Whitehall; in Germany it is 69p in every £1 raised by central government. Just one per cent of GDP is spent by local government on economic affairs, half as much as is spent locally and regionally in France or Germany.

The north experiences the downsides of centralised spending. Public spending on economic affairs in the north is £633 per person, compared to 759 per person across the UK and the north received £541 less per person than in London.[32] The south west, East Midlands and West Midlands also have low public investment in this vital area. Centralised spending decisions have also resulted in an unequal regional impact of austerity. Between 2009/10 and 2017/18 the north saw a £3.6 billion cut in public spending, while the south east and the south west together saw a £4.7 billion rise (in real terms). London also saw a cut in spending, but by far less, at £256 million.[33]

FIGURE 3.1: SPENDING ON ECONOMIC AFFAIRS IS £541 PER PERSON LESS ON THE NORTH THAN ON LONDON

Spending on economic affairs per person, five-year average to 2018/19 (real terms 2018/19 prices)



Source: HM Treasury 2019

SPENDING ON ECONOMIC AFFAIRS IN THE UK.

The UK's unequal public investment is closely related to the centralisation of tax and spending powers. There is a general tendency for larger countries to be more fiscally decentralised – often because they are federal states with distinct subdivided l tiers – whether they are regions, provinces or *'länder'* - with clearly defined powers and resources. There are some notable exceptions – Denmark and Switzerland are small and highly decentralised, while France is large and quite centralised. But the UK is among the most fiscally centralised countries in the developed world and, as the chart over the page shows, far more so than similar sized countries, such as France, Italy, Germany or Spain.

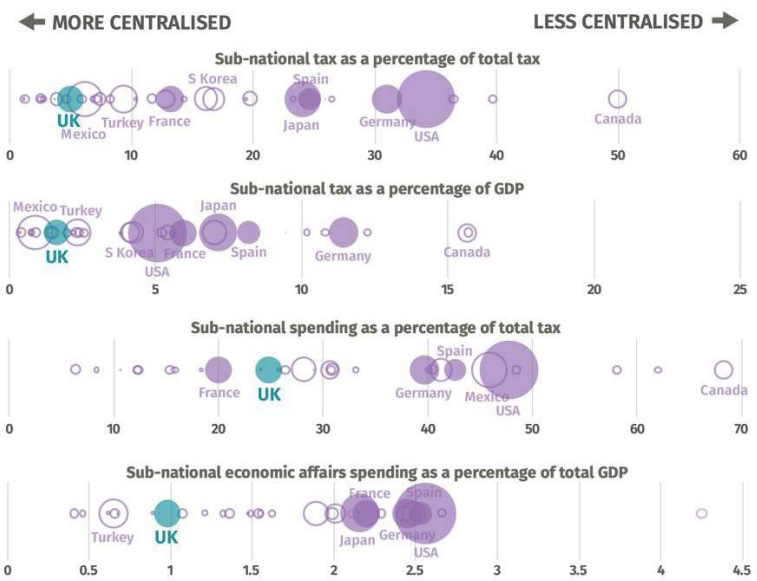
Only countries that are very different to the UK are more centralised. For example, German states have control over taxes such as inheritance tax and beer tax; while German cities have taxes on gambling and trade.[35] Even in France, which is relatively centralised compared to most other countries, the city of Paris has control over taxes such as electricity tax and land transfer tax.

Even accounting for the fact that the devolved nations have some control over tax, the UK is about as fiscally decentralised as far smaller countries, such as Hungary and Israel. Only countries like Luxembourg, Estonia, Ireland, Slovakia and Greece are more fiscally centralised than the UK.

Due to the patchwork nature of devolution in England, these trends are even more acute.. Almost all the tax raised in the north, for example, transfers to Westminster. Of the £143 billion tax raised there, £136 billion (94.8 per cent) is centralised and only £7 billion (5 per cent) stays in the form of council tax.[36] Some of this is then used to fund councils' budgets, where there is some discretion over its spending (although this is increasingly marginal due to austerity). The retention of business rates has also been piloted in some areas – however, this is widely regarded as an unsuitable tax for retention.[37]

THE UK IS THE MOST FISCALLY CENTRALISED OF COMPARABLE NATIONS

Various measures of fiscal centralisation (bubble area = country population)



Note: Economic affairs spend is for 2016 only due to data availability.
Source: Authors' analysis of OECD 2019g, 2019h, 2019i, 2019j

CENTRALISATION OF TAX AND SPENDING POWERS: INTERNATIONAL COMPARISONS [38]

The widening of regional differences in Britain since the late 1970s reflects the operation of the dominant economic model of our times. This is underpinned by debt and the housing market, with rising house prices enabling the release of equity to support consumption, supported by the deregulation of financial markets and low interest rates.[39]

This growth model has itself fuelled regional disparities, favouring the south of England where housing markets have been far more buoyant, thus supporting higher levels of consumer spending. Fuelled by the high salaries and bonuses on offer in London's financial and high-tech sectors, and accentuated by an influx of overseas investment, the house-price gap between London and the rest of the country has reached unprecedented levels, with average prices in London more than three times those in the north.[40]

This economic model has continued to widen regional inequalities in recent years, despite the rhetoric of regional rebalancing. It has been further reinforced by the pronounced regional concentration of infrastructure investment, with currently planned infrastructure expenditure in London amounting to £5,300 per head, compared to just £414 per head in the north east.[41]

There is a well-recorded irony that the areas that have suffered most from the Conservative cuts and focus on the wealthy since 2010 – most of which have been traditionally Labour-voting areas – fuelled the Brexit vote and the re-election of a Conservative government, which in turn, have suffered the most as a result of these two events.[42]

European countries that have more decentralised systems of government have been shown to have responded to the 2020 pandemic more efficiently than more centralised countries like the UK. As noted earlier, the UK's good performance on vaccinations is a result not of centralisation of political power in Westminster and the fruits of Brexit - as the government has argued - but rather the UK's excellence in bio-medical research, accompanied by the success of that industry to mobilise effectively (with important commercial input from the bio-tech venture capitalist, Kate Bingham), and the mobilisation of local solutions supported by effective national platforms - which had been sorely lacking in the early stages of the pandemic.

This early failure of the UK's system – the UK still has the highest per capita death rates in Europe – contrasts with the greater relative success, though not without challenges, of more decentralised systems such as Germany.

Muddled local government

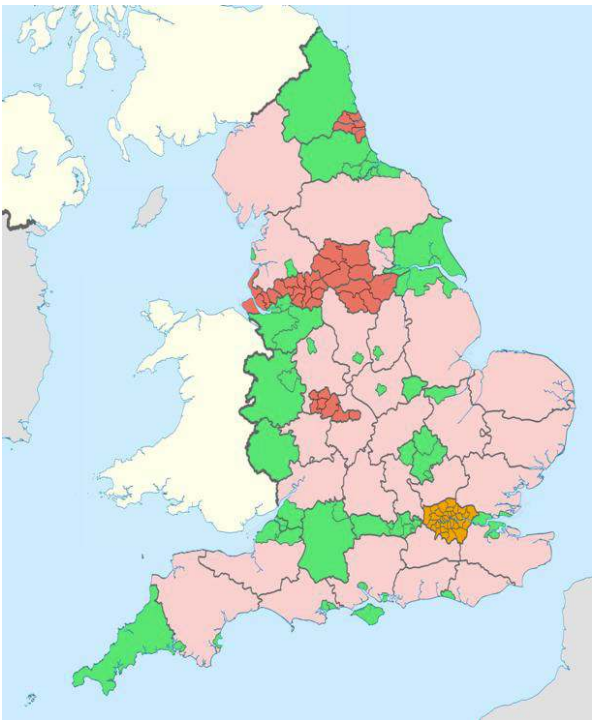
SECTION 4

THE ENGLISH SYSTEM OF LOCAL GOVERNMENT IS A MUDDLE

Local government in the UK is in a fragile condition, barely solvent. Reform is urgent.

The case for change is strong, and it is not only driven by the short-term financial crisis. There are three 'strategic' problems: the current system is complex, clunky and inconsistent; communities and 'place' have been unravelling, with serious consequences for civic coherence and the wellbeing of citizens. There is also insufficient local democracy.

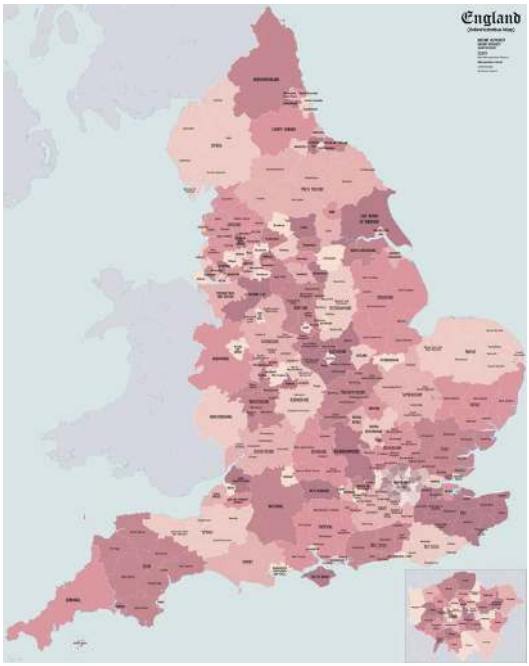
The short-term trigger to much needed reform is the dire state of local government finances. If health and social care are not integrated, and, in particular adult social care not merged with local NHS operations, local government is unlikely to remain viable. Reforms needed in the wake of its collapse will be more far-reaching. Happily, this complements the 'strategic' logic for decentralisation, giving reform a useful initial impetus. This is the topic for the rest of this book.



Combined authorities were introduced in England outside Greater London by the Local Democracy, Economic Development and Construction Act 2009 to cover areas larger than the existing local authorities but smaller than the regions. Combined authorities are created voluntarily and allow a group of local authorities to pool appropriate responsibility and receive certain delegated functions from central government in order to deliver transport and economic policy more effectively over a wider area. There are currently 10 such authorities, with the Greater Manchester Combined Authority established in April 2011, Liverpool City Region Combined Authority and three others in April 2014, two in 2016, two in 2017 and one in 2018.

Below the region level and excluding London, England has two different patterns of local government in use. In some areas there is a county council responsible for services such as education, waste management and strategic planning within a county, with several non-metropolitan district councils responsible for services such as housing, waste collection and local planning. Both are principal counties and are elected in separate elections.

Some areas have only one level of local government. These are unitary authorities, which are also principal councils. Most of Greater London is governed by London borough councils.



RED METROPOLITAN BOROUGH ORANGE LONDON BOROUGH GREEN UNITARY AUTHORITY PINK TWO-TIER NON-METROPOLITAN COUNTY

ADMINISTRATIVE MAP OF ENGLAND, 2010

There are 126 'single tier' authorities, which all function as billing authorities for council tax and local education authorities:

- *56 unitary authorities*
- *36 metropolitan boroughs*
- *32 London boroughs*
- *The Common Council of the City of London*
- *The council of the Isles of Scilly*
- *There are 31 'upper tier' authorities. The non-metropolitan counties function as local education authorities:*
- *25 non-metropolitan counties*
- *6 metropolitan counties (councils abolished in 1986)*

There are 188 'lower tier' authorities, non-metropolitan districts, which all have the function of billing authority for council tax.

There are, then, in total 339 principal councils, including the Corporation of London and the Council of the Isles of Scilly, though not the Inner Temple and Middle Temple, the last two of which are also local authorities for some purposes.

With limited powers, this hodgepodge doesn't really matter. But in order to create greater local democracy and citizen participation, the system of local government needs to be made much more coherent. Some might think that greater local democracy and participation is a nice-to-have, but not essential. The clinching argument for creating functioning and high-quality local administrations is one of the core themes of this book. England's current centralised system, together with the dangerous separation of health and social care, in an environment where this separation is affecting people's wellbeing is increasingly, and literally, deadly. Furthermore, its costs are contributing to the bankruptcy of local government.

The solution is devolution, demonstrated by northern mayors over recent years, to unlock the potential of people and their communities.

> *'It is no surprise that people across the country feel so disempowered. Both political and economic power are hoarded by a handful of people in London and the south east and this has damaged all parts of the country, from Newcastle to Newham….All our regions need devolution to be empowered, and to work together. This must be a top priority for the government.'* [44]

To create a platform for devolution and locally elected mayors, the 218 district and county councils need to be cut by over two-thirds, to around 40. This would result in about 160 unitary authorities, each covering about 300-350,00 people. This is the right scale for three reasons: it is the size that coincides with a sense of 'community' (to be described in more detail later in this book series), it is the scale that allows the most efficient organisation of 'High-Risk-Care-Management' programmes, as will be described later in the case of Bromley, London, targeted at the most vulnerable in society.

It is also the efficient scale for delivering public health programmes, both reactive ones (such as 'test, track and trace' as highlighted in the Covid-19 pandemic), and preventative ones, such as customised programmes to support people to stop smoking, reduce weight, rehabilitate from drug addiction, and so on.

As ever with political changes, there are many people opposed to change. This move to simplify and standardise local government *'will be fiercely resisted by many councillors and some MPs, since they are among the most active Conservative party members.*[45] Nonetheless, as of 2021, such a reorganisation is being considered by the Tory government.

It's partly as a response to the growing challenges facing local authorities, particularly the funding crisis, but it is also a precursor to devolving more democracy to the mayoral level. There are many in government who want to maintain power centrally, but it is to be hoped that the forces encouraging decentralisation win out. There are, intermittently, encouraging signs that this is the case.

> *'Ministers are planning the biggest reorganisation of English local government for 35 years by effectively merging county and district councils, the top two tiers of authority….A move to unitarisation will streamline the delivery of good governance, place local government on a more sustainable financial and population footing and inject more accountability into our democratic structures and save money that can be reinvested in those communities.'* [46]

A further factor pointing to the need for reform is the impact of centralisation on the cohesion of communities which, in turn, is contributing to the challenges of health and wellbeing in poorer areas of the country.

How communities are being degraded

SECTION 5

ENGLISH COMMUNITIES ARE BEING DEGRADED AS A RESULT OF LOCAL GOVERNMENT MUDDLE AND THE OVER-CENTRALISATION OF POWER IN WESTMINSTER AND WHITEHALL

The centralisation of power and money in London and the south east has undermined much of the dynamism of regions, and the fabric of many places and communities outside the south-east. This is damaging to the link between people and place, a link that research is increasingly showing is vital to happiness and wellbeing.

> *'Residents who are more attached to their community experience higher levels of social cohesion and social control and less fear of crime, while their neighbourhoods have more outward signs of physical revitalisation*[47,48]

For many people, where they live is an important site of social interaction and a fundamental part of their identity: a place of family and friendship networks and connections to wider ethnic or faith communities, sometimes a place of work, and to a greater or lesser degree, community-based networks and relationships. Communities play an important role in people's sense of belonging, identity and local well-being.

The UK's Citizenship Survey[49] showed that 76 per cent of people feel they belong strongly to the neighbourhood they live in. Research on social capital and well-being suggests that everyday interactions with friends, family and neighbours play a crucial role in sustaining a sense of community but can be extremely fragile.[50] Even subtle changes at local level, like the closure of a local shop or disappearance of a playgroup or lunch club, can have a significant impact on community spirit and community well-being.

How well these local relationships work to support individuals and enable the community to come together in times of crisis, like in response to an external threat - planning and urban regeneration being a common motivator - makes a difference to the social life of the neighbourhoods. There is evidence to suggest that the strength of local social networks is related to a number of social consequences, from the health of residents to levels of crime. Stronger networks generally create stronger communities.

Research by the Young Foundation, Joseph Rowntree Foundation and others, shows that few people want an open-door policy for neighbours, but at the same time 'weak ties' in the community are appreciated: familiar faces on the street and in local shops, safe open spaces and areas.[51]

This kind of informal neighbourhood interaction makes a difference – providing local news, access to informal help like babysitting, help with shopping, or neighbours swapping keys – but perhaps more importantly, it creates connections between people from different backgrounds and can aid the breaking down of barriers. This was shown to be particularly important during the pandemic.

The dismantling and underfunding of local government has harmed this sense of belonging. Re-building from the pandemic gives us an opportunity to think harder about the importance of local communities.

A radical shift is needed if we are to create liveable cities as urban populations grow. Much more emphasis needs to be placed on understanding the social life of cities – how government, public agencies and urban planners can design spaces but, more importantly, services can help neighbourhoods flourish.

Unravelling what makes a place work means understanding and examining the particular social life of that community and the multitude of influences – past and present – that shape it. This can't be done from the cosseted square mile of Westminster and Whitehall. What is the history of a neighbourhood? Is its story one of growth or decline? What is its spatial relationship to the rest of the city? How is a place understood and defined by its residents, and in relation to neighbouring places? Is it integrated? Segregated? Socially excluded? Politically engaged? What is its reputation today and in the past?

These are challenging questions for many public agencies to deal with, especially in light of local government and public sector job cuts. Yet, objectively these things matter, and they are essential to understand if urban sustainability is a genuine policy goal.

Devolution of power from London and the extension of newly integrated health and social care into the other fundamental drivers of health and wellbeing – education, employment and housing – is a vital precursor to restoring the vitality and dignity of the denuded regions of England.

Towards a regional renaissance

SECTION 6

A RENAISSANCE FOR ENGLISH REGIONS WILL BE AN UPLIFTING VISION THAT WILL REDUCE INEQUALITIES AND UNFAIRNESS

Political attempts to decentralise power from London have had a chequered history and despite the current government's talk of levelling up, the Tory commitment to improving the lot of poorer regions, and to the devolution of power has been weak. It is instructive to briefly examine the 'fate' of the English regions over recent years.

The regions of England, formerly known as the government office regions, were the highest tier of sub-national division in England. Between 1994 and 2011, nine regions had officially devolved functions within government. While they no longer fulfil this role, they continue to be used for statistical and some administrative purposes.

The London region - also known as Greater London - has a directly elected mayor and assembly. Six regions have local authority leaders' boards to assist with correlating the headline policies of local authorities. The remaining two regions no longer have any administrative functions, having abolished their regional local authority leaders' boards.

In 1998, regional chambers were established in the eight regions outside London, which produced strategic plans and recommendations to local authorities. The regions also had an associated (central) government office with some responsibility for co-ordinating policy and, from 2007, a part-time regional minister within the government. House of Commons regional select committees were established in 2009.

Yet the chambers and select committees were abolished in May 2010 after Labour lost the general election, and their functions were transferred to the main tier of local government, with limited functions transferred to the regional local authority leaders' boards created in 2009. Regional ministers were not reappointed by the incoming coalition government, and the government offices were abolished in 2011.

From 2011, combined authorities were introduced in some city regions, with similar responsibilities to the former regional chambers - and in some cases, replacing a regional local authority leaders' board on a smaller scale - but which also received additional delegated functions from central government relating to transport and economic policy.

There is history to these regions, and there have been many devolution attempts, but they have mostly foundered. After about 500 AD, England comprised seven Anglo-Saxon territories – Northumbria, Mercia, East Anglia, Essex, Kent, Sussex and Wessex – sometimes referred to as the heptarchy.[52] The boundaries of some of these, which later unified as the Kingdom of England, roughly coincide with those of modern regions. During Oliver Cromwell's protectorate in the 1650s, the rule of the major-generals created 10 regions in England and Wales of similar size to the modern regions.

Proposals for administrative regions within England were mooted by the British government prior to the First World War. In 1912, the third Home Rule Bill was passing through parliament. The bill was expected to introduce a devolved parliament for Ireland, and as a consequence calls were made for similar structures to be introduced in Great Britain or 'Home Rule All Round'. In September 1912, the First Lord of the Admiralty, Winston Churchill, gave a speech in which he proposed 10 or 12 regional parliaments for the United Kingdom. Within England, he suggested that London, Lancashire, Yorkshire, and the Midlands would make natural regions. While the creation of regional parliaments never became official policy, it was for a while widely anticipated and various schemes for dividing England devised.

By the 1930s, several competing systems of regions were adopted by central government for such purposes as census of population, agriculture, electricity supply, civil defence and the regulation of road traffic. In 1946, nine 'standard regions' were set up, in which central government bodies, statutory undertakings and regional bodies were expected to co-operate. But these had declined in importance by the late 1950s.

The creation of some form of provinces or regions for England was an intermittent theme of post-Second World War British governments. The Redcliffe-Maud Report proposed the creation of eight provinces in England, which would see power devolved from central government. Edward Heath's administration in the 1970s did not create a regional structure in the 1972 Local Government Act. It was waiting for the results of the Royal Commission on the Constitution, after which government efforts were concentrated on a constitutional settlement in Scotland and Wales for the rest of the decade.

In England, the majority of the commission *'suggested regional co-ordinating and advisory councils for England, consisting largely of indirectly elected representatives of local authorities and operating along the lines of the Welsh advisory council'.*[53] One-fifth of the advisory councils would be nominees from central government.

The boundaries suggested were the *'eight now [in 1973] existing for economic planning purposes, modified to make boundaries to conform with the new county structure'*. A minority report by Lord Crowther-Hunt and Alan Peacock suggested instead seven regional assemblies and governments within Great Britain (five within England), which would take over substantial amounts of the central government.

Some elements of regional development and economic planning began to be established in England from the mid-1960s onwards. In most of the standard regions, economic planning councils and boards were set up, comprising appointed members from local authorities, business, trade unions and universities. In the early 1970s, these produced a number of regional and sub-regional planning studies. These institutions continued to operate until they were abolished by the incoming Conservative government in 1979.

By the mid-1980s, local authorities in most regions had jointly established standing conferences to consider regional planning issues. Regional initiatives were bolstered by the 1986 government green paper and 1989 white paper on The Future of Development Plans, which proposed the introduction of strong regional guidance within the planning system, and by the government's issuing of strategic guidance at regional level, from 1986 onwards.

In April 1994, John Major's government created a set of ten government office regions for England. The stated purpose was as a way of co-ordinating the various regional offices more effectively: they initially involved the Department of Trade and Industry, Department of Employment, Department of Transport and the Department for the Environment. Following the Labour Party's victory in the 1997 general election, the government created regional development agencies. Around a decade later the Labour administration also founded the regional improvement and efficiency Partnerships (RIEPs) with £185m of devolved funding to enhance councils' capacity to improve and take the lead in their own improvement.

In 1998, regional chambers were created in the eight English regions outside London under the provisions of the Regional Development Agencies Act of 1998. The powers of the assemblies were limited, and members were appointed, largely by local authorities, rather than being directly elected. The functions of the English regions were essentially devolved to them from Government departments or were taken over from pre-existing regional bodies, such as regional planning conferences and regional employers' organisations. Each assembly also made proposals for the UK members

of the Committee of the Regions, with members drawn from the elected councillors of the local authorities in the region. The final nominations were made by central government.

As power was to be devolved to Scotland, Northern Ireland and Wales without a counterweight in England, a series of referendums were planned to establish elected regional assemblies in some of the regions. The first was held in London in 1998 and was passed. The London Assembly and Mayor of London of the Greater London Authority were created in 2000.

There were three moments in the past 20 years when opportunities to increase local democracy and to 'level up' poorer regions to the wealth and privilege of London and the south east were missed – along with the chance to improve the health and wellbeing of the nation by devolving power to integrated health and social care regions.

The first was when a referendum for an elected assembly was held in north east England on 4 November 2004. The proposal was rejected in a 'No' campaign led by Dominic Cummings.[54] The North East Says No (Nesno) campaign in the north-east referendum of 2004 reveals how Cummings successfully deployed strategies reminiscent of Vote Leave's 2016 playbook. The advert from the 'forgotten referendum' not only pits the people against politicians, but also promised to pump millions into the NHS that would otherwise be used to run political institutions.

Cummings, Nesno's strategic adviser, defeated the then deputy prime minister John Prescott's plan for regional assemblies by masterminding a campaign that led to a 78 per cent rejection of devolution – despite early polling predicting a 60 per cent-plus victory for the government's 'yes' campaign. Chief among the lessons Cummings learned from this dry run for the Brexit referendum was that Britain had an appetite for supercharged anti-establishmentarianism.

Nesno used billboards, stunts and television advertising for a largely negative campaign with the message that a regional assembly would have limited powers and lead to a hike in council tax that would not pay for any additional doctors, teachers or police. Cummings was the campaign's 'messaging person' who coined the slogan: 'Politicians talk, we pay.'

That phrase is the centrepiece of the video created by Cummings and Nesno, which was broadcast on regional television in the lead-up to the vote.

'The regional assembly would create more politicians, so, as you would expect, it means the regional assembly will come with huge extra cost. The bill for the north-east would be a staggering £1m per week,' said the advert, followed by the caption: *'More doctors, not politicians.'*

The reality was the reverse, as the plan envisaged that costs and politicians would be cut in the highly expensive 'bubble' of Westminster and Whitehall, and the north east would be in control of its own destiny and would have avoided the inequalities that have continued to build since 2004. Cumming's populist campaign, however, was not the only factor. The 'yes' campaign failed to convince people that Newcastle would become a centralised regional power, and this possibility was a strong deterrent to support for people, especially in the towns of Middlesborough and Sunderland, famous for their rivalry.

In the renewed push for regional democracy, these two lessons need to be learnt. In the first place local rivalries have to be carefully managed, and in the second the cost of Westminster and Whitehall needs to be cut by at least as much as the new regional democracies will cost.

Following Cummings' successful campaign, plans to hold further referendums in other regions were postponed and then cancelled.

The second moment when the momentum for devolution was lost was the transition of power from Tony Blair to Gordon Brown in 2007. Despite the north east result, Scotland, Wales and Northern Ireland were well set on the course to devolution. The European Union's Maastricht Treaty encouraged the creation of regional boundaries for selection of members for the Committee of the Regions of the European Union: Wales, Scotland and Northern Ireland had each constituted a region, but England represented such a large proportion of the population of the United Kingdom that further division was thought necessary.

The English regions, which initially numbered ten, also replaced the standard statistical regions. Merseyside originally constituted a region in itself, but in 1998 it was merged into the north west England region, creating nine.. Since 1999, the nine regions were used as England's European Parliament constituencies and as statistical Nomenclature of Territorial Units for Statistics (NUTS level 1).

From 1 July 2006, there were ten NHS strategic health authorities, each of which corresponded to a region, except for south east England, which was divided into western and eastern parts. This was a moment when the populist defeat in the north east could have been overturned, and power could have been decentralised to English regions, and regional health (NHS) and social care bodies formed. It was, sadly, a serious, missed opportunity. The cause was not Labour's lack of commitment to decentralisation or, indeed, to health and social care integration, but rather to the turbulence and inconsistencies caused by the handover of power from Tony Blair to Gordon Brown in June 2007.

THE NINE REGIONS OF ENGLAND, WITH LONDON CONSTITUTING A REGION

The transition of power was less a change of policy by Gordon Brown, but rather the wish, too common in political transitions, for the newcomers to 'make their mark'. In 2007, a Treasury review for new prime minister Gordon Brown recommended that greater powers should be given to local authorities and that the regional chambers should be phased out of existence by 2010.

The same year, nine regional ministers were appointed by the incoming Gordon Brown government. Their primary goal was to improve communication between central government and the regions of England. The assemblies were effectively replaced by smaller local authority leaders' boards between 2008 and 2010, and formally abolished in March 2010, as part of a 'sub-national review of economic development and regeneration'. Most of their functions were transferred to the relevant regional development agency and to local authority leaders' boards. This tinkering by Brown served not to further the cause, but rather to muddy the waters still further.

The third moment that obstructed democratic reform was the arrival of the Conservatives, with their coalition partners, in 2010. There have been different opinions within the party on devolution but the balance of power has always resided with the patrician centralisers with their fetish about the 'great Palace of Westminster'. This has been greatly strengthened, despite the 'levelling up agenda' since the Brexiteers, led by Dominic Cummings, took power after the fall of Theresa May's government.

In June 2010, the incoming coalition government announced its intention to abolish regional strategies and return spatial planning powers to local government. These plans included the withdrawal of funding to the existing eight local authority leaders' boards, with their statutory functions being assumed by local councils. The boards in most cases continue to exist as voluntary associations of council leaders, funded by the local authorities themselves. No regional ministers were appointed by the incoming UK government in 2010.

These changes did not affect the directly elected London Assembly, which was established by separate legislation as part of the Greater London Authority, which consists of an elected London Assembly and a separately elected Mayor of London. It is ironic that the wealthiest and most powerful region of the UK, London, is the only one to have at least some coherence in shaping its local environment for the benefit of its citizens.

Following the abolition of the government offices in 2011, it was announced that the former government office regions (GOR) would henceforth be known, for the purposes of statistical analysis, simply as 'regions'.

In recent years, academic approaches to regional policy have been influenced by the 'new economic geography' (NEG) approach adopted by economists at the London School of Economics and elsewhere. The NEG argues that the geographical agglomeration of economic activity in core cities and regions increases national economic growth, as increasing returns and knowledge spill-overs enhance innovation and productivity.

This means that redistributive regional policies risk diluting the effects of agglomeration economies and lowering national growth, and hence suggests the existence of a trade-off between the promotion of national growth and the reduction of regional inequalities - at least up to the point at which economic problems of agglomeration (congestion costs, overheating, etc) begin to outweigh its positive effects.[55]

The implications for policy are often framed in terms of the distinction between place-based, defined in terms of traditional area-based regeneration and regional policy and people-based approaches involving measures to help individuals in disadvantaged areas, particularly through education, skills and training. The recurring message is that policy should be directed at people not places, particularly in terms of enabling residents of poorer areas to access employment opportunities in more economically buoyant areas, often alongside a rejection of area-based regeneration policies.[56]

The coalition government set out its new local growth agenda in its Local Growth White Paper of 2010, which announced the abolition of the RDAs and the establishment of new local growth structures and initiatives. This abolition was later described by Vince Cable - Secretary of State for Business, Innovation and Skills at the time of its announcement - as signifying the coalition's 'Maoist moment'. The white paper, however, described regional policy as being based on 'an artificial representation of functional economies', and criticised the RDA approach as overly centralised, and as leading to policies which worked against markets and stifled local competition and growth.

The coalition government's solution was to establish local enterprise partnerships (LEPs) and the Regional Growth Fund - which were followed by the creation of enterprise zones and other initiatives. It invited councils and business leaders to come together to form the LEPs, and 39 were ultimately established across England by the end of 2011.

This has created a highly localised and fragmented geography, which has largely confounded government discourse about LEPs mapping onto functional economic areas as opposed to the 'arbitrary' boundaries of RDAs.

LEPs have been widely characterised as under-resourced and under-powered, despite the allocation of additional finance through the new Single Local Growth Fund from 2015.

Probably the best known contemporary regional policy initiative is the Northern Powerhouse scheme, announced by the then chancellor, George Osborne, in Manchester in June 2014. According to Osborne: "If we can bring our northern cities closer together - not physically, or in some artificial political construct - but by providing modern transport connections, supporting great science and our universities here, giving more power and control to civic government; then we can create a northern powerhouse with the size, the population, the political and economic clout, to be as strong as any global city."[57]

This emphasis on the need to bring northern cities together as a kind of transformative urban counterweight to London reflects, in part, the influence of NEG thinking on the benefits of agglomeration economies. In contrast to the localist focus of LEP and enterprise zones, the northern powerhouse project represents a pan-regional approach for the north, although its precise geography has remained rather amorphous: there has been a tendency to conflate a focus on Manchester and the relatively proximate core cities of Leeds, Liverpool and Sheffield with the wider economic interests of the north as a region.

From a broader perspective, it is apparent that a succession of regional policy initiatives, stretching back to the 1930s, has done little to alleviate regional inequalities. First, while substantial funds have been invested, overall expenditure has simply been inadequate to tackle the scale of the problem. This was the case at the height of traditional regional policy in the 1960s and 1970s and the RDA approach in the 2000s. The Northern Powerhouse faces similar, if not increased, constraints in a climate of continued fiscal austerity.

Secondly, expenditure on regional aid does not operate in isolation, but is vastly outweighed by other forms of government expenditure which tend to favour the more economically advantaged parts of the country. Examples include defence, research and development and general industry support, which have effectively acted as 'counter-regional' policies.

Thirdly, successive diagnoses of the regional problem have attributed it to various underlying deficits in the lagging regions (for example of industrial structure, enterprise or skills), rather than viewing it in terms of the relationships between the regions in the UK, and more fundamental aspects of the British political economy and system of economic governance.

All this underlines the need for an alternative approach to regional policy.

As outlined above, existing regional policy is fragmented between a number of poorly co-ordinated initiatives, and it is also underpowered: financial resources have been limited and so too has the political authority of local and regional institutions. As well as having pronounced regional inequalities, the UK remains one of the most centralised states within the OECD. At the same time, despite the Theresa May government's new emphasis on the active role of the state, official policy continues to be driven by 'neo-liberal' assumptions about regional competitiveness, and market-driven growth.

What is required is a multi-level approach which aims to recast the relationships between central, regional and local government in a far more supportive and co-operative manner than anything we have seen from government hitherto: it involves a completely different approach from the reductive, zero-sum conceptions that have dominated political practice in recent decades. Such an approach would also seek to reimagine the relationships between regions themselves in co-operative rather than competitive terms, encouraging policy co-ordination and learning between regional institutions.

The first element of this alternative approach is a genuine and far-reaching process of political decentralisation, in contrast to the incremental and piecemeal approach adopted thus far. This is an essential first step given the acute centralism of the British state. Subnational institutions need to be granted the financial capacity and political authority to make meaningful political choices in response to local needs and circumstances.

The need for a coherent and overarching constitutional framework suggests that a federal approach offers the best way forward. Federalism is currently attracting renewed attention in the context of Brexit, the Scottish independence debate and English devolution.[58] It could provide the basis of a more cohesive and consistent system of democratic governance across the UK, combining far-reaching decentralisation to nations and regions with a crucial element of central co-ordination, particularly in terms of upholding welfare entitlements and a system of territorial redistribution between regions according to need.

From the perspective of regional decentralisation, this has to be based on English regions rather than an English parliament. The conundrum here is how to partition England into politically and economically meaningful territorial units.[59] In view of the failure of political regionalism under Labour, this should build on the ongoing process of city-regional devolution, but

would adopt a more comprehensive approach that also addresses the needs of rural and non-metropolitan areas. This federal system should incorporate fiscal devolution, in order to grant an important degree of financial autonomy to regional governments, although retaining an overall commitment to fiscal equalisation.

Secondly, as the crucial place-based part of a wider national industrial strategy, investment should target the areas of greatest economic and social need - such as older, industrial areas, seaside towns and remoter rural districts - rather than focusing on the areas with the greatest economic capacity and potential, such as the core cities. Within this, employment should be given equal weight to productivity. Supply-side measures such as lowering taxes, decreasing regulation and allowing free trade to encourage the residents of such areas to access employment opportunities in more economically prosperous areas are unlikely to succeed on their own, given existing levels of unemployment and underemployment in older industrial regions, and the mobility constraints experienced by less skilled workers.

A new industrial strategy could play an important role in stimulating key economic sectors, but this would require moving beyond the preoccupation with science and innovation to embrace employment-creating 'middle skill' industries such as manufacturing, construction and healthcare. This demand-side approach should aim to build upon local assets and capabilities, and use the purchasing power of local anchor institutions (such as universities and hospitals) to foster local sourcing, whilst promoting co-operation between adjacent areas.

The third element involves introducing poverty reduction into regional economic development strategies.[60] This builds upon the growing national and international interest in the concept of inclusive growth, but viewed from the broader perspective of economic and social development rather than economic growth *per se*. The aspiration for more and better jobs is central to this emerging agenda: the aim is to combine increased employment opportunities across age, gender, social and regional divides with higher quality jobs in terms of wages, productivity, progression, terms and conditions.[61]

This emphasis upon the qualitative as well as quantitative aspect of job creation addresses issues of building and using skills, as well as the low wages and precarious employment that generate in-work poverty. Such an approach requires leadership from national and regional government to articulate a high-level strategic commitment to inclusive development and poverty reduction.

It also involves the closer co-ordination of policy interventions aimed at job creation and poverty reduction with longer-term economic development strategies that incorporate the activities of key anchor institutions, including local government, further and higher education, hospitals and the private and civic sectors. This can be promoted by engaging employers and local communities in shaping training, skills development and support services in ways that increase opportunities for local people, and by establishing living wage compact agreements.

A fourth element concerns the decentralisation of central government functions and agencies from London to the rest of Britain. This issue of public sector dispersal has recurred periodically over recent decades: it would provide a way of addressing regional inequalities, reducing costs and enabling government to connect more readily with the concerns of regions outside London.[62]

My brother Ian wrote a Parliamentary Review in 2010 for Gordon Brown, endorsed by the full cabinet, that recommended moving whole civil service departments and their ministers out to the regions to both reduce the cost, both political and economic, of civil servants and politicians 'huddling' in the very expensive Westminster/Whitehall square mile. Such a move would also provide impetus to regional economic development:

> *'Implementation of my recommendations will reduce the long-term complement of civil servants in London by a third. This process will start with the relocation of 15,000 jobs from London over the next five years.*
>
> *Delivering savings for the taxpayer is the major objective of the relocation processes that I recommend in this review. Relocation will also:*
>
> - *Stimulate economic vibrancy in the regions of the UK and through linkages with the private sector, encourage the creation of centres of excellence that help build clusters of international competitiveness and contribute to growth and jobs.*
>
> - *Bring government closer to the people.Promote 21st century, efficient and fit-for-purpose public service campuses in the regions, contributing to the vision of a world-class Digital Britain with modern communications and flexible ways of working. Regional ministers and the Wales, Scotland and Northern Ireland Offices, working with Regional Development Agencies (RDAs), government offices, the devolved administrations and local authorities, should take the lead in developing propositions for these campuses.'*

One of the most prominent examples of this kind of approach is the relocation of some of the BBC to Salford, which has played a key role in the regeneration of the Salford Quays district. Instigating a new round of public sector dispersal would complement and reinforce the process of political decentralisation outlined above, transferring government employment as well as political and financial powers to economically lagging regions.

This should encompass the institutions responsible for science and innovation policy, such as the research councils, which exhibit a long-term bias towards investment in the south east, as well as central government departments and ministries.[63] In view of the limited number of high-value jobs in lagging regions, dispersal must include highly-paid senior posts alongside the more routine 'back office' roles that have been the focus of previous initiatives.

Finally, the alternative multi-level approach to regional development policy outlined here also has implications for the role of central government. One of the major failures of devolution in recent years has been the absence of any corresponding changes to the workings and culture of central government departments. This could be addressed, as highlighted above, as part of a new federal constitutional settlement for the UK.

This would entail greater co-operation and sharing of power between central and regional government, with greater representation of the latter in UK-level policy-making. The role of central government would remain crucial in the shaping of overall public service standards and welfare entitlements, and the redistribution of tax revenue, but this would operate alongside a genuine decentralisation of policy formulation and delivery.

Another key aspect of the role of central government is the model of national economic growth that it promotes. Here, the alternative approach to regional policy requires the abandonment of the 'neo- liberal' growth model based on financial services, housing markets and consumption, and a shift towards an industry-based approach that encourages investment in plant, machinery, research and development and skills.[64] Without such a rebalancing of national policy, efforts to promote more and better jobs at the regional scale are likely to be undermined by broader processes of economic change.

To sum up, the manifest limitations of the regional policy frameworks adopted by successive governments point to the need to adopt an alternative approach. The failure of official policy to reduce regional inequalities reflects the limited resources devoted to it relative to the

underlying scale of these inequalities, the opposing influence of other areas of public policy that have tended to favour more prosperous regions, and a series of rather partial understandings of the nature of the regional problem. There is no reason to think that the approach of the present government will fare any better.

The approach advocated here is based upon the principles of *'equity, territorial justice and solidarity'*. It calls for a radical re-fashioning of the structure of economic governance, based on a new federal constitution that would provide for a cohesive and balanced process of decentralisation, enabling national and regional governments to adopt inclusive models of development that promote more and better jobs, and target resources at the most disadvantaged areas and people. While elements of this may seem unrealistic in the current post-Brexit political climate, this only serves all the more to underline the need for fresh and alternative thinking on regional policy, as part of a broader post-neoliberal political strategy for social and economic change.[65]

As a footnote, the choppy and rather incompetent approach that central government has taken on regional policy is mirrored in the many NHS re-organisations and damaging U-turns. Prior to 2010, the NHS operated a system of ten strategic health authorities that could have formed the basis for decentralisation. These were reduced to four in 2010 and abolished completely in the Lansley reforms of 2013.

The pendulum seems to be swinging back to the days of the strategic health authorities when seven new regions were established in 2018: London, the South East, the South West, the North West, the North East and Yorkshire, the Midlands, and the East of England. These are the regional structures within which the integrated care systems reside.

Just how much power will be decentralised is uncertain, and the white paper announced in 2021 is ambiguous in that it doesn't really do anything to integrate health and social care, and has centralising tendencies, such as provisions for greater political control from Westminster. The challenges of the white paper are dealt with in a little more detail in Book 12.

This approach can save money and build democracy

SECTION 7

ENGLAND'S REGIONAL RENAISSANCE WILL BE UNDERPINNED BY GREATER LOCAL DEMOCRACY AND INVOLVEMENT, COMPLEMENTED BY A REDUCTION IN THE COSTS (BOTH IN TERMS OF WASTE AND INEFFICIENCY) OF WESTMINSTER AND WHITEHALL

Democratically-elected mayors tend to turbo-charge democratic accountability. A New Local Government Network poll conducted eighteen months after the first wave of local authority mayors were introduced found that 57 per cent of those questioned in mayoral local authorities could name their mayor.[66] Only 25 per cent of those living in non-mayoral authorities could name their council leader.

Mayors boost accountability by giving the electorate direct control over the political leadership of the council. This is especially important in local authorities dominated by one party. To take an extreme example, Manchester has been Labour-controlled since 1965, giving Labour-voting Mancunians significantly less influence over which individual leads their city. Research on mayoral governance often suggests that mayors wield significant soft power: the ability to achieve desired outcomes through attraction, persuasion and co-option. Mayors' city-wide, direct electoral mandate and high profile make them highly influential.

Democratic mandates make a difference when it comes to getting things done. Council leaders usually have around 5,000 votes from their ward and then 60 or 70 from within the council. A directly elected mayor from one of the UK's big cities could expect a mandate of 500,000 votes. Part of this soft power is the mayor's ability to convene and co-ordinate across their city. Research shows how effective mayors have used this power to help join up fragmented local public services through light touch co-ordination.

A third reason to favour mayoral government is that it reduces the barriers to entry for political office, thus increasing the talent pool from which the electorate can choose. Direct election does away with the need to spend years as a councillor before somebody can run as a candidate in indirect elections. Now anyone across all sectors, including national politics, has a plausible sideways route into senior local political leadership. Mayoral governance also widens the talent pool beyond the world of the three big political parties. Mayoral governance will give non-party-political candidates from the business and charitable sectors a chance of becoming a mayor.

Existing powers are still quite meagre. Currently the only additional, legally defined powers mayors have is that it is easier for them to pass their budgets and policy frameworks (councillors would need a two thirds majority to vote it down) and they get a four-year fixed term (council leaders can be removed by the councillors at any time.) The localism bill, however, gives the Secretary of State for Levelling Up the power to transfer any function of any public body to mayors.

These extra powers can only be transferred to mayoral local authorities, which gives an added reason for cities to opt for mayors. The secretary of state should give mayors the powers they need to drive job creation and help their cities prosper. They should be able to determine planning decisions of strategic importance. This will help them enable the kind of infrastructure investment that drives economic growth.

They should also be given powers over transport policy and, if their city sits at the heart of the economic area, chair an integrated transport authority. Since the Mayor of London was given wide-ranging control of the London bus system in 1999, introducing uniform pricing and unified, off-vehicle ticketing, bus travel in London has doubled. In the rest of the country, where councils had relatively little control, usage has been broadly static. Mayors need to be given a much broader remit, beginning, as we argue in this book series, with fully devolved health and social care.

People are more likely to vote for mayors if they are given real power, and the government is more likely to succeed in decentralising power if mayors are in place. If the government wants to see highly accountable, influential and talented leaders running our big cities and regions, and put their decentralisation reforms on a more sustainable footing, they should not be shy in announcing significant new powers for directly elected city and regional mayors.

Of course, corruption has to be rigorously policed. The recent scandal in Liverpool is salutary:

> *'Liverpool's mayor Joe Anderson has been arrested on suspicion of conspiracy to commit bribery and witness intimidation. He and four others were held as part of an investigation into the awarding of building contracts in the city.'* [67]

My brother and I were raised on Merseyside, and the local word for people like the disgraced deputy leader Derek Hatton is 'scally'. But Liverpool is not unique and if local government is to be empowered it must contain within it the necessary transparent instruments for the people to hold their elected representatives to account. The constitutional rights must be upheld within a legal framework that cannot be overturned by unscrupulous leaders as has sadly been the case with recent attempts to prorogue Parliament.

Devolution of power from Whitehall and Westminster is an essential step in the goal of improving the health and wellbeing of the UK population. This devolution has to be properly structured and funded, and underpinned by greater democracy and citizen engagement.

That is not to say that improvements in NHS performance need to await formal devolution. Whilst devolution will be required to significantly 'move the needle' on health outcomes, there is, nonetheless, much progress that can be made in the short term. The rest of this Radix book series outlines how this progress can be achieved.

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His pioneering role in establishing the AHSC was recognised in the NHS Leadership Awards, where he was named Innovator of the Year in 2009. The *Health Service Journal* listed Professor Smith in its 2009 rankings of the top 30 most powerful people in NHS management policy and practice in England, where he was the only NHS chief executive to be included. His contribution to this book-series is solely in a personal capacity.

VOLUME TWO

PROFESSOR STEPHEN K SMITH

RADIX

THE BEST NHS?