

The challenges in Sajid Javid's in-tray as health secretary

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- Dr Jennifer Dixon DBE

Even at the best of times, being secretary of state for health and social care is one of the hottest seats in government. Historically the role is usually defined by the approach to the NHS – to calm it down in periods of strife or disrupt it with major reform.

[Advice from predecessors](#) on starting the job includes 'Buy time... publish a 10-year plan' (Alan Milburn); 'Have a good think' (Frank Dobson); and 'Make no major speeches for at least a month...find out exactly what's going on' (Alan Johnson). But for newbie Sajid Javid, time is short as the in-tray is already bulging.

First is to manage successfully what is, hopefully, the end stage of the pandemic. Javid's apparent preference for relying on individual responsibility over mandated restrictions may put him at odds with scientists advising the government. Beyond these immediate decisions, he'll need to manage the vaccine rollout and a likely autumn booster programme, working collaboratively with the Department of Health and Social Care, NHS England and other public agencies.

In particular, it also means quickly developing an effective relationship with whoever is the new chief executive of NHS England and its board. The NHS is unlike any other body overseen by a government department; it is the UK's largest industry and employer, top of the public's concerns and always in the news.

Next, steward successfully an NHS bill, inherited from Matt Hancock, now on its way through parliament. The bill has two main parts: the first would allow planned changes to the organisation of health and social care to go ahead by April 2022; the second to give the

secretary of state more powers over the NHS.

The first has widespread support, the second is highly contentious. To ease the bill's passage, Javid should ditch the second. He could put his own stamp on the bill by adding [extra provisions](#), recommended by Jeremy Hunt and the health select committee, to improve workforce planning across health and social care.

Then address the backlog in care. The number of people in England now waiting for routine surgery has passed 5 million – the highest since records began – with more than 400,000 people waiting over a year. Javid will know that governments come a cropper over long waiting lists and he should be seen to tackle this in earnest. Only a radical intervention will work, not business as usual.

The NHS had spectacular success with New Labour's 'war on waiting' in the early 2000s. The recipe? Investment in staffing and infrastructure, with central support and targets. If investment is in short supply, the workforce with over 100,000 shortages is even more of a block, and pay disputes threaten.

If Javid is minded to keep the purse strings tight then he might reflect on Brian Cox's observation – that you don't have to believe in gravity, but you'll hit the ground all the same.

Then social care. Given the explicit promise by the prime minister to bring forward plans by the end of 2021, fixing social care can't be ducked any longer. A fix means a limit to the costs of social care borne by individuals (the so-called Dilnot 'cap'), which can be done tomorrow as it is already on the statute book but not enacted (since 2014).

But a fix also means expanding social care to more people who have very substantial needs, but currently don't qualify for support. [Our recent analysis](#) shows people living in the former 'red wall' seats have the most to gain by a cap on social care costs. Implementing a cap, as well as wider social care reform, would cement his reputation across government and with the newer Tory voters.

Next, health. Wider factors affect population health far more than care; housing, poverty, early years support, poor quality work, air quality. We know life expectancy has stalled in Britain more over the last decade than anywhere else in Europe, and the gap in health between the best and worst off has grown.

In Hartlepool, boys born today can expect to live 57 years in good health; in Richmond-upon-Thames 71 years. In the areas of England with the lowest healthy life expectancy, more than a third of 25 to 64-year-olds are economically inactive due to long-term sickness or disability. Aside from the human toll, this has a financial cost and is avoidable.

Central government, until now, has been pretty cloth-eared on this agenda, with prevention strategies focusing on individual agency and technology, not influencing the so-called wider determinants of health.

Javid should show leadership and make a real difference here, link health to the levelling up strategy, which to date has focused on infrastructure, and develop a cross-government strategy to improve health, all with metrics to match.

Another of Javid's predecessors as health secretary, Virginia Bottomley, observed that in the role you were either 'a glazier or a window breaker', which depended more on the context than personal style. Given the shattering blow of the pandemic to health, the NHS and social care, times call for Javid to be an intelligent glazier. Let's see.

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<https://www.health.org.uk/news-and-comment/blogs/the-challenges-in-sajid-javids-in-tray-as-health-secretary>