

Performance Tracker 2019

A data-driven analysis of the
performance of public services



About Performance Tracker

Performance Tracker bring together more than 200 data series to provide a comprehensive picture of the performance of key public services. This fourth edition expands our 2018 analysis to project how demand for nine key public services – including hospitals, schools and the police – will change over the next five years.

This analysis – produced in partnership by the Institute for Government and the Chartered Institute for Public Finance and Accountancy – reveals the key public services challenges facing the next government.

Find out more:

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Forewords

I am delighted to introduce the 2019 edition of *Performance Tracker*, the fourth in the series. This report does something government should do – but does not: it looks at the money that goes into public services and how well they are performing. We have argued in our work on the Treasury that there is too much focus on the compliance with the spending numbers issued to each department, without enough attention to the consequences for performance on the ground.

In this year's edition we have projected how demand for public services will change – and whether the government is planning to spend enough to meet that demand.

We have examined changes in efficiency and productivity in greater detail. Where the government – and we – lack data, we have said so, and called for specific improvements to enable the government to understand and manage public services better.

This report has benefited from conversations with those involved in the delivery of public services who have talked to us in detail and with frankness. We would like to thank them.



Bronwen Maddox, Director, Institute for Government

It remains a source of amazement to me that this is the only document directly linking how the public pound is spent with service performance. Performance is, after all, what citizens care about. Without placing performance at the heart of spending decisions, there is no way to understand those decisions that are sustainable, and those that are not. And the fact of the matter is that, while public services have become more efficient since 2010, performance continues to decline.

Despite the age of austerity having come to an end, its ramifications are still very apparent. The efficiencies we have been forced to deliver are proving difficult to maintain. Workforce retention is falling in schools, prisons, the police and social care. Care worker vacancies have consistently gone up since 2012/13. Quantitative evidence indicates that more GPs intend to abandon their vocations than ever before. In the midst of this, demand for services continues to rise.

The government now faces stark choices when it comes to public spending. Will it break existing borrowing rules? Will it weather the expected quality of services, or perhaps fundamentally change how we pay for them? For the last few years, the all-consuming spectre of Brexit has allowed successive administrations to brush these rising issues under the carpet. This cannot continue. We hope the data in this document will inform sustainable decision making for the future.



Rob Whiteman, Chief Executive, CIPFA

1. Summary

In its short life so far, Boris Johnson's government has made a point of declaring that it will spend a lot more on public services.

Theresa May's government had already said that "the era of austerity is coming to an end". It pledged to increase spending on the NHS much faster than the coalition and Conservative governments had since 2010. In the end, it spent £9.4bn more on the nine public services we cover in this report in 2019/20 than originally set out in the 2015 spending review.

However, the Johnson government has gone further. It has pledged more money for schools, police officers and the criminal justice system, and ended – for one year – the cuts to departmental budgets.

Decisions about the scope and quality of public services are necessarily political: there is no objective answer to the right level of spending. This report simply analyses the impact of spending on the performance of services – their scope, quality and efficiency.

Over the past nine years, since the start of tight public spending controls, most public services have become more efficient – doing more with less. This has been achieved by limiting staff pay increases and prompting workers to be more productive. But this strategy is approaching – or has already reached – its limit. Public services will in many cases now struggle to sustain the efficiencies that they have made.

All services have seen some decline in performance – either in their quality (the standard of public service provided and how satisfied users are) or scope (the range of services provided and the number of people able to access them).

In our analysis, the Johnson government may have budgeted enough to meet demand and maintain standards. But rising costs risk swallowing the planned increase in spending. The next government – whoever heads it – will have to spend more than is currently planned to improve services.

Despite the cash injections of the Johnson and May governments, we continue to have serious concerns about rising violence in **prisons** and about the scope of local government services – particularly **adult social care**.

Over the next five years, we project that demand for more than half of the public services we cover in this report will rise faster than population growth. Demand is rising particularly quickly for health and care services because of the ageing population, an increase in the number of people with multiple health conditions and rising life expectancy for people with physical and learning disabilities.

We estimate that the government and local authorities will spend £191.1 billion (bn) on the nine public services we cover by 2023/24. As Table 1.1 shows, this may be enough to meet demand while maintaining standards at 2018/19 levels for most services – but it will not be enough for the government to meet its own objectives for service improvement or expansion, such as better care for cancer patients and reduced levels of violence and self-harm in **prisons**.

The government may not have budgeted enough to maintain standards

Planned government spending may be enough to meet demand while maintaining standards at 2018/19 levels for most services. But current spending plans for local authorities do not look as if they are enough to maintain current standards in **adult social care**. We estimate that any future government would have to spend an additional £0.7bn by 2023/24 just to keep pace with the increase in the number of people who will need publicly funded care.

There are also good reasons to think that maintaining standards in the other eight services will be difficult. Our projections are a conservative estimate of the minimum funding required to meet demand.

The projections also do not account for any policy changes that could either increase demand or cost pressures above inflation. The cost of public services could easily rise faster than prices in the economy overall. The government has lifted the 1% public sector pay cap brought in by David Cameron's government in 2013; it has given above-inflation pay increases for **school** teachers, **NHS** staff, **prison** officers and **police** officers since 2017/18.

Increases in the national minimum wage have also raised the cost of providing **adult social care**, which has increased well above national inflation over the last three years and where a large number of care workers are paid the minimum wage. The commitment of both the Conservatives and Labour to increase the national living wage¹ is likely to raise this cost still further.

Increases in demand are particularly likely to affect **criminal courts** and **prisons**, as Johnson's pledges to increase the number of police officers² and boost funding for the Crown Prosecution Service are likely to increase the number of cases heard in courts, and so the number of prisoners.

Table 1.1: Projected and planned spending on public services in 2023/24

| | General practice | Hospitals | Adult social care | Children's social care | Neighbourhood services | Schools | Police | Criminal courts | Prisons |
|---------------------------|------------------|-----------|-------------------|------------------------|------------------------|---------|-------------------------|-----------------|---------|
| Current government policy | £13.8bn | £81.7bn | £19.2bn | £8.9bn | £5.7bn | £42.2bn | £14.4bn | £2.0bn | £3.1bn |
| Meet demand | £13.8bn | £78.8bn | £19.9bn | £8.9bn | £5.4bn | £38.6bn | £13.7bn – £17.9bn | £1.9bn | £3.1bn |
| Gap | – | – | £0.7bn | – | – | – | Up to £3.5bn | – | – |

Source: Institute for Government calculations. See Chapter 13, Methodology.

If these rising cost pressures force the government to increase spending at the same rate as they did after the 2015 spending review, then **adult social care, children's social care, criminal courts** and **prisons** would all spend more than its current policy implies.

For the nine public services we cover in this report, we estimate that the May government's decisions have meant that the government spent £9.4bn more in 2019/20 than originally set out in 2015. (That review was carried out by the Cameron government, but the May government chose not to revise it.)³

Any government will have to make hard choices in its spending plans

The Johnson government has a fiscal rule that annual borrowing will be below 2% of GDP in 2020/21. If it does not want to break this rule – which it is already on course to do this year⁴ – then it faces a clear trade-off:

- reduce the scope or quality of services
- increase how much people pay directly for services
- cut spending elsewhere
- raise taxes.

These politically difficult trade-offs will not disappear after the 2020 spending review. If spending on health, long-term care, and pensions and pensioner benefits were to rise in line with projections from the Office for Budget Responsibility (OBR), and public spending as a proportion of GDP remained constant, then all other government spending would almost halve as a percentage of GDP over the next 50 years,⁵ from just over 20% to just under 10%.

There might be more scope for further efficiencies. But public services will struggle to make them through the same methods – holding down pay and asking staff to work harder – as they have over the last nine years. Past experience of reforms to transform services shows that while they may improve services, they do not always save money.⁶

Most public services have become more efficient since 2010

Most public services apart from **prisons** and **children's social care** have become more efficient since 2010. It now costs less in real terms to provide services of the same quality. The NHS reduced spending on medicines used in **general practice** by buying cheaper generics; **local authorities** managed to cut spending on libraries, road maintenance and waste collection deeply while citizen satisfaction declined only slightly.

Public services have become more efficient because of the public sector pay cap and staff working harder

The government's main strategy to increase efficiency was to encourage public services to deliver more for less by cutting budgets. The public sector pay cap, by keeping wage growth below the rate of inflation in the wider economy, was the key contributor to efficiency gains in most services. Most public services also responded

to lower budgets by trying to get staff to be more productive – secondary school teachers now teach more pupils, food standards and hygiene staff undertake more inspections and audits per person, and children’s social workers assess more referrals than in 2010.

There have, however, been big changes to the way that services are delivered in **criminal courts** and **general practice**. A large number of courts have closed and those that remain open have reduced both the amount of paper they use and the number of magistrates required to hear less serious cases. Similarly, GP practices have merged and the share of patients receiving online or telephone consultations has increased. But such reforms have not been a major contributor to efficiencies, and the long-term impact on the quality and scope of these services is unclear.

All services have seen some decline in performance

The quality and scope of all public services has declined because efficiencies have not been enough to bridge the growing gap between spending and demand in most of the services we assess. It now takes longer to be seen in A&E, or to book a GP appointment, than it did in 2010. More people in need of social care are reliant on informal care from family and friends rather than state provision. However, this decline in performance is less substantial than might be expected given that spending has not kept pace with demand in these services.

Public services are struggling to maintain the efficiencies they have made

Public services will struggle to keep providing services as efficiently as they do now – that is, delivering the same scope and quality of service on their current level of spending.

Recruitment and retention problems are growing

Workforce pressures are clearest in **schools**, where secondary schools are missing recruitment targets by increasingly wide margins and the teacher retention rate is falling. But vacancies and turnover are also increasing in **adult social care**; an increasing share of the clinical workforce in **hospitals** are leaving citing issues of work–life balance; and **prison** officers leaving their jobs are increasingly likely to do so having resigned mid-career rather than retired.

Staff surveys also show clear signs of pressure: the share of **GPs** saying that they intend to leave the profession rose between 2010 and 2017; and the share of **police** officers reporting that their workload was “too high” rose between 2016 and 2018.

Public services are using one-off sources of money and are overspending

In several cases, public services have started to draw on one-off sources of money to maintain spending. An increasing proportion of **police** forces are using their cash reserves, which have fallen by 35% in real terms since March 2015.

In other cases, departments have moved money originally allotted for investment to support day-to-day running costs of public services. The Department of Health and Social Care moved £4bn from its capital budget to its day-to-day resource budget

between 2014/15 and 2018/19, and the Ministry of Justice moved almost £400m in the same way in 2017/18 and 2018/19. Local authorities have repeatedly spent more than they budgeted to on care. Local authorities spent more than they planned on **children's social care** every year after 2010/11, and on **adult social care** between 2014/15 and 2016/17 – necessitating deeper cuts in local services elsewhere.

Public services have shifted costs onto individuals

The government and local authorities have continued to ask individuals to contribute more to public services. They have asked citizens to pay directly for services, and increased charges. More **local authorities** have introduced charges for garden waste collection since 2010. Cuts to legal aid mean that more defendants now have to pay for their own defence – or defend themselves, which results in cases taking longer to hear. Local authorities are paying less than the cost of care in care homes, so care homes are cross-subsidising publicly funded care by charging private self-funding clients more. Over half of local spending on planning was derived from fee income in 2017/18, compared to just over one third in 2009/10.

The government has also asked individuals to take more responsibility for services that were formerly delivered by the state. Local authorities are using more volunteers and community groups to run services such as libraries. Where local authorities have tightened their interpretation of eligibility criteria for **adult social care**, adults with care needs have increasingly relied on support provided informally by family and friends.

Public services are prioritising the most critical services in response to spending cuts

Some public services have cut the services they provide in favour of the most critical ones. The **police** have given priority to the most serious crimes and those which they are likely to solve, while reducing proactive work such as neighbourhood patrols. Similarly, **local authority** food hygiene and health and safety teams have made a priority of inspecting the businesses most likely to harm consumers.

At the time of deepest spending cuts, crown courts prioritised hearing cases where defendants were on remand (who can only be held in custody for a limited period), while waiting times for defendants on bail rose further.

Performance has declined furthest in prisons and adult social care

There has been some decline in performance in all nine public services covered in this report, but two areas stand out as of particular concern: **prisons** and **adult social care**. Neither can maintain the efficiencies they have made. Prison performance has declined on every key measure – levels of violence, self-harm and prisoner misbehaviour have risen, while fewer prisoners are taking part in rehabilitative activities. Fewer adults now receive publicly funded care than did in 2015/16 – despite a rise in the number of people requesting support from local authorities.

The government ought to fill key gaps in performance data

Not all aspects of performance can be measured, but there are large gaps in the government's current understanding. Throughout this report, we note the questions we cannot answer because of lack of official data or analysis – above all, the lack

of consistent nationwide data. The following gaps should be priorities for any government to fill:

- Activity in **neighbourhood services**, in a consistent form, nationwide.
- The extent of private funding of social care; staff–resident ratios and staff qualification levels for social care; waiting times for **adult social care** assessments.
- What happens to adults who request but do not receive publicly funded **adult social care** (revealing whether they find help elsewhere).
- Comparable data for **police** forces on the demand for their services (e.g. expected numbers of vulnerable people, and people with mental ill-health).
- Workforce data in private **prisons**, to assess whether they have safe staffing levels – and generally, data to compare efficiency of public and private prisons.
- The age of part-time (locum) doctors in **general practice** to assess whether the rise in part-time doctors reflects changing attitudes to work–life balance among new doctors.
- Data on vacancies, and agency and pool staff, in **general practice** and **hospitals**.

Another major concern is whether **criminal courts** are following due process to reach the right verdicts – acquitting the innocent and convicting the guilty. The government should commission survey evidence of defendants’ and legal practitioners’ perceptions and attitudes, and/or external review of case verdicts to determine, for example, whether defendants are being pressured into submitting early guilty pleas.

No government can make good spending decisions without understanding how its choices affect the performance of services and the impact on people’s lives. These gaps should be priorities for any government to resolve.

All governments ought to analyse the performance of services when making spending decisions

Previous governments have struggled to spend public money well. The next government – whether cutting or increasing public spending – could improve the way it makes spending decisions. To get the best value from public spending, it should focus on performance, keeping track of the results. Without tracking performance, it cannot know how efficiently public services are performing, whether there is room for improvement or whether services can sustain their current performance.

Lacking these insights, governments for years – but particularly since 2015 – have fallen into a ‘crisis–cash–repeat cycle’, where they react to the political fallout from predictable problems with short-term emergency cash. This is an inefficient way to spend money. Public services will struggle to use this emergency cash to tackle

longer-term, underlying problems – such as staff retention – when it is often only enough to address immediate problems and does not provide them with certainty on how much money they will have to spend in the coming years.

Aside from **schools** and **the NHS**, all other public services have budgets only until the end of 2020/21 – the last year covered by the most recent spending round. Due to uncertainty over the terms of Brexit, the government has delayed a multi-year spending review until 2020. If the government is to use that spending review to break out of the crisis–cash–repeat cycle, then it must spell out:

- how much money it will spend on public services
- what it expects them to achieve
- the trade-offs between spending and performance
- how, if at all, public services will sustain existing efficiencies or make new ones

The Treasury and other government departments will need to better assess whether performance objectives are realistic given planned spending and likely efficiencies. The Institute for Government set out recommendations on how the government could improve the way it manages spending and performance in a recent report titled [The Treasury's Responsibility for the Results of Public Spending](#).⁷

Without setting a credible plan for spending and objectives, it is very likely that public service performance will continue to drift – even if occasionally, and partially, alleviated by injections of emergency cash – as it has done since the 2015 spending review.

2. General practice

Spending on general practice has increased for the past six years – but GPs are having to work harder as demand for care increases. General practice has managed these higher workloads by becoming more efficient and making greater use of physiotherapists and health care assistants to provide care.

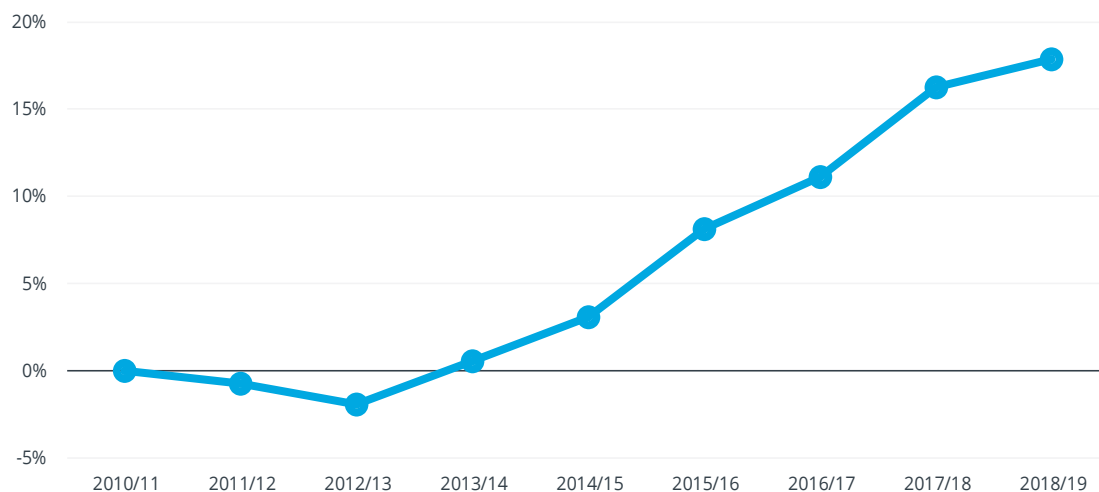
But decreasing continuity of care and lengthening waits for appointments suggest that these new working practices have not been enough to keep up with demand, resulting in falling patient and public satisfaction.

The funding outlined in the NHS long-term plan and the 2019 GP contract should be enough to allow GPs to meet rising demand over the next four years, but is unlikely to be enough to achieve all of the improvements in access to and expansion of services outlined in the NHS long-term plan.

General practice addresses a broad range of medical needs within the community. Staff diagnose and manage symptoms and conditions, and in addition to undertaking consultations for single issues and de-medicalising problems where appropriate, manage health care for people with complex long-term conditions. If patients require urgent or specialist treatment, they are referred to hospital or specialist units – but general practice is in essence the 'front door' of the NHS, and its staff work closely with health visitors, social care staff and charities.

Spending on general practice has increased over the past six years

Figure 2.1 Change in total current and capital spending in general practice in England since 2010/11 (real terms)



Source: NHS Digital, 'Investment in General Practice', Annex A1 (2010–12 data) and Table 3a (2013–18 data).

Real-terms spending* on general practice increased by 17.9% between 2010/11 and 2018/19, an average of 1.8% a year; after an initial fall, it grew on average 2.7% each year after 2012/13.¹ Average spending per registered GP patient rose from £136 in 2013/14 to £152 in 2017/18 – a real-terms increase of 4.9%.^{2,3}

After 2016, higher spending was driven by NHS England's promises in its *General Practice Forward View*. This committed to increase spending on general practice by an additional £2.4 billion (bn) a year by 2020/21, and to increase the share of NHS spending allocated to general practice.⁴ Spending on general practice did rise after 2016, but not as quickly as some other health services – by 6.1% between 2016/17 and 2018/19,** a slower rate of growth compared with specialist NHS trusts (10.8%) and ambulance trusts (16.6%), although faster than mental health NHS trusts (5.0%) and acute NHS trusts (4.2%). Consequently, the share of NHS spending allocated to general practice slightly reduced, from 7.3% in 2015/16 to 7.1% in 2018/19.⁵

The NHS long-term plan published in January 2019 again committed to increase spending on primary and community health services, including general practice, by £4.5bn by 2023/24, promising that spending on these services will increase faster than the overall NHS budget.⁶ The 2019 GP contract, a new employment contract for GPs used to implement the plan, specified how general practice funding will increase. The 2019 contract will increase core contract funding by £978 million (m) by 2023/24.⁷

* This includes some capital investment such as building and ICT programmes, and some general practice services provided in A&E departments. See NHS Digital, *Investment in General Practice 2013/14 to 2017/18 England, Wales, Northern Ireland and Scotland*, 2018, p. 4.

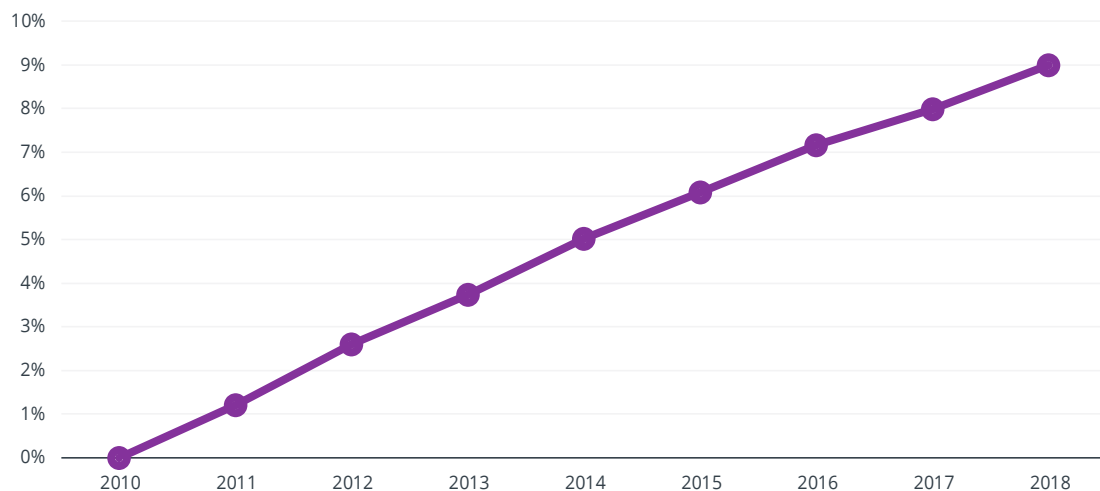
** These and the following NHS trust figures are taken from the consolidated NHS provider accounts. See NHS England, *Consolidated NHS Provider Accounts 2017/18*, HC 1349, 2018, www.england.nhs.uk/publication/consolidated-nhs-provider-accounts-2017-18

In addition, some practices will receive funding for additional staff such as clinical pharmacists and physician associates who will work with GPs to provide care in Primary Care Networks (PCNs).⁸

This additional funding will be worth £1.8bn by 2023/24 for primary care services. Together, the core contract and additional funding amount to a 22.6% real-terms increase in funding for general practice between 2018/19 and 2023/24.

Demand is increasing – particularly among the groups who use GP services most intensively

Figure 2.2 Change in estimated demand for general practice consultations since 2010



Source: Office for National Statistics 'Mid-year Population Estimates'; Department of Health, 'Resource Allocation: Weighted Capitation Formula', 2011.

Demand for general practice services has risen as the population has increased, and aged – and in addition to this, patients with multiple chronic conditions (such as diabetes and arthritis) are also raising demand for GPs' services. At the same time as these demands have gone up, so too have patients' expectations of general practice.

The population in England grew 6.4% between 2010 and 2018.⁹ But the parts of the population that use GP services most intensively – typically older people – rose faster than the population as a whole: the number of people aged 65 or older increased by 19% between 2010 and 2018.

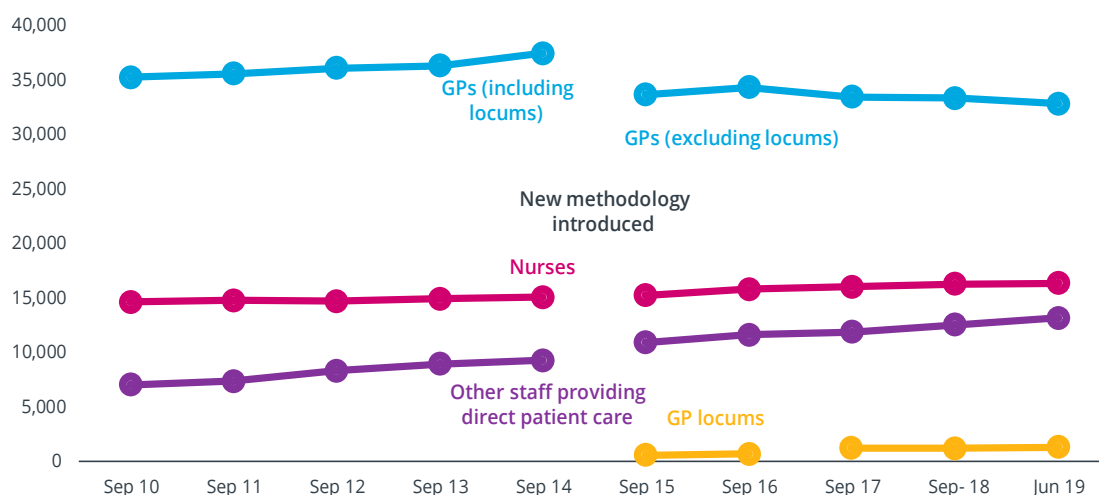
Applying an estimate of the consultation needs of men and women of different ages produced by the Department of Health (DH) in 2011, we estimate that demand for GP consultations and prescriptions rose by 9% and 11.5% respectively between 2010 and 2018.^{10,11}

These figures do not, however, account for the impact of rising prevalence of multimorbidity – people who have more than one chronic illness – on demand for general practice.* In 2012, the DH estimated that people with long-term conditions accounted for 50% of general practice appointments¹² – and that the number of people with more than one chronic illness would rise from 1.9m in 2008 to 2.9m in 2018.¹³

In addition to these demographic factors, some qualitative evidence suggests that patients now expect GPs to be more accessible and provide a wider range of services – such as antibiotic prescriptions and specialised tests. If these increased expectations were widespread, then demand – if not need – for general practice will have increased further still.¹⁴

GP numbers remain below target, but the number of other general practice staff is increasing

Figure 2.3 Number of general practitioners and other staff involved in direct patient care within general practice



Note: All figures are full-time equivalent.

Source: NHS Digital, 'General and Personal Medical Services, England'; NHS Digital, 'General Practice Workforce 30th June 2019'.

The government's aim is to increase the number of GPs by 5,000 – but it is nowhere close to achieving this. In fact, the numbers of GPs are falling – and have been doing so steadily since 2015, when the target was first set.

Between September 2010 and September 2014, the number of GPs, nurses and other staff in general practice all increased: GPs by 6.2%, nurses by 2.9% and other direct patient carers by 31.9%, an overall increase of 6.6%. Following a change in the way the data is collected,¹⁵ the number of staff classed as GPs fell by 1.5% between March 2016 and March 2019 (the longest period we can compare the same month with the

* There is evidence that people with multimorbidity use more health services. For example, people with multimorbidity have more GP consultations than people without multimorbidity. See Salisbury C, Johnson L, Purdy S, Valderas J and Montgomery A, 'Epidemiology and impact of multimorbidity in primary care: a retrospective cohort study', *British Journal of General Practice*, 2011.

latest data)*. The number of GPs increased very slightly over the last full year of data, from 32,586 (June 2018) to 32,799 (June 2019) – a 0.7% increase. However, this was not enough to reverse declines since September 2015.

The number of GPs – and the hours they are working – have not kept pace with the number of patients on GPs' registers. The average number of minutes per year that regular GPs (excluding locums – doctors who temporarily fill in positions) had available per patient fell from 69.2 in September 2015 to 65.5 in March 2019.¹⁶ Including locums, the figure fell from 70.4 to 68.1 minutes.**

The government is yet to achieve its aim of increasing the net number of GPs by 5,000. The Cameron government originally aimed to achieve this increase in GPs between 2015 and 2020, although the May government removed the time limit in 2018.¹⁷ There were 33,657 GPs in September 2015 compared with 33,327 in September 2018 – indicating that far from reaching the 5,000-GP increase, the government is in fact more than that number (5,330) short of its original target.¹⁸

While GP numbers fell after 2015, the number of other staff working in general practice increased. Nurse numbers increased by 6.8% between September 2015 and September 2018, although growth over the past year has slowed; the number rose by only 0.2% between June 2018 and June 2019.

The number of other staff involved in direct patient care – such as clinical pharmacists and physiotherapists – increased by 18.1% between September 2015 and September 2018. The number of full-time-equivalent (FTE) locums increased by 9.7% between June 2017 and June 2019, to 1,316.¹⁹ The total number of staff working in general practice increased by 4.9% between September 2015 and September 2018.

It is hard to interpret why the number of locum GPs is rising faster than the number of regular ones. Locums could be retired GPs supplementing their income (and so contributing to the workforce) or newly qualified GPs who have chosen to become locums because of greater flexibility (so contributing to the fall in full-time numbers). If most locums are newly qualified, then this suggests that changing attitudes to work–life balance among a new generation of clinical professionals will change the general practice workforce.

The government should collect and publish data on the breakdown of the locum workforce by age to better understand the rise in locum doctors.

There is some survey evidence that those GPs who do work full time are working more hours. The 2017 GP Worklife Survey, an annual survey of GPs conducted by the University of Manchester's Policy Research Unit, reported that, on average, a GP's weekly hours were 41.8 hours, up from 41.4 hours a week in 2010.²⁰

* Staff numbers vary between seasons, so we compare the same months to avoid seasonal changes. Data for September 2019 is not yet available, so March 2016 to March 2019 provides the longest consistent time series. There is no data for June 2016.

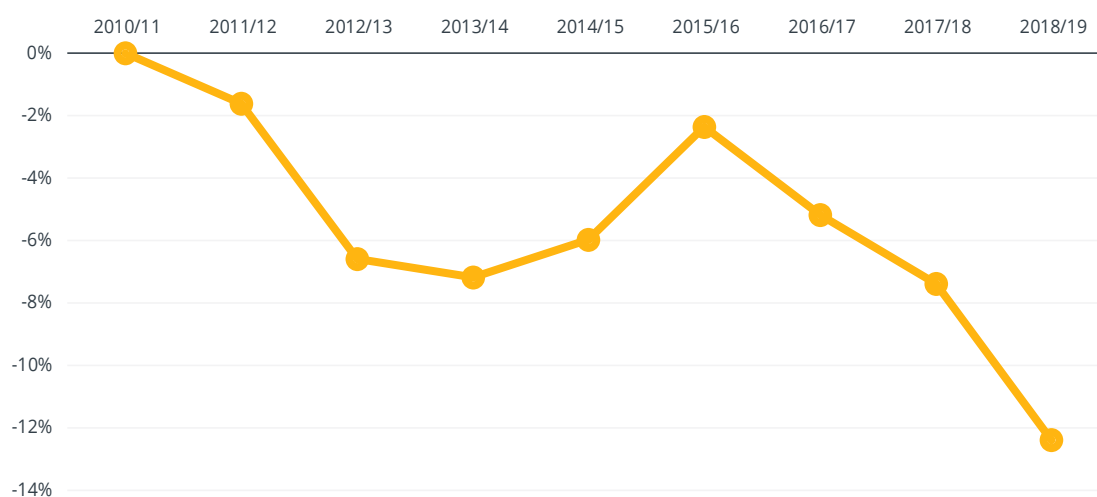
** These figures are calculated by dividing the total number of minutes worked each year by GPs by the number of patients registered with GP surgeries.

The proportion of GPs working full time (37.5+ hours a week) decreased from 33.1% in March 2016 to 28.7% in March 2019,²¹ suggesting that the increase in working hours has not been due to an increase in the share of GPs working full time.

In contrast, other staff in general practice are increasingly working full time. Between 2015 and 2018, the share of nurses working full time rose from 13.2% to 15.8%, and the share of other direct patient carers working full time increased from 9.9% to 14.6%.²²

The NHS is purchasing medicines used in primary care at a lower price

Figure 2.4 **Change in the net ingredient cost (NIC) of medicines prescribed in the community since 2010/11 (real terms)**



Source: NHS Digital, 'Prescriptions Dispensed in the Community - Statistics for England, 2007-2017'.

The NHS has managed to make considerable savings in spending on medicines – despite an increase in the number of items prescribed – and there may be potential for further savings in the future.

Estimated real-terms spending* on community-prescribed medicines (prescription items dispensed by community pharmacists, appliance contractors and dispensing doctors in England) decreased 12.4% between 2010/11 and 2018/19. At the same time, the number of community-prescribed items increased 19.6% between 2010/11 and 2018/19, from 0.96bn to 1.1bn.²³ GPs are getting medicines they prescribe at a cheaper price – the mean cost per item dispensed in the community declined from £9.53 in 2010/11 to £7.96 in 2018/19, a real-terms decrease of 26.8%.²⁴

The NHS was able to make these savings due to greater use and falling costs of generic medicines – medicines that are not marketed under a brand name and are available once the original patent has expired.²⁵

* We can only estimate spending because NHS Digital reports figures for the NIC of medicines prescribed in the community – the cost of all the medicines prescribed in a given year at their list price. This does not account for the cost of VAT or dispensing, or any reduction the NHS can secure through discounts. See NHS Digital, *Prescription Cost Analysis England: 2018, 2019*, p. 6.

More competition to provide generic medicines has led to a reduction in their cost. For generic cardiovascular medicines such as statins, for example, competition has helped cut the average cost by 57.7% between 2006 and 2016²⁶ – more than offsetting the 36.2% increase in the number of such prescriptions over the same period.²⁷ The NHS also has a policy to favour cheaper generic medicines where possible. Generic medicines accounted for 35% of drugs dispensed in primary care in 2018/19, up from 29.5% in 2010/11.²⁸

But not all medicines prescribed as generics will end up being dispensed as such. A GP may prescribe a generic medicine, but a pharmacy may give the patient a proprietary – branded and patented – medicine, depending on what they have in stock. So while 35% of drugs dispensed in primary care in 2018/19 were generics, the share that were prescribed as such was in fact 59.5%, showing a shortfall in the ratio of prescribed and dispensed medicines.

This suggests scope for further savings, as it indicates that pharmacies are dispensing more expensive medicines than are prescribed. This might be because new generic medicines are not always easily available, and they may have to put in time to establish new accounts with different suppliers.²⁹ Whatever the reason, given that the NHS long-term plan envisages a greater role for community pharmacies in providing direct patient care,³⁰ they will have to overcome these barriers as their responsibilities increase.

General practice activity has risen

The population is growing larger and older. At the same time, the NHS is directing more people to general practice. The fragmented data available suggests that this combination has seen GPs' workloads increase considerably.

The most common activity in general practice is consultations – where patients book appointments with GPs, nurses, physician associates or physiotherapists. But unlike hospitals, there was no nationally consistent time-series data on consultations in general practice until April 2018. We know that there was a steady growth in consultations before 2008: a study of consultations estimated that there were 300m consultations in England in 2008, a 38% increase on 1995.³¹ But we cannot know how the number of consultations changed in the interim decade.*

NHS Digital estimated that there were 332m consultations in England in the year ending in April 2019.³² This is clearly more than in 2008 – although the numbers are not directly comparable as the methodology used to calculate them was different.

GP appointments often end with a prescription for medicines that are then dispensed from community pharmacies. Prescriptions dispensed in the community increased by 18.6% between 2010 and 2017, from 0.9bn to 1.1bn³³ – but some of this increase is

* Smaller studies suggest that consultations continued to grow, potentially faster than growth between 1995 and 2008. A retrospective analysis of 100m consultations between 2007 and 2014 estimated that general practice workload increased by 16%; and The King's Fund has estimated that there was a 15% increase in consultations between 2010/11 and 2014/15. See Hobbs FDR, Bankhead C, Mukhtar T, Stevens S, Perera-Salazar R, Holt T and Salisbury C, 'Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14', *The Lancet*, 2016, vol. 387, no. 10035, retrieved 15 September 2018; Baird B, Charles A, Honeyman M, Maguire D and Das P, *Understanding Pressures in General Practice*, The King's Fund, 2016, p. 3.

due to the growing number of people with multimorbidity, rather than an increase in appointments. Most prescriptions that GPs issue do not require an appointment – The King’s Fund, a health think tank, estimates that 70–80% of prescriptions are issued ‘on repeat’ – where a prescription that has been issued to a patient previously is signed off by a GP without an appointment.³⁴ This still, though, requires time on the part of GPs.

Some of GPs’ increased workload is because of changes in other parts of the health system. The NHS has increasingly encouraged people to use NHS 111 – its direct line for urgent, but not emergency, medical problems brought in to ease demand on the 999 service – to try and direct people to the most appropriate health service for their needs, and to reduce pressure on A&E. This has increased awareness of the health services on offer that, combined with people’s high expectations of access to care, has increased calls made to NHS 111.

In 2014/15, the first full year the service was accessible to the whole of England, there were 12.9m calls to NHS 111. By 2018/19, this had risen to 16.8m – an increase of 30.3%.

NHS 111 may be directing some people away from general practice, as more people are calling in rather than going straight to their GP. The proportion of triaged calls where the patient was recommended to speak to or attend some form of primary or community care decreased from 62.4% in 2014/15 to 58.9% in 2018/19. But the higher volume of 111 calls means the number of people recommended by operators to speak to or attend primary care increased from 6.5m to 7.7m between 2014/15 and 2018/19.³⁵ The Nuffield Trust, a health think tank, estimates that the number of people NHS 111 diverted from A&E to general practice increased from 875,235 to 1,258,176³⁶ between winter 2013/14 and winter 2015/16.

Another reason for increased workloads may also be because of supply-induced demand, where an increase in services available leads to greater use (even when unnecessary). The share of general practices offering full extended access – bookable appointments outside of core contractual hours, such as during evenings and weekends – increased from 17.7% in October 2016 to 38.4% in March 2018.³⁷

This risks extending GPs’ workloads as more patients turn up who would otherwise not have³⁸ – although some of this may be meeting previously unmet need.

Public and patient satisfaction with general practice is falling

Patient satisfaction in the NHS as a whole has fallen slightly over the past decade; public satisfaction, however, has fallen dramatically. This appears to be due to difficulties accessing primary care³⁹ – as there is no sign of a decline in the quality of care offered by GPs.

Overall patient satisfaction has fallen slightly. The share of patients responding to the GP Patient Survey who rated general practice as Good or Very Good decreased from 88.4% in 2012 to 84.8%⁴⁰ in 2017 (prior to a methodology change in 2012, 90% of patients were Very or Fairly Satisfied with general practice in 2010). Following a

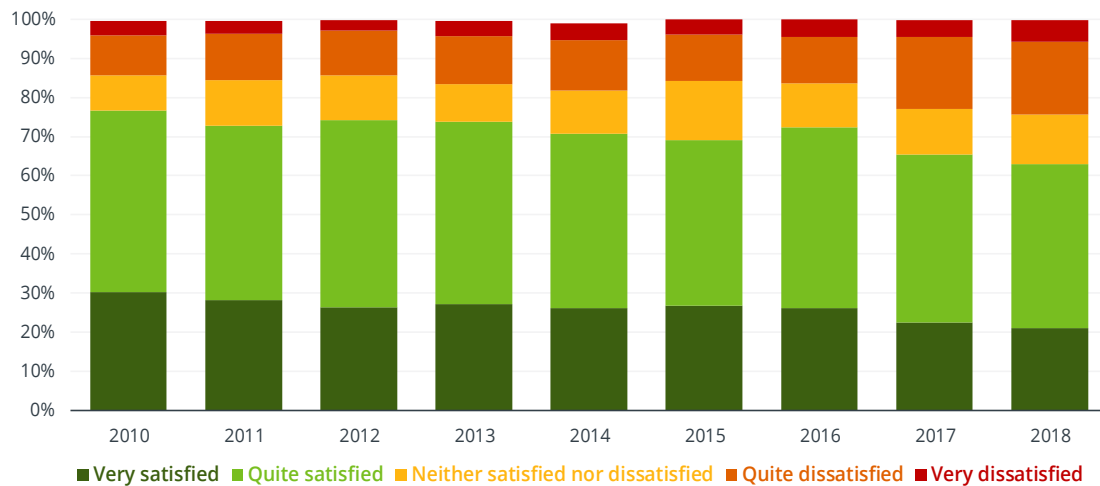
methodology change* in 2018, the proportion of respondents rating general practice as Good or Very Good fell slightly from 83.8% in 2018 to 82.9% in 2019.

This decrease in satisfaction comes alongside an increase in the number of written clinical complaints, which rose from 16,300 to 31,559 between 2009/10 and 2015/16. Following a change in how clinical complaints are recorded,** the number rose more slowly between 2016/17 and 2017/18, from 11,744 to 11,870.⁴¹

The satisfaction of patients who use GP services most intensively follows a similar pattern. The share who agreed they have enough support to manage their long-term health conditions over the past six months fell from 54.1% to 50.5% between 2012 and 2017, with the proportion feeling they do not have enough support increasing from 14.6% to 16.7%.⁴²

However patient satisfaction is measured, it has declined only slightly while public satisfaction with general practice has fallen dramatically – and is at its lowest level in 35 years.⁴³ The share of the public who are Very or Quite Satisfied with general practice decreased from 77% to 63% between 2010 and 2018, while the proportion who are Very or Quite Dissatisfied increased from 14% to 24%.⁴⁴

Figure 2.5 **Public attitudes to general practice**



Source: The King’s Fund, ‘Public satisfaction with the NHS and social care in 2018: Results from the British Social Attitudes survey.’

The dramatic fall in public satisfaction is most likely being caused by people struggling to book GP appointments, and/or not being able to see their preferred GP. In addition to longer waiting times (discussed below), there has been a decline in the continuity of care – that is, patients seeing the same doctor. The proportion of patients seeing their preferred GP always, almost always or most of the time decreased from 77.0% to 50.2% between January–March 2009 and August 2018.⁴⁵

* In 2010, the survey question was: “In general, how satisfied are you with the care you get at your GP surgery or health centre?”, with respondents choosing from ‘satisfied’ and ‘very satisfied’. This question was replaced in the 2011 survey with the question: “Overall, how would you describe your experience of your GP surgery?”, with respondents rating their experience as ‘good’ or ‘very good’.

** The 2016/17 data expanded the number of complaint categories, meaning that some complaints that were categorised as clinical in 2015/16 are likely to have been reclassified in 2016/17.

This may explain some of the decline in satisfaction as the higher trust and better communication associated with continuity of care are strongly correlated with overall satisfaction.⁴⁶

While the public is less satisfied, there is no sign that the quality of care provided in general practice has declined – further suggesting that the primary cause of dissatisfaction is lack of access. Practices' Quality and Outcomes Framework (QOF) scores – a raft of metrics used to measure clinical quality and distribute additional funding for good practice – have improved. The percentage of practices achieving maximum QOF points increased from 5.8% in 2014/15 to 12.5% in 2017/18.⁴⁷ The Care Quality Commission (CQC) rated the vast majority of practices (90%) as Good or Outstanding, and only 10% as Inadequate or Requires Improvement, in May 2017.⁴⁸

Has general practice become more efficient – and if so, can that be maintained?

GPs now tend to operate from larger practices, make more use of physiotherapists and health care assistants to treat patients, and conduct more consultations online or by phone, than they did nine years ago, meaning they are stretching their budgets further. But the current model of general practice is under strain.

More and more doctors want to leave general practice: the age of retirement among GPs is falling and many are increasingly dissatisfied with their level of pay and the hours they work. It will be difficult to sustain the current level of efficiency in general practice without further reform to the way GPs work.

The public sector pay cap did not apply to general practice in the same way as it did to other parts of the NHS.* But general practices have made savings by merging practices, conducting more consultations online or over the phone and buying cheaper, generic medicines. GP Online reports that more than 1,000 GP practices, covering 4.2m patients, closed or merged⁴⁹ between 2013 and 2018. NHS Digital data shows that there were 611 fewer practices in March 2019 than there were in September.

These remaining practices have a larger number of GPs – between March 2016 and March 2019, the share of practices with five or more GPs increased from 45.8% to 48.8%, while the number of practices with more than 10 increased from 7% to 10.1%.⁵⁰ It is difficult to quantify the implications of larger practices for running costs but an inquiry by the CQC concluded that merging practices allowed GPs to consolidate resources and provide better care.**

GPs are conducting more remote consultations, which are typically quicker and cheaper than meeting patients in person. The share of consultations by telephone increased from 5% (2012) to 9.3% (2018). Online consultations increased at a slower

* GP partners take a profit share from their practice, as opposed to a salary. Nurses and other staff working in practices are salaried employees – but practices were not restricted by public sector pay controls. See Dr Paul Neil's Blog, 'How GPs are Paid', blog, no date retrieved 9 October 2019, www.drneilpaul.blog/articles/how-gps-are-paid

** A 2018 Care Quality Commission report analysing 10 GP practices found that mergers allowed practices to offer a wider range of services, such as simple operations, and increased take-up of services such as smoking cessation clinics, for example. See Care Quality Commission, *Driving Improvement: Case studies from 10 GP practices*, 2018, pp. 11, 19, 36.

rate, from 0% in 2016 to 0.1% in 2018.⁵¹ Between November 2017 and November 2018 there were 40.8m telephone consultations and 1.4m online consultations.⁵²

However, without data on follow-up appointments, it is difficult to tell if these remote consultations are quite as efficient as they appear or whether patients who have them later come in in person for a face-to-face appointment about the same problem.⁵³

Patients are increasingly being seen by nurses and other lower-paid practice staff, rather than GPs. The number of nurses in general practice increased by 6.8% between September 2015 and September 2018, while the number of other staff providing care increased by 18.1%.⁵⁴ Assuming that follow-up appointments with GPs are not required, it is less expensive for these other staff to see patients⁵⁵ – and could free up GPs to deal with patients with complex conditions.

However, The Kings Fund has raised concerns that these other staff might simply be supplementing GP appointments – and that care led by other staff may not actually reduce costs.⁵⁶ Nurses, for example, tend to provide longer consultations and recall patients more frequently.⁵⁷

Despite these concerns, the 2019 GP contract provided funding to recruit another 20,000 of these staff by 2023/24 – including clinical pharmacists, physician associates and first-contact physiotherapists. This represents a big shift: if successful, this would more than double the numbers of these other direct patient care staff (which stood at 19,490 in June 2019).⁵⁸

These extra staff members could help bring about what appears to be a required shift in working practices in general practice. The sector has historically been reliant on GPs to deliver patient care but the NHS has struggled to recruit for the position in recent years and a growing share of those GPs currently working for the NHS say they are dissatisfied with their working conditions and are planning to leave.

The share of GPs responding to the GP Worklife Survey who said that they have a high or considerable intention to leave direct patient care within the next five years increased from 22% to 39% between 2010 and 2017.⁵⁹ The number of GPs retiring early (before the age of 50) rose from 513 in 2011/12 to 721 in 2016/17; the average age of retirement also fell – from 60.4 years to 58.5 years – over the same period.⁶⁰

This growing dissatisfaction is due to both pay and workload. Ranking satisfaction on a scale from 1 to 5, GPs' average satisfaction with their pay decreased from 4.9 in 2010 to 4.2 in 2017. At the same time, average satisfaction with hours of work decreased from 4.4 to 3.6. Rating job stressors on the same scale, the average rating for long working hours as a stress factor increased from 3.44 to 4.11 over the same period.⁶¹

Other survey data also suggests that work–life balance is also a growing problem. In 2016, a survey for The King's Fund found that 31% of trainee GPs intended to be in full-time clinical work a year after qualification, but only 10% planned to be 10 years after qualification. By 2018, these had fallen to 21.7% and 5.4%, respectively.^{62,63}

That survey showed that the most common reason cited for not wanting to work as a GP full time was the intensity of the working day.

The decreasing proportion of trainees intending to be in clinical work full time and choosing instead to pursue a part-time or portfolio career – coupled with the government’s inability to meet GP recruitment targets – suggests that general practices will have to either use more nurses, pharmacists and physiotherapists to provide care, or find other ways to address the excessive workload that is causing trainee GPs to want to work part time.

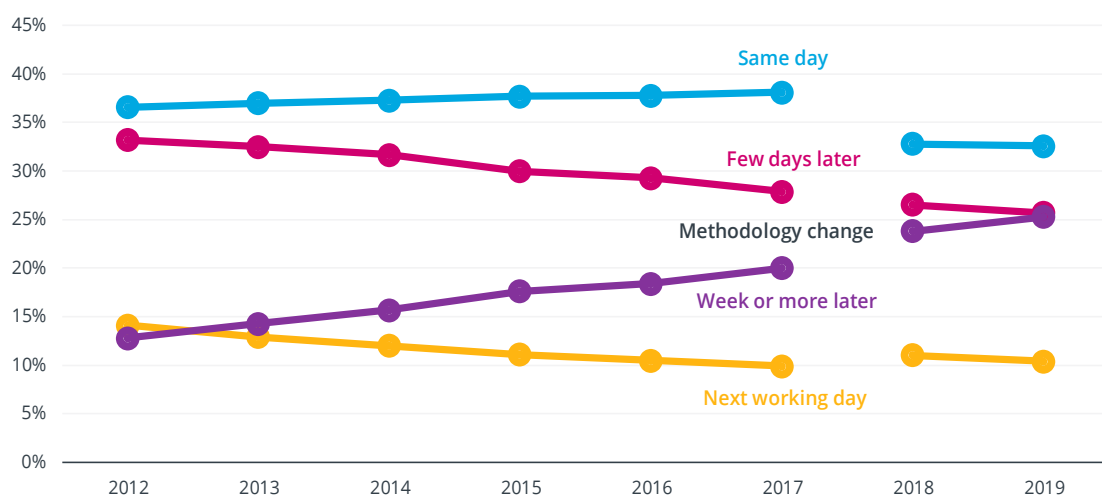
Constraints on GPs’ time also has an impact on patients. The Royal College of General Practitioners has argued that the current use of short appointments is unsustainable and has called for the average length of a GP consultation to be increased to 15 minutes, up from the current average of nine.⁶⁴ Its chair has stated that “it is abundantly clear that the standard 10-minute appointment is unfit for purpose”, arguing that patients with more than one health condition can rarely be adequately dealt with in 10 minutes.⁶⁵

Have efficiencies been enough to manage demand?

Longer waiting times for appointments and increasing numbers of practices closing their lists to new patients both suggest that general practice has struggled to keep up with growing demands – but caution is needed in interpreting these figures.

There is some evidence that GPs have increasingly tried to limit the number of patients they treat. The number of applications for list closures – where a practice applies to NHS England to temporarily refuse to accept new patients if it believes that the volume of demand is jeopardising standards of care – has risen. In 2012/13, 40 practices (0.5% of all GP practices) made such applications, but this rose to 231 in 2016/17 (3%), before falling to 148 in 2017/18 (2%).^{66,67,68} The share of list closures that NHS England approved increased from 62% in 2016/17 to 72% in 2017/18.

Figure 2.6 Patient waiting times for an appointment with a GP or a general practice nurse



Source: NHS Digital, 'GP Patient Survey'.

Politicians – including Prime Minister Boris Johnson⁶⁹ – often point to waiting times as evidence that general practice is failing to meet patients’ needs. As Figure 2.6 shows, the share of patients being seen the same day as they requested an appointment or on the next working day has fallen, while the share waiting a week or more has risen.

However, these figures must be interpreted with caution. Part of this shift is likely to reflect the growing prevalence of chronic conditions: patients with chronic health conditions (who account for a growing share of appointments) are more likely to book appointments further in advance. As such, some of the increasing share of appointments happening a week or more after booking may simply reflect an increase in patients with chronic health conditions receiving the sort of regular or pre-arranged monitoring they require.

But responses to the GP Patient Survey suggest that this is not the whole story – there are also a growing number of patients who struggle to make an appointment at all. In 2019, just over two thirds (67.4%) of respondents rated their overall experience of making an appointment as Good or Very Good, down from nearly four fifths (79.0%) in 2012. Similarly, in 2019, one in three patients said that it was not easy to get through to their GP practice by phone, compared with one in five in 2012.⁷⁰

How will demand for general practice change?

Demand for general practice is likely to increase considerably as the population in England grows and ages – particularly if chronic conditions continue to become more prevalent. The funding increases that have already been announced for the NHS over the next four years will help to meet that demand, but there is unlikely to be much money left over to make the sorts of improvements set out in the NHS long-term plan. Without extra money, the ambitions given in the NHS long-term plan will be hard to reach, unless further efficiencies can be found.

Based on analysis conducted by The Health Foundation,⁷¹ we project that demand for general practice – that is, the number of people who will require appointments or other general practice services – will increase by 22.6% between 2018/19 and 2023/24. To maintain the scope and quality of care in general practice in the face of rising demand, general practice spending will also need to grow by 22.6%.

The government set out a five-year spending plan for the NHS in *The NHS Long Term Plan*, with a specific plan for general practice confirmed in the 2019 GP contract.⁷² This contract allocated £1.8bn more (in 2018/19 prices) for general practice in 2023/24 than in 2018/19 – a 22.6% increase in real terms. This is slightly faster than the 18.3% real-terms spending growth set out for the NHS as a whole in the plan.

If spending on general practice grows at the rate implied by the 2019 GP contract, GPs should then have enough money to meet demand – but it is unlikely to allow for improvements.

Table 2.1: Projected spending and demand for general practice

| General practice | | | |
|--|-------------|------------------------------------|-------------|
| Projected increase in demand by 2023/24 | 22.6% | | |
| Spending scenario | GP contract | GP contract and NHS long-term plan | Meet demand |
| Change in real-terms spending by 2023/24 | 22.6% | 21.9% | 22.6% |
| Spending in 2023/24 (2018/19 prices) | £13.8bn | £13.7bn | £13.8bn |
| Projected gap (2018/19 prices) | – | £0.1bn | – |

Source: Institute for Government calculations. See Chapter 13, Methodology.

However, a quarter of general practice funding is not covered by the 2019 GP contract – including some medicine prescription costs. If these other areas of funding grow instead in line with the overall NHS settlement,* overall funding for general practice would increase by 21.9% in real terms between 2018/19 and 2023/24 (Table 2.1). That would leave spending £100m below what we estimate would be needed to meet demand while maintaining existing standards.

But the government intends not only to maintain, but also to improve, access to and the scope of general practice services. Among other things, NHS England intends to:

- provide patients with a definitive cancer diagnosis within 28 days, with 75% of cancers diagnosed by stages I or II by 2028⁷³
- prevent 150,000 cases of heart attack, stroke and dementia over the next 10 years by offering community-based, preventative programmes⁷⁴
- provide education and exercise programmes to “tens of thousands” of patients with heart problems⁷⁵
- provide primary care for an additional 380,000 adults to access care for common mental health conditions by 2023/24 via the Improving Access to Psychological Therapies (IAPT) programme.⁷⁶

These targets do not, however, include the objective that Johnson hinted at in his first speech as prime minister – to reduce the number of patients waiting at least three weeks for an appointment.⁷⁷

* For full details, see Chapter 13, Methodology

The reforms outlined in the *The NHS Long Term Plan* – such as the introduction of Primary Care Networks – may mean that practices can deliver services more efficiently. There may also be more scope to save money if GPs and pharmacists prescribe and distribute more generic medicines and if GPs make greater use of online and phone consultations.

However, it is unlikely that these efficiencies will be enough to enable the government to realise its ambitions to improve general practice – at least with the level of funding implied by the government’s spending plans.

3. Hospitals

The headline figures for hospitals are largely positive, with hospitals benefiting as political parties compete to prove their commitment to the NHS. Spending was protected and rose after 2009/10. An increasing number of permanent staff, working more productively, have helped to maintain high standards of clinical care despite increasing workloads.

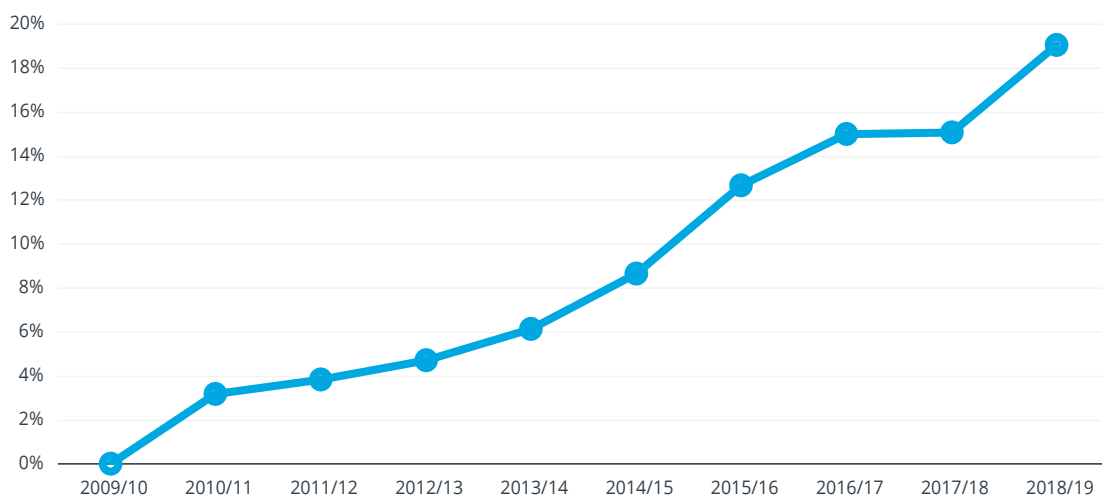
But beneath these headline figures there are reasons for concern. An increase in the use of temporary workers and longer waiting times suggest that hospitals are struggling to keep up with demand, and they continue to run financial deficits.

The future funding for hospitals implied in the NHS England settlement may not be enough to allow them to meet rising demand or achieve the expansion of services outlined in the NHS long-term plan.

There are five different types of health care trusts in England, which provide different forms of care: acute, ambulance, community, mental health and specialist trusts. Collectively, they are known as NHS providers. This chapter focuses on acute and specialist trusts – what most would consider hospitals – which provide specific short-term treatments, including specialist diagnostic services, emergency treatments and surgeries. As data pertaining solely to acute and specialist trusts is not always available, where appropriate we analyse data for all NHS providers.

Spending on hospitals has increased by 19.1% since 2009/10

Figure 3.1 Change in spending on NHS providers in England since 2009/10 (real terms)



Source: Department of Health, 'Annual Reports and Accounts'; Department of Health and Social Care, 'Annual Reports and Accounts', Table 2.1.

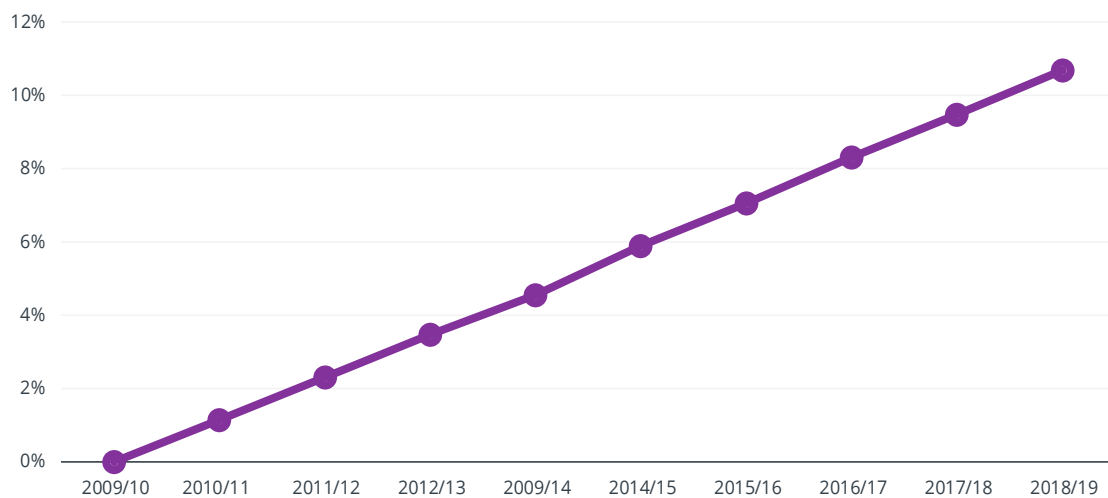
NHS spending has increased over the past nine years, but growth has been below historic rates.¹ Acute and specialist providers' income – primarily government payments to provide patient care – was £69.1 billion (bn) in 2018/19² and increased by 4.5% in real terms between 2016/17 and 2018/19, the only years for which we have consistent data.

We do not know how acute and specialist spending changed before then, but spending on NHS providers in England rose by 19.1% in real terms between 2009/10 and 2018/19 to reach £86.8bn. Acute and specialist trust spending probably increased faster, as the 2016/17–2018/19 rate was quicker than the increase in overall NHS provider spending (3.5% over the same period).

The rate of spending growth between 2017/18 and 2018/19 is set to continue. The new NHS England spending settlement announced in June 2018 promised that funding will increase by 3.4% in real terms each year on average over the next five years, amounting to £20.5bn of additional funding by 2023/24.³ But this new funding settlement promised that spending on mental health, community and primary care⁴ would rise faster than the overall NHS budget, meaning that funding for acute and specialist hospitals will increase at a slower rate.⁵

Demand for hospital services continues to grow

Figure 3.2 **Change in estimated demand for acute care since 2009/10**



Source: Office for National Statistics, 'Nomis Official Labour Market Statistics', Populations estimates and projections for England; Department of Health, 'Resource Allocation: Weighted Capitation Formula'.

A larger and older population is increasing demand for hospital services, as is the number of patients with multiple chronic conditions. The population of England grew by 6.4% between 2010 and 2018; the number of people aged 65 and over grew faster, by 19.1%, over this same period.⁶ This is significant as older people use hospitals more frequently: in 2017/18, those aged 65 and over made up 41.8% of finished consultant episodes (completed periods of care), despite making up just 18% of the population.⁷

Using the then Department of Health's (DH)* 2011 estimates of the need for acute services for each age/sex group, we estimate that demand for acute services grew by 10.7% between 2009/10 and 2018/19.^{8,9} However, this does not account for any increases in single morbidity or multimorbidity (when someone has one or more than one chronic illness, respectively), or long-term health conditions.

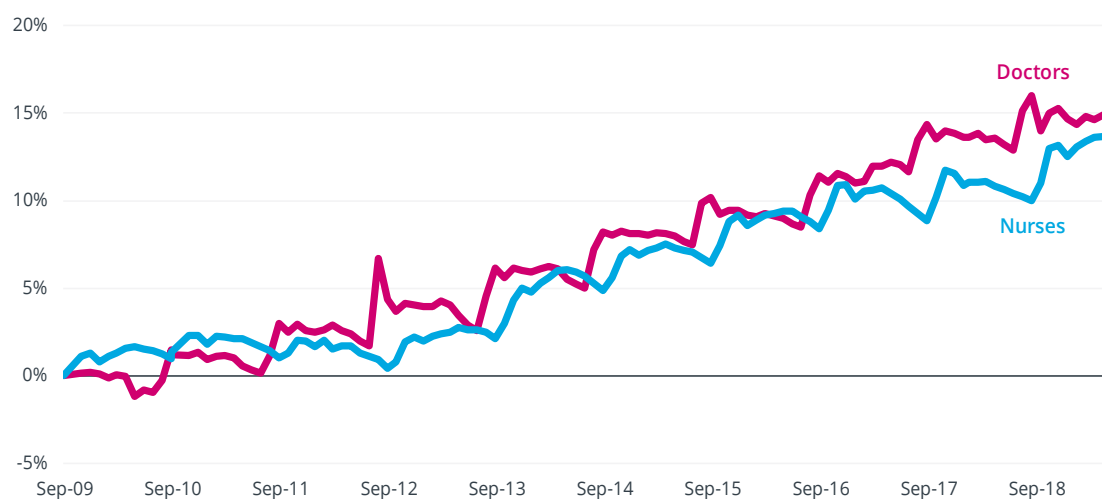
The rise in multimorbidity, in particular, is increasing demand for hospital services. In 2012, the DH estimated that treating patients with multiple chronic conditions accounted for 70% of total spending.¹⁰ The proportion of adults reporting at least one long-term condition increased only one percentage point between 2010 and 2017, from 42% to 43%,¹¹ but there is clearer evidence that multimorbidity has risen.

The Health Foundation found that the proportion of people admitted to hospital as an emergency with five or more health conditions more than tripled between 2006/07 and 2015/16, while the number of emergency admissions for people with just one condition fell by 34% over the same period.¹²

More people are spending a greater proportion of their lives in ill-health. This is because life expectancy (how long a person can expect to live) has risen faster than healthy life expectancy (how long a person can expect to live in good health without medical complications) in relative and absolute terms for the population in England since 2010.¹³

The number of permanent staff has increased...

Figure 3.3 **Change in the total number of doctors and nurses in NHS trusts and clinical commissioning groups since September 2009**



Note: All figures are full-time equivalent.

Source: NHS Digital, NHS Hospital and Community Health Service, Monthly 'NHS Workforce Statistics'.

* The DH was renamed the Department of Health and Social Care (DHSC) in 2018.

There are now more full-time-equivalent doctors, and more adult and children's nurses, working in NHS providers than in the past. In part, this is a response to the 2013 Francis Inquiry into Mid Staffordshire NHS Foundation Trust, which found that inadequate staffing compromised patient safety.¹⁴

Between May 2010 and May 2019, the number of full-time-equivalent* doctors working in NHS providers increased by 15.5%, from 85,978 to 99,274. The number of adult and children's nurses increased by 11.8%, from 184,891 to 206,688, over the same period.

Staff costs make up the majority of NHS providers' expenditure, accounting for £55bn (63.5%) of provider spending in 2018/19.¹⁵ The past three years of data show that spending on staff pay has risen less quickly than the increase in the number of staff. Between 2016/17 (the earliest year for which figures are available) and 2018/19, total NHS provider spending on staff pay increased by 4.6% in real terms, from £50.6bn¹⁶ to £55bn,¹⁷ while the total number of staff working in NHS providers at mid-year grew only 3.4% between September 2016 and September 2018.¹⁸

While spending on permanent staff has increased, the amount spent on agency staff has fallen. Between 2016/17 and 2018/19, total spending on agency staff fell from £2.9bn to £2.4bn. Spending on agency nurses fell 21.1% in real terms, from £1.2bn to £0.95bn, while spending on medical agency staff fell 14.2% in real terms, from £1.1bn¹⁹ to £0.94bn.²⁰

The recent reduction in spending on agency staff is a result of a concerted effort by the NHS to cap agency staff pay. In September 2015, Monitor – the non-departmental body responsible for overseeing NHS trusts – set NHS trusts individual ceilings for the amount they could spend on agency nursing staff. In November of the same year, its successor, NHS Improvement, introduced caps on the hourly rates of all agency staff groups. It then lowered these caps in February 2016 and April 2016. From the original cap of 150% above basic pay for junior doctors, 100% for other medical/clinical staff and 55% for non-clinical staff, all agency staff now have a pay cap of 55% above basic pay.²¹

NHS England made complying with these new measures a condition for NHS trusts to access the Sustainability and Transformation Fund – £1.8bn of additional money provided in 2016/17 to help make NHS trusts "financially sustainable".²²

Falling spending on agency workers was partly offset by increasing spending on 'bank staff' – internal pools of NHS employees who have agreed to work flexible shifts. Spending on bank staff increased from £3bn²³ in 2017/18 to £3.4bn²⁴ in 2018/19, a real-terms rise of 13.8%. NHS Improvement estimates that bank staff are 20% cheaper than equivalent agency staff,²⁵ so trusts are likely to have saved money by hiring bank staff rather than agency staff. But without data on the numbers of bank and agency staff, we cannot calculate the average rates for either or compare them to permanent staff.

* All figures are full-time equivalent unless otherwise stated.

To understand how much trusts have saved by reducing spending on agency staff, the government should publish data on the number and type of staff who are temporary and part-time.

... but hospitals still rely on temporary or part-time staff to fill vacancies

There are, however, a number of reasons for concern about NHS staffing. Unfilled vacancies, struggles with staff retention and the ongoing use of agency staff (despite relative reductions) all point to underlying problems.

The continued use of agency staff, combined with the shift to using bank staff, suggest that part-time and temporary staff are still needed to fill gaps in the workforce. Total spending on the temporary and part-time workforce* – bank and agency staff – rose from £5.4bn to £5.8bn between 2017/18 and 2018/19 (the years for which we have data), a real-terms increase of 6.7%. As a proportion of total staff spending, spending on the temporary and part-time workforce increased from 10.3% to 10.6% of total pay costs over this period.

At the same time, vacancies for permanent roles increased. Between Q4 2015/16 and Q4 2018/19, the number of NHS vacancies increased by 14.7%, from 78,112 to 89,589.²⁶ The rise in workforce vacancies has primarily been driven by an increase in vacancies for nursing, which increased by 27.8% between Q4 2015/16 and Q4 2018/19, from 29,251 to 37,378.

The number of vacancies is estimated from the number of job advertisements published on the NHS Jobs website, meaning the actual number of vacancies is probably higher because a single job advertisement on the website may advertise multiple vacancies or an ongoing recruitment programme.²⁷

Vacancy data from NHS Improvement – taken from trust management information rather than NHS Jobs advertisements – confirms this. This shows that the total number of vacancies is higher, but decreased by 2.4% between 2017/18 and 2018/19, from 98,755 to 96,384. Nursing vacancies continued to increase by 10.4%, from 35,794 to 39,520.²⁸

The shortfall in nurses is unlikely to be resolved soon. Applications for UK nursing courses remain 15.6% below the 50,730 applicants in 2010,²⁹ although rose slightly over the past year, from 40,600 in 2018 to 42,820 in 2019. Although the number began falling in 2014, the big fall came in 2017: it fell by 19.6% compared with 2016.³⁰ The sharp decline in applications between 2016 and 2017 suggests that the decrease in applications was triggered when the government scrapped nurse training bursaries in 2017 and replaced them with loans.³¹

* Many agency staff are hired on a temporary basis and NHS Improvement does not classify them as permanent staff. Bank staff are permanent NHS staff who take on additional shifts or permanent NHS staff who have agreed to work flexibly. See NHS Improvement, *Performance of the NHS Provider Sector*; NHS Improvement, *Year Ended 31 March 2017*, 2017, p. 15. Some agency and bank staff work full time, but we collectively refer to these staff as temporary staff as they are either non-permanent, part time or both and fill in for full-time, permanent doctors and nurses.

Uncertainty over the UK's EU exit terms and future migration policy, alongside changes to language testing rules in 2016,³² may also have reduced the pool of available labour. Nursing registrations from the EU/EEA fell from 9,389 in 2015/16 to just 805 in 2017/18 – a decrease of 91.5%.³³ As a result, the proportion of new nurses who are EU nationals fell from 19% in 2015/16 to 7.9% in 2017/18. This seems to have affected existing staff, too: the proportion of staff who are EU nationals and who left nursing increased from 8.9% to 12.8% over the same period.³⁴ Following a consultation, the latest language test (in effect since December 2018) places a lower emphasis on the written part of the test.³⁵

Hospitals face problems retaining staff. The median staff stability index – a measure of the proportion of staff who do not leave their role in a given year – for all NHS staff decreased from 89% to 85% between 2010/11 and 2017/18.³⁶ The stability index for doctors and nurses has remained roughly constant since 2010/11. For Hospital and Community Health Service (HCHS) doctors* it improved slightly, from 84.4% in 2015/16 to 85.3% in 2017/18. Over the same period, the stability index for nurses decreased only slightly, from 88.4% to 88.2%,³⁷ meaning that a slightly higher proportion of nurses are leaving their roles each year.

There has been a large increase in the number of voluntary resignations among clinical staff. In 2018/19, there were 18,599 voluntary resignations citing work–life balance – 6.1% of the current total clinical staff as of Q3 2018/19.³⁸ While only a small proportion of the total clinical workforce, this is more than double the rate in 2011/12, when there were 6,699 voluntary resignations citing work–life balance – only 2.4% of the clinical workforce.

Hospital spending on medicines has increased

Beyond staff salaries, the other major area of hospital spending is medicines. Hospital spending on medicines has risen much faster than spending on staff and other inputs since 2010. Estimated** spending on medicines used in hospitals rose from £4.2bn to £9.2bn between 2010/11 and 2017/18 – almost doubling in real terms (95.7%).³⁹

Hospitals are spending more on medicines because they are treating more patients⁴⁰ and because of the availability of new treatments that require expensive products.⁴¹ While GPs have increasingly been able to substitute expensive branded medicines with cheaper generic alternatives, acute and specialist hospitals have been less able to do this as conditions seen in these hospitals often require the latest, complex – and therefore costly – treatments.⁴²

The rapid increase in spending on medicines in hospitals has occurred despite 85% of new medicines being covered by the Pharmaceutical Pricing Regulation Scheme – a voluntary arrangement between the pharmaceutical industry and the government, which is negotiated every five years and caps NHS spending on branded medicines at an agreed rate (the industry refunds any overspend).⁴³

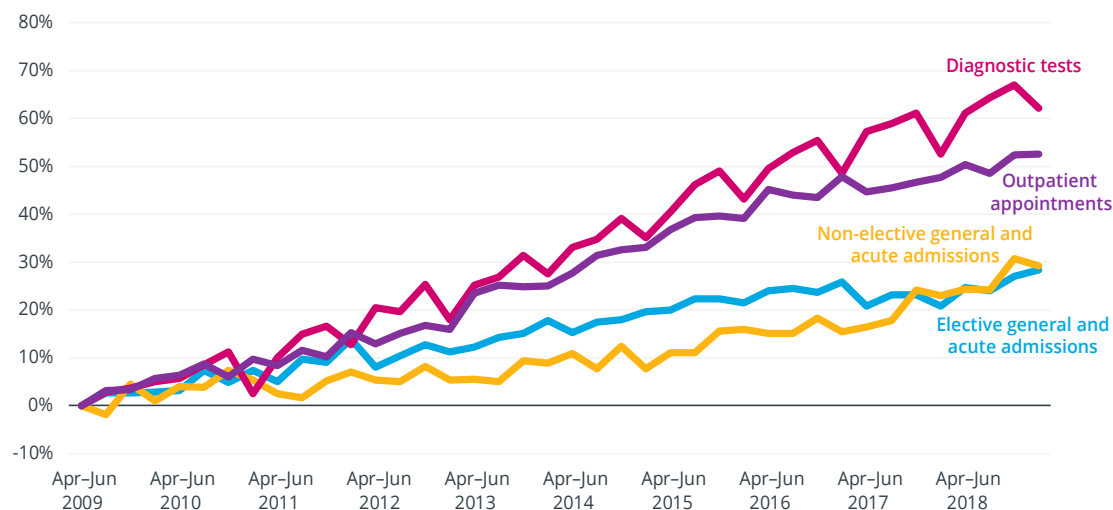
* HCHS doctors include all doctors working in the NHS, but excludes GPs, GP practice staff, and high-street dentists.

** We can only estimate spending because NHS Digital reports figures for the 'net ingredient cost' of medicines – the cost of all the medicines prescribed in a given year at their list price. This does not account for the cost of VAT or dispensing, or any reduction the NHS can secure through discounts. See NHS Digital, *Prescription Cost Analysis*, 2019, p. 6, retrieved 16 October 2019, <https://files.digital.nhs.uk/E5/A014A5/PCA-eng-2018-report.pdf>

In addition to price controls on branded medicines, the NHS intends to save £300m by 2020/21 – around 3% of spending on medicines in the latest year's data – by using more biosimilar medicines (biologically similar medicines to those that have already been approved) in place of branded medicines.⁴⁴

Hospitals are treating more patients

Figure 3.4 **Change in elective admissions, non-elective admissions, total diagnostic tests and outpatient appointments since Q1 2009/10**



Source: NHS England, 'A&E Attendances and Emergency Admissions'; NHS Digital, 'Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency Data'; NHS England, 'Monthly diagnostics data'.

There have been large rises in the volume of almost all hospital activities, but accounting for all of this trend is not easy. The number of elective admissions (when patients attend hospital on pre-arranged dates for booked procedures) rose by 23.5%, from 6.9 million (m) to 8.5m, between 2009/10 and 2018/19.⁴⁵

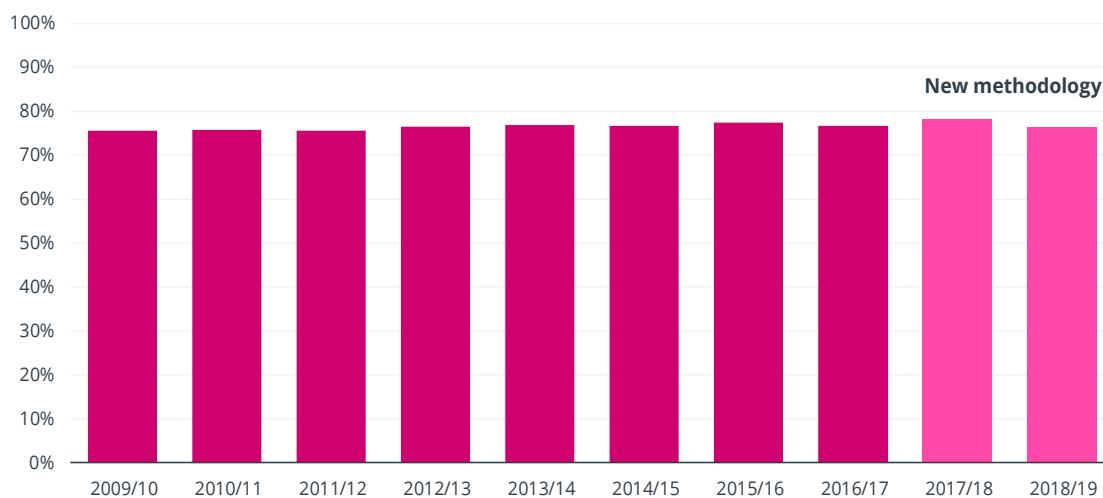
The number of non-elective admissions (typically emergency admissions or transfers from another hospital) increased by 26.1%, from 5.2m to 6.6m. Accident and Emergency (A&E) admissions – a subset of non-elective admissions – increased by 39.5%, from 3.6m in 2009/10 to 4.7m in 2018/19.⁴⁶ Outpatient appointments – consultations with a healthcare practitioner – increased by 46.5% during this period, from 84.2m to 123.3m. The number of diagnostics tests rose from 3.7m in Q4 2009/10 to 5.7m in Q4 2018/19, an increase of 54.5%.⁴⁷

Some of the increase in hospital activity is hard to account for – the rate of emergency admissions for acute conditions that do not usually require hospital admission increased by 22.3%⁴⁸ between 2009/10 and 2017/18, from 1,083 per 100,000 population in England to 1,324 per 100,000 population, for example. There are several potential reasons for this. Some of the increase may be due to cuts to other services that support people out of hospital, such as adult social care – with the resulting reduced access to these alternative services increasing hospital admissions.

Others may be due to rising patient expectations, which have encouraged doctors to undertake additional treatments. This can manifest through unnecessary prescriptions or diagnostic tests,⁴⁹ though we cannot quantify the prevalence of 'unnecessary' treatment.

Patient satisfaction and clinical quality have remained high

Figure 3.5 Overall patient experience scores for adults treated as inpatients since 2009/10



Source: NHS England, Adult Inpatient Survey, 'Overall Patient Experience Scores'.

Patient satisfaction in hospitals has remained high. The proportion of adult inpatients – patients referred to hospital who stay overnight – in acute and specialist trusts who say they were satisfied with their overall experience increased slightly from 75.6% in 2009/10 to 76.7% in 2016/17.

Following a change in the question wording, the proportion of inpatients saying they were satisfied fell slightly, from 78.4% in 2017/18 to 76.2% in 2018/19.⁵⁰ The proportion of inpatients saying they were satisfied that their care was 'safe, high quality and co-ordinated' was lower, and fell from 72.6% to 65.8% between 2017/18 and 2018/19.

Data from the Friends and Family Test – where patients are asked how likely they are to recommend the health service they used – shows that the proportion of inpatients recommending the service increased from 94% to 96% between March 2014 and March 2019. The proportion of respondents recommending A&E services also remained broadly stable during this time, fluctuating between 84% and 86%.⁵¹

However, satisfaction among the general public – not just those who access hospital services – is lower and falling. The British Social Attitudes (BSA) survey found that the proportion of respondents saying they were very or quite satisfied with the NHS decreased from 64% in 2009 to 53% in 2018. Public satisfaction with A&E similarly fell from 59% to 53% over the same period.

Clinical indicators suggest that the quality of care in hospitals is improving. The number of MRSA (Methicillin-resistant *Staphylococcus aureus*) and *C. difficile* cases – health care-associated infections – decreased between 2009/10 and 2018/19, from 1,898 to 805⁵² and from 25,604 to 12,275,⁵³ respectively. There were also declines in rates of new pressure ulcers (bed sores associated with patients who cannot change positions in bed on their own), falls while in hospital and new venous thromboembolism (blood clots forming due to a change in the speed of blood flow).

Overall, the proportion of patients receiving harm-free care has increased, from 92.4% in March 2013 to 93.8% in March 2019.⁵⁴

The improvements in these clinical indicators are corroborated by the performance of hospitals in the Care Quality Commission's (CQC) inspections. In 2014, 57% of hospitals were listed as Requires Improvement, while 35% were rated as Good or Outstanding.⁵⁵ After legislation requiring health and social care providers to adhere to new fundamental standards came into force in April 2015,⁵⁶ the proportion of hospitals rated as either Good or Outstanding rose from 56% in 2015/16 to 72% in 2018/19.

Have hospitals become more efficient – and if so, can that be maintained?

Hospitals have become more efficient since 2010 – workloads have risen faster than either spending or staff numbers – but it is unlikely that this trend can be sustained without causing serious dissatisfaction among staff or potentially putting patient safety at risk.

The public sector pay cap has been a particularly important contributor to cost savings in hospitals over the past decade. By holding doctors' and nurses' pay growth below economy-wide inflation, NHS providers saved at least £369m⁵⁷ over this period:* while the economy-wide price level increased by 8.7% between 2009/10 and 2015/16, the pay of those working in public health care rose by only 6.3%.⁵⁸

The government's decision to ease the public sector pay cap⁵⁹ will, however, limit the scope for further savings on salary costs. To date, hospitals have not restricted spending on other goods and services used to provide care to the same extent. In contrast to wages, the average price for these goods and services increased, by 17.3%, between 2009/10 and 2015/16, almost twice the rate of economy-wide inflation.⁶⁰

Hospital staff have become more productive: the number of appointments and treatments carried out in NHS hospitals has risen faster than staff numbers. The Office for National Statistics estimates that productivity across the whole NHS increased by 8.6% between 2009 and 2015, giving an average annual growth rate of 1.4%.⁶¹ The Centre for Health Economics, an academic research centre, estimates that productivity across the whole NHS then grew by 2.9% between 2015/16 and 2016/17.⁶²

One factor that has contributed to this is continued reductions in the average length of hospital stays. These have steadily decreased: in 2009/10, overnight patients spent an average of 5.6 days in hospital, but this had fallen to 4.9 days by 2015/16.⁶³ As a result, hospitals need fewer beds to treat the same number of patients.

Between early 2011 and early 2019, the number of acute and general overnight beds fell by 5.4%,⁶⁴ more than offsetting the 12.9% increase in the number of acute

* This is the difference, in real terms, between actual spending on HCHS doctors and nurses and spending on HCHS doctors and nurses if mean average annual pay per staff member had been held flat in real terms between August 2010 and August 2018. This underestimates the true figure, as it does not account for different pay bands, seniority or changes in working hours.

and general day beds. As a result, the total number of beds decreased by 3.7% between March 2011 and March 2019, even though the number of elective inpatient admissions increased by 18.8%.⁶⁵ This continues a longer-term trend: the British Medical Association found that the number of beds per 1,000 people in England fell from 3.8 in 2000 to 2.4 in 2015.⁶⁶

NHS Improvement estimates that, overall, NHS providers collectively made 'efficiencies' equivalent to 3.7% of spending in both 2016/17⁶⁷ and 2017/18,⁶⁸ and 3.6% in 2018/19.⁶⁹ However, in the most recent year almost a third of these were really non-recurrent savings – achieved by delaying spending such as building maintenance.⁷⁰ Discounting these savings, providers managed to make genuine efficiencies worth 2.7% of spending in 2016/17⁷¹ and 2017/18,⁷² and 2.4% in 2018/19.⁷³

NHS providers' increasing reliance on delaying non-essential spending has affected NHS capital spending – spending for investment such as new buildings and technology. Between 2010/11 and 2017/18, NHS capital spending fell by 7% in real terms. In part this reflected an active decision in the 2015 spending review to redirect capital spending to day-to-day operations:⁷⁴ in total, £2.8bn was transferred from capital to day-to-day budgets between 2016/17 and 2018/19.^{75,76}

This appears to have increased the backlog of maintenance in hospitals. The estimated cost to fix high-risk backlog maintenance – where building repairs must be addressed as an urgent priority to prevent major disruption to services or deficiencies in safety⁷⁷ – has more than doubled in real terms, from £0.5bn in 2014/15 to £1.1bn in 2018/19.

This provides evidence that some of the 'savings' made over the past five years have in fact stored up maintenance problems for later.

It will be difficult to sustain the strategies that have contributed to cost savings and productivity improvements since 2010 – namely public sector pay restraint and asking staff to do more. The public sector pay cap led to increased dissatisfaction among staff with their pay. The proportion of hospital staff who were dissatisfied or very dissatisfied with their pay rose from 36% in 2010 to 45% in 2017.⁷⁸ In March 2018, after the government lifted the pay cap, the proportion of staff who were dissatisfied with their pay fell back to 39%, though this is still higher than levels of dissatisfaction in 2010. This suggests it will be difficult to return to pay restraint.

There are also signs that it may be difficult to continue asking staff to do more. The proportion of hospital staff saying they feel unwell due to work-related stress increased from 28% in 2010 to 39% in 2018.⁷⁹ The proportion of nurses saying they are under too much pressure increased from 59.4% in 2013 to 62.8% in 2017; for nurses saying they are "too busy to provide the level of care they want to", it rose from 55.9% to 63%.⁸⁰

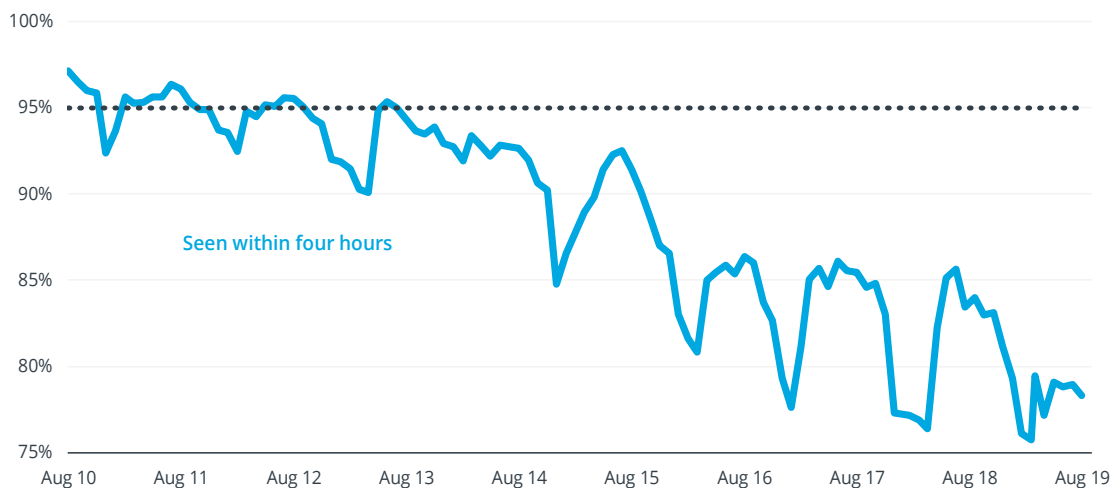
These problems may be contributing to an increasing number of voluntary resignations across the clinical workforce, which more than doubled between 2011/12 and 2018/19.⁸¹

Hospitals may also struggle to safely reduce bed numbers further. High occupancy rates risk health care-associated infections and reduced capacity to respond to spikes in demand.⁸² The right level of occupancy is disputed.⁸³ The occupancy rate for overnight beds – which currently make up 89% of hospital beds – rose from 88.7% in early 2011 to 91.7% in early 2019. Clinical indicators have continued to improve over this period, suggesting that increased occupancy rates have not yet had a negative impact on patient safety. But NHS Improvement now argues that high occupancy rates have become a constraint.⁸⁴

Have efficiencies been enough to meet demand?

Hospitals have become more efficient, but demand has risen faster. As a result, hospitals are consistently reporting financial deficits and performance against key targets – such as A&E and operation waiting times – has deteriorated.

Figure 3.6 **Percentage of emergency attendees (type 1) admitted, transferred or discharged within four hours since August 2010**



Source: NHS England, 'Monthly Hospital Activity Data', A&E Attendances and Emergency Admissions.

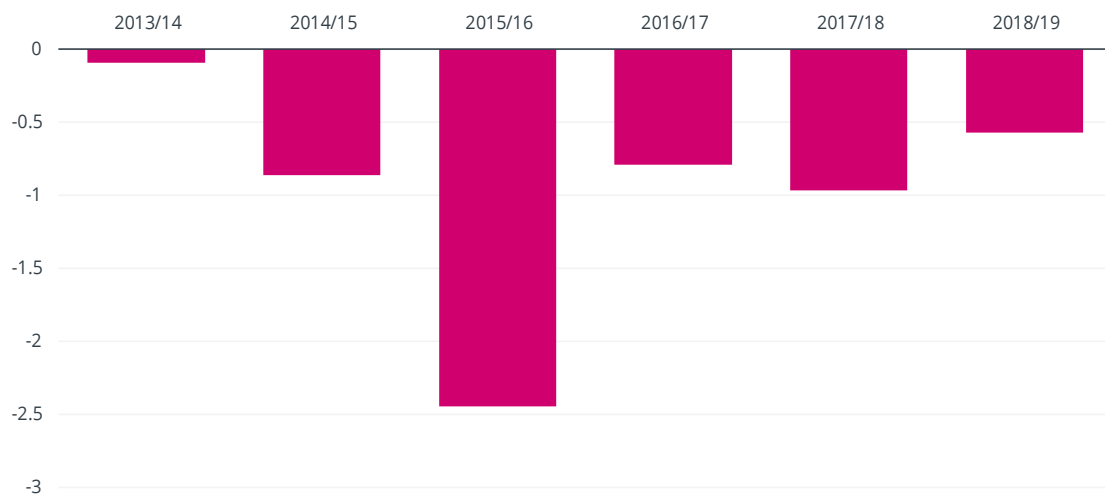
The most visible consequence of demand outstripping spending and an increase in efficiency has been longer waiting times for treatments. The NHS has had a target to see at least 95% of patients within four hours of arriving at A&E since 2010 (the target was 98% between 2004 and 2009).⁸⁵ But the proportion of patients seen within that target time fell from 98% in Q1 2009 to just 78% in Q1 2019⁸⁶ – and the target has not been met since summer 2013.

In addition to continually missing performance targets, seasonal spikes in demand put additional pressure on hospitals. Between 2010/11 and 2017/18, the proportion of patients spending longer than four hours in A&E during winter increased from 6.2% to 22.9%.⁸⁷ In the months following winter, it takes hospitals time to recover, affecting the care provided during the rest of the year. As of May 2019, nine in ten hospital trusts were still using 'escalation beds' – additional temporary beds introduced during winter to help cope with additional demand.⁸⁸

Queuing has not been confined to A&E:

- The number of patients not treated within 28 days of a cancelled elective operation more than tripled from 2,258 in 2009/10 to 7,347 in 2018/19.⁸⁹
- Between March 2010 and March 2019, the proportion of patients beginning treatment for non-urgent conditions within 18 weeks of referral fell from 91.1% to 86.7%.
- Between March 2010 and March 2019, the waiting list for non-urgent conditions grew from 2.4m to 4.2m patients.⁹⁰
- The target that 85% of patients should begin cancer treatment within 62 days of an urgent GP referral has not been met since late 2013.
- The proportion of patients starting cancer treatment within the target time decreased from 86.7% in early 2010 to 77.7% in early 2019.⁹¹

Figure 3.7 **Total deficit among NHS providers (£bn)**



Source: The King's Fund, 'Deficits in the NHS 2016'; NHS Improvement, 'Performance of the NHS Provider Sector for the Year Ended 31 March 2019'.

NHS providers – acute trusts in particular – have also consistently overspent their budgets over the past five years. In 2013/14, NHS providers spent £0.1bn more than they had budgeted; but their total deficit rose sharply to £2.4bn in 2015/16, when 66% were in deficit.

After the government introduced the Sustainability and Transformation Fund in 2016/17 – which provided an additional £1.8bn of funding to support frontline services* – the total deficit fell sharply to £0.8bn, while the proportion of trusts in deficit fell to 44%. The deficit across providers has remained roughly stable since,⁹² though the number of trusts in deficit increased slightly, to 48%, in 2018/19.⁹³

NHS Improvement also estimates that the underlying deficit – a measure of NHS providers’ financial position excluding one-off savings, emergency extra cash and other short-term fixes⁹⁴ – was significantly higher, at £4.3bn, in 2017/18 and did not fall between 2017/18 and 2018/19.⁹⁵

Across NHS providers, the biggest contributor to deficits was spending more than expected on staff pay. Staff pay increases announced during the 2018/19 financial year, alongside higher-than-expected spending on agency and bank staff, contributed to a staff pay overspend of almost £2.0bn (3.7%).⁹⁶ NHS providers also spent more than expected on consultancy (37.4%), premises (9.2%) and clinical supplies (6.4%), though these only contributed £766m to the deficit.⁹⁷

Only the acute trusts had an overall deficit in 2018/19: their combined deficit was £1.6bn, up from £0.4bn in 2013/14.⁹⁸ In contrast, ambulance, community, mental health and specialist trusts ran surpluses.⁹⁹

In 2018/19, the government replaced the Sustainability and Transformation Fund with the Provider Sustainability Fund, a £2.5bn fund held by NHS England and NHS Improvement, which NHS providers can access if they hit certain financial and performance targets.¹⁰⁰ This should help improve NHS providers’ financial position.

The NHS long-term plan has set new targets to reduce waiting times for specialist mental health services, reduce the waiting list for planned surgery and “improve providers’ operational and financial performance”.¹⁰¹ But the plan’s success will depend on recruiting and retaining enough skilled staff. The NHS Interim People Plan – the NHS plan for how it will recruit and retain enough staff to deliver the long-term plan – accepts that there are at least 40,000 nurse vacancies that it will need to fill by 2024.¹⁰²

Although funding for staff education and training weren’t included in the NHS England spending settlement, the 2019 spending round allocated Health Education England a 3.4% real-terms budget increase between 2019/20 and 2020/21 to boost staff education and training budgets. But the Health Foundation, the King’s Fund and the Nuffield Trust estimate that the budget increase announced for Health Education England next year is only a third of what is required to hire and retain enough staff to deliver the plan.¹⁰³

* Most of the money from the Sustainability and Transformation Fund was given to acute trusts. Of the 217 providers who received money, 129 were acute trusts, which received £1.5bn (or 83.5% of the fund). There are a total of 137 acute trusts in England, meaning 94% of them received at least some money from the fund. See NHS Improvement, *Performance of the NHS Provider Sector Year Ended 31 March 2017*, 2017, p. 13, retrieved 16 October 2019, https://improvement.nhs.uk/documents/1264/M12_201617_provider_sector_performance_report_-_Fin_Accts_-_FINAL.pdf

How will demand for hospitals change?

The government has confirmed spending plans for the NHS up to 2023/24 – one of only two public services (alongside schools) to which the government has made multi-year spending promises beyond 2020/21.

The NHS funding settlement announced in June 2018 provides funding such that the NHS England budget will increase by 3.4% a year on average in real terms between 2019/20 and 2023/24. But unless the NHS can substantially reduce demand or hospitals can make further efficiencies, this may not be enough to maintain the quality of hospital care, while also extending the scope of services in the way envisaged in the NHS long-term plan.

Based on analysis conducted by the Health Foundation, we project that demand for acute and specialist hospital services – the number of people who will require hospital care – will increase by 14.1% between 2018/19 and 2023/24. In other words, to maintain the scope and quality of care in acute and specialist hospitals in the face of rising demand, hospital spending will need to grow by 14.1%.

After removing money already allocated to primary care,^{*} the remainder of the NHS England budget is set to grow faster than we expect demand to increase, by 18.3% between 2018/19 and 2023/24. As a result, if spending on all NHS services grew at the same rate, then the spending growth implied by the plan would give acute and specialist hospitals £2.9bn extra (over and above what would be needed merely to keep pace with rising demand) to provide additional services or improve performance by 2023/24.

But this is, in fact, likely to overstate the money that will be available to acute and specialist trusts. NHS England has confirmed that spending on mental health and community services will rise faster than the overall NHS budget,¹⁰⁴ and that spending on acute and specialist services will therefore rise more slowly. Unfortunately, it is not possible – given the information published by the government – to work out exactly what the actual rate of spending growth for acute and specialist hospitals will be.

Staff pay increases announced in 2018 will also increase the cost of providing care. The funding available to acute and specialist hospitals may not rise as quickly as demands and costs. Taking announced pay increases into account, the Health Foundation estimates that the additional funding for acute and specialist hospitals under the plan will allow for activity growth of 2.3% a year, while it expects demand to increase by 2.7% a year.¹⁰⁵

* See Chapter 13, Methodology.

Table 3.1 Projected spending and demand for hospitals

| Hospitals | | |
|--|--------------------|-------------|
| Projected increase in demand by 2023/24 | 14.1% | |
| Spending scenario | NHS long-term plan | Meet demand |
| Change in real-terms spending by 2023/24 | 18.3% | 14.1% |
| Spending in 2023/24 (2018/19 prices) | £81.7bn | £78.8bn |
| Projected gap (2018/19 prices) | –£2.9bn | – |

Source: Institute for Government calculations. See Chapter 13, Methodology.

The government is also committed to expanding the scope of NHS services. The NHS long-term plan set targets to:

- provide more advanced radiotherapy techniques and immunotherapies for cancer patients and routinely offer genomic testing¹⁰⁶
- provide personalised care for every person diagnosed with cancer including a needs assessment, a care plan, and health and wellbeing information¹⁰⁷
- increase the use of computed tomography (CT) perfusion scans to assess brain damage after a stroke, improve access to magnetic resonance imaging (MRI) scanning and increase the use of artificial intelligence to interpret CT and MRI scans.¹⁰⁸

In theory, acute and specialist hospitals could square the circle and increase the scope of services by becoming more productive. NHS Improvement estimates that implied hospital productivity increased by an average of 1.7% a year between 2016/17¹⁰⁹ and 2018/19¹¹⁰ – faster than the 1.1% a year increase in productivity required over the next five years by the plan.¹¹¹

However, an increasing share of these alleged efficiencies reflects delaying spending or selling assets rather than genuinely delivering more for less. Alongside rising workforce pressures, the scope for more efficient working looks limited.

Local authorities

4. Adult social care

The question of how to reform and fund adult social care has been asked of – and left unanswered by – successive governments. Over the past decade, as financial pressures on local authorities have increased, this question has become more pressing. Requests for support are increasing yet fewer adults are receiving publicly funded care.

Spending on adult social care in England has fallen by 2% in real terms since 2009/10. Local authorities, who provide publicly funded care, initially made efficiencies by freezing or cutting fees paid to private and charitable providers – but reversed course after 2015 when this approach proved unsustainable. The introduction of the national living wage in 2016 further limits councils' ability to cut provider fees without reducing the quality of care they provide.

Despite any efficiencies they might have made, some local authorities have tightened their interpretation of eligibility criteria for care. As a result, adults with care needs have increasingly relied on care provided informally by family and friends.

Demand for publicly funded adult social care is likely to continue rising faster than money local authorities have to spend on it. Unless local authorities can make further efficiencies, the government will either have to spend more or accept that local authorities will have to reduce the quality of, or access to, care.

Adult social care in England – the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age – is either paid for publicly or privately,¹ or provided voluntarily, typically by family and friends. The National Audit Office (NAO) estimates that most social care is unpaid and provided by friends and family, equating to £62–103 billion (bn), followed by publicly funded care (£22bn) and self-funded care (£11bn).²

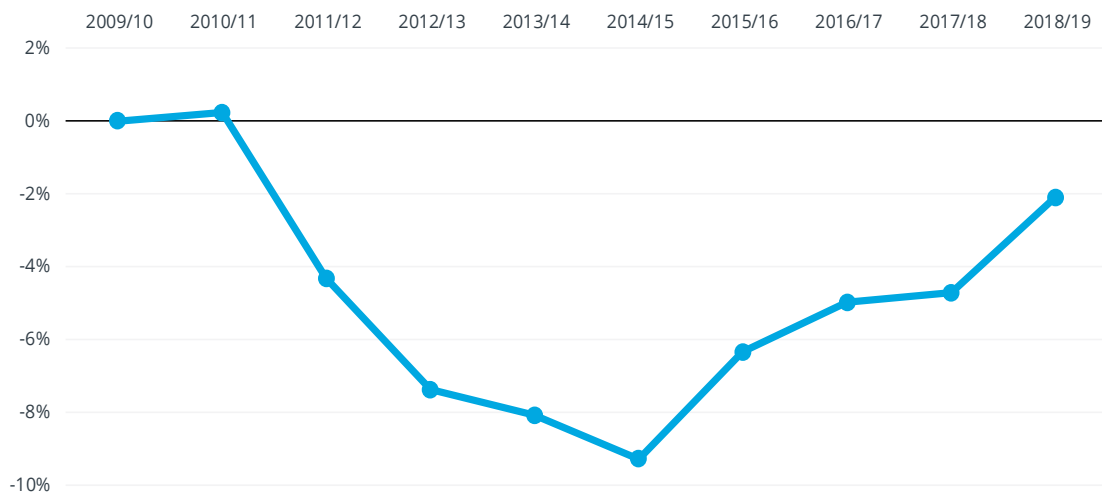
Local authorities have a legal duty to fund care for those who pass centrally set needs and means tests. Local authorities commission care services for any adults who meet the requirement of the tests. These services are often delivered by the private and charitable sectors, though some local authorities also provide care services directly

themselves. Local authority spending differs between authorities based on the amount of money they have, and their local priorities.

Though adult social care is delivered and mainly funded locally,^{*} decisions by central government strongly shape how much money local authorities have to do this – as well as what they are obliged to spend it on.^{**} This makes adult social care a national as well as a local responsibility.

Public spending on adult social care has fallen 2.1% in real terms since 2009/10

Figure 4.1 **Change in adult social care expenditure in England since 2009/10 (real terms)**



Source: NHS Digital, 'Adult Social Care Activity and Finance Report, England 2018-19', Appendix B, Table 4.

Councils cut spending on adult social care by nearly 9.3% in real terms between 2009/10 and 2014/15. This reversed the trend of increasing spending on adult social care in the 2000s, where, between 2001/02 and 2009/10, spending increased by an average of 5.7% in real terms each year.³

From 2014/15 on, councils started to increase spending – but spending is still 2.1% lower now than it was in 2009/10. Despite the uncertainty over their future funding,⁴ local authorities plan to increase spending in 2019/20. Both the Association of Directors of Adult Social Services (ADASS) budget survey⁵ and the Ministry of Housing, Communities and Local Government's (MHCLG) budget estimates⁶ for 2019/20 suggest that spending on adult social care will continue increasing.

* Local authority spending on publicly funded social care is primarily funded by council tax, business rates and central government grants.

** Central government decides how much grant funding local authorities receive, which taxes they can levy and how much they can vary them. It also puts legal obligations on local authorities to do certain things, known as statutory duties.

Councils increased spending after the government introduced the council tax precept, allowing⁷ them to increase council tax by an additional two percentage points without holding a referendum (with that revenue ringfenced to spend solely on adult social care),* and provided temporary grants, including:

- the Improved Better Care Fund^{8,9} (a pot of money shared between councils and the NHS to buy care together), subsequently topped up with an additional £2bn in the 2017 March budget¹⁰ and maintained for 2020/21 at the 2019 spending round
- a £240 million (m) support grant for 2017/18, later topped up with an additional £150m for 2018/19¹¹
- a £240m winter pressures grant for 2018/19 and 2019/20,¹² announced at the 2018 budget, and maintained for 2020/21 at the 2019 spending round
- a £410m social care support grant for 2019/20 which local authorities can spend on care for children and adults,^{13,**} announced at the 2018 budget, and maintained for 2020/21 at the 2019 spending round
- a £1bn grant for 2020/21, also split between social care for children and adults, announced at the 2019 spending round.¹⁴

MHCLG estimates that these adult social care grants, alongside the council tax precept, gave local authorities an additional £0.4bn in 2016/17, £2.3bn in 2017/18 and £3.4bn in 2018/19, and will give an additional £3.9bn in 2019/20.¹⁵ These temporary grants made up 8.9% of adult social care spending in 2018/19,^{***} up from 7.9% in 2017/18, when they first took effect.

Temporary grants helped councils provide care, but the way they were announced – as time-limited emergency funding in response to pressures – was not the most effective way to increase adult social care funding.¹⁶ With limited information about how much money they will be able to spend in future years, local authorities have not had the confidence to invest in schemes that would allow them to address underlying problems¹⁷ – such as better training offers to address declining care worker retention.

In addition to new grants, local authorities also partially protected adult social care spending – cutting spending in this area at a slower rate than on most other services they deliver.¹⁸ As a result, the share of local authority spending devoted to adult social care increased.

* In 2016/17, 144 out of 152 local authorities used the precept, which increased to 147 (2017/18) and 148 (2018/19). Only 85 local authorities used the precept in 2019/20, as some had reached the maximum level of increase (six percentage points) in 2018/19. See Ministry of Housing, Communities and Local Government, *Council Tax Levels set by Local Authorities: England 2019-20 – revised*, Ministry of Housing, Communities and Local Government, 2019, p. 8.

** Of 137 councils who provided data on where they spent the grant, just over half (53.6%) allocated the funds to adult social care. If this is typical of all councils, £220m of that £400m grant was spent on adult social care. See Association of Directors of Adult Social Care, 'ADASS budget Survey 2019', p. 15.

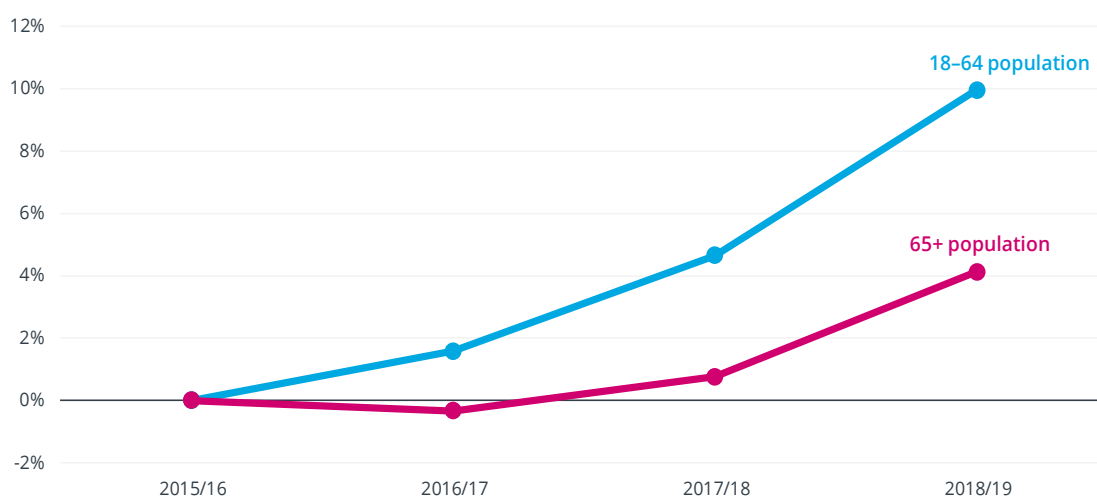
*** The percentage of spending funded by temporary grants is the annual value of the Improved Better Care Fund, adult social care support and winter pressures grants recorded in the local government finance settlement as a percentage of net current expenditure on adult social care recorded in the NHS Digital activity and finance report.

According to a recent ADASS survey, adult social care made up 37.8% of council budgets* in 2018/19,¹⁹ up from 34.0% in 2010/11. ADASS estimates that the share of council budgets spent on adult social care will decline slightly, to 37.4%, in 2019/20.**

It is not clear whether public funding for adult social care will increase after 2020/21. The government committed to “ensure that adult social care funding is such that it does not impose any additional pressures on the NHS over the coming five years”²⁰ in the NHS long-term plan, but there is no clear timetable for social care reform²¹ and the 2019 spending round only confirmed grants for social care in 2020/21.

Demand for adult social care is rising fastest among the working-age population

Figure 4.2 Increase in requests for support from new clients since 2015/16***



Source: NHS Digital, 'Adult Social Care Activity and Finance Report, England 2017/18', Table 8.

Requests for support**** have been rising since 2015/16, with the number for working-age clients rising faster than the number of people aged over 65.

As the most direct measure of frontline demand for adult social care, it is worth exploring why requests for support from working-age adults have risen. However, the majority (65% in 2018/19)²² of people receiving adult social care are still aged 65 and over. The number of people in this age group has increased significantly over the past decade, though on average people in this age group appear to be less in need of care than earlier generations were at the same age.

The rest of the people who receive adult social care services from local authorities are working-age adults with physical or mental health problems or learning disabilities. The share of working-age adults with such needs has grown over the past decade.

* ADASS only includes the budgets of councils with social care responsibilities, and excludes schools budgets.

** We look at the implications of this in our analysis of neighbourhood services.

*** We start from 2015/16 because local authorities advised NHS Digital of problems with their data returns in 2014/15.

**** A change in requests for support may underestimate growth in demand because some local authorities have increasingly encouraged older people to use non-state support as a way of making savings. See Humphries R, Thorlby R, Holder H, Hall P and Charles A, *Social Care for Older People: Home truths*, The Kings Fund, 2016, pp. 18–22.

Between 2009/10 and 2018/19 the number of people in England aged 65 and over grew by 21.2%, while the population aged 75–84 and 85+ grew by 13.6% and 20.2% respectively. Growth in the oldest population has a particularly large impact on need for social care, as more elderly people are more likely to need help. In 2017, 44% of people aged over 80 needed help with two or more activities of daily living (an indicator of a need for social care), compared with 14% of people aged 65–69.²³

But a larger older population does not automatically mean greater demand for local authority services because publicly funded social care is means and needs tested. There is some evidence that people turning 65 after 2010 owned more assets and were healthier than the people who preceded them – and were therefore less likely to require publicly funded care. The share of people aged 65 and over living in households with more than £25,000 of net financial wealth – the closest recorded category to the £23,250 threshold at which people have to pay for all the costs of their care – increased from 46% to 52% between 2010–12 and 2014–16.²⁴ This has likely lifted some older people out of the criteria for receiving publicly funded care.

The 2017 Health Survey for England found that a smaller proportion of people aged over 65 need help now than they did in 2011. The share of people aged 65 and over who say they need help with an activity of daily living such as eating or bathing – a reasonable indicator of need for social care²⁵ – declined from 32.0% in 2011 to 25.9% in 2017. This suggests that the total number of people aged 65 and over who needed help with at least one activity of daily living fell slightly, from 2,793,492 in 2011 to 2,594,105 in 2017.

There was a slight rise in the number of people aged 65 and over who needed help between 2015 and 2017, which is consistent with requests to local authorities from this age group. Data on requests for support is only available for the past three years; this shows that the number of older people requesting support from their local authority increased by 4% between 2015/16 and 2018/19.

There is clearer evidence of rising demand for care among working-age adults. Better health care has improved the life expectancy of people with some physical and learning disabilities,²⁶ meaning more working-age adults are now in need of social care. These adults are also less likely than older adults to have financial assets that disqualify them from receiving publicly funded care.*

The share of working-age adults in the UK reporting a disability increased from 15.0% to 18.0% between 2009/10 and 2017/18,²⁷ an increase of 20%. The NAO estimates that the number of working-age adults with a severe learning disability, mental health problem or physical disability rose by almost 10%²⁸ between 2010/11 and 2016/17.

* This is difficult to show but is consistent with the lower share of working-age adults receiving council care who part-fund their care. In 2017/18, 7% of council spending on care for the working-age population was funded by sales, fees and charges – compared with 24% of council spending on care for the over-65 population. See Ministry of Housing, Communities and Local Government, 'Revenue outturn summary (RS) 2017 to 2018 – revised', 2019.

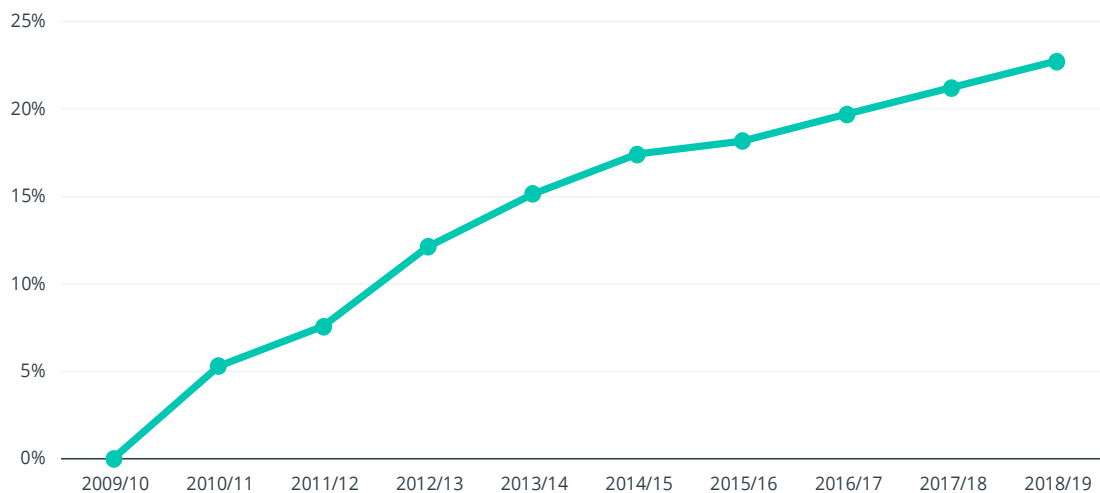
These trends have resulted in an increased number of working-age adults requesting support from their local authority: between 2015/16 and 2018/19, the number rose by 10%, from 500,655 to 550,435.

The directors of local authority adult social care services now identify providing care for working-age adults as a bigger pressure than providing care for older people. The share of directors identifying this as the greatest area of budgetary concern increased from 17% in 2017/18 to 39% in 2019/20; for older people it fell from 19% to 11% over the same period.²⁹

Providing care for working-age adults is also more expensive than for people aged 65 and over. In 2018/19, weekly residential care placements for the working-age population were, on average, more than twice as expensive as weekly placements for people aged 65 and over.³⁰

The number of adult social care jobs has steadily increased since 2009/10

Figure 4.3 Change in adult social care jobs since 2009/10



Source: Skills for Care, 'The Size and Structure of the adult social care sector and workforce in England, 2019', Chart 21.

While the adult social care workforce – the managers, social workers, care workers and administrative staff who deliver social care – is growing, it is not possible to tell whether these additional workers are providing care for publicly funded clients or for self-funders.

The total number of adult social care jobs in England increased 22.7% between 2009/10 and 2018/19, to around 1.62 million.³¹ As there is some evidence that local authorities are meeting a smaller share of care need (see below), the number of jobs helping self-funders may have risen faster than the local authority equivalent. This and the following sections refer to all social care workers.

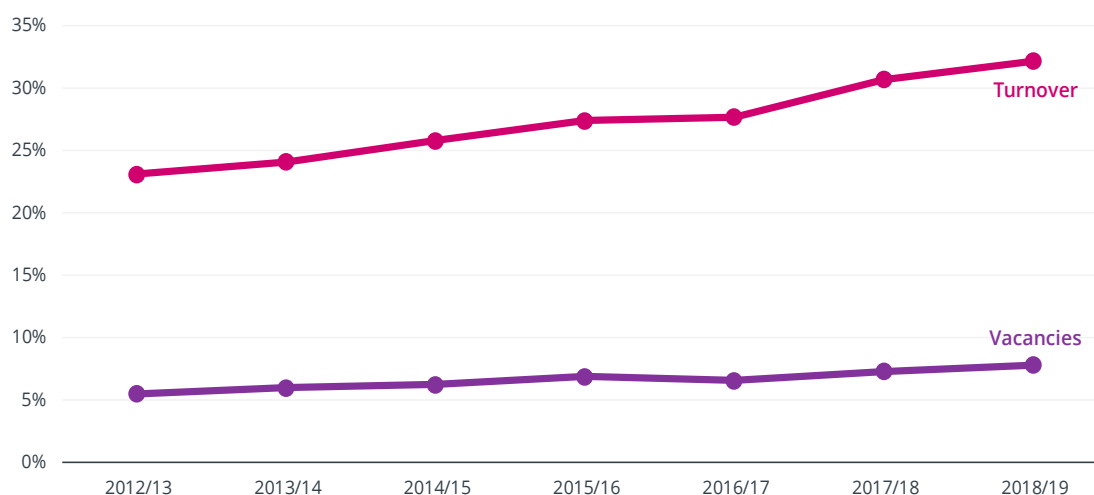
As the number of jobs has increased, so too have the average hours worked. Between 2012/13 and 2018/19, the only years for which we have comparable data, the number of full-time-equivalent (FTE) social care jobs increased by 10.2%, (from 1.03m to 1.13m), compared with an 9.5% increase in the overall number of adult social care jobs.

The mix of whom these care workers are employed by has also changed. Between 2009/10 and 2018/19, the number of jobs in the independent sector increased (by 29.7%), while the number working directly for local authorities fell by 37.4%, due to councils closing and outsourcing services they provided.³²

Not all areas of social care work have been growing. Between 2012/13 and 2018/19, the biggest growth in jobs were among care workers (15%), senior care workers (7%) and registered managers (7%). The number of social workers – who carry out assessments and help users navigate the social care system – increased by only 3%, while registered nurses working in social care fell, by 20%.³³

Vacancy and turnover rates in adult social care are high – and increasing

Figure 4.4 Vacancy and turnover rates in social care jobs



Source: Skills for Care, 'Adult social care workforce estimates', Tables 4.10 and 4.14.

Despite the increase in the number of people employed in social care roles, there is a growing problem with both recruitment and retention. The turnover rate of staff is far higher than in other public services, while vacancies have also increased over the past half decade. This has a detrimental effect on the sector, and can be disruptive, costly and – crucially – mean those in need are receiving a lower standard of care. In 2018/19, the largest vacancy rates were for registered managers* (11.4%), registered nurses (9.9%) and care workers (9.0%), with the overall vacancy rate in social care (the number of vacancies as a percentage of all filled and vacant jobs) increasing from 5.5% to 7.8% between 2012/13 and 2018/19.

* Recruiting and retaining registered managers matters because there is evidence that care home managers can raise the quality of care provided. In 2014, the Care Quality Commission (CQC) found that care homes with a manager in place were much better at meeting quality standards than those homes without a manager in place for more than six months. See Care Quality Commission, *The State of Health Care and Adult Social Care in England 2013/14*, Care Quality Commission, 2014, p. 46.

At the other end of the pipeline, providers and local authorities are struggling to retain staff. The average care worker has now spent more time in the sector than the 2012/13 equivalent – but has spent almost no more time in their current job. This reflects a core of older, experienced workers; the average experience that an adult social care worker has in adult social care increased from 7.7 to 8.2 years between 2012/13 and 2018/19. At the same time, average experience in a particular job was lower (4.2 years in 2018/19) and has been broadly flat since 2012/13 (4 years).

Between 2012/13 and 2018/19, staff turnover – the number of staff either moving between jobs or leaving the sector as a percentage of the total number of employed adult social care staff – rose from 23.1% to 32.2%.³⁴ In other words, more than three in 10 social care workers leave their jobs each year – far higher than in most other public services.

Between 2012/13 and 2018/19, turnover rose fastest among care workers (by 11.1 percentage points to 39.5%), senior care workers (by 8.4 percentage points to 22.0%) and registered nurses (by 6.9 percentage points to 34.0%). Research into factors contributing to high turnover is limited;³⁵ though turnover is, on average, higher among staff on lower-pay, zero-hours contracts, and younger age groups, suggesting that pay and working conditions are factors.³⁶

Many of those leavers remained within the adult social care sector* – but turnover is still disruptive and costly for individual providers³⁷ – which in turn increases the price and potentially reduces the quality of care commissioned by local authorities.

Councils have reduced the number of day centres and home adaptations they provide

Adult social care is a labour-intensive service. Accordingly, most adult social care budgets are spent on staff.** There is limited consistent data on other inputs used to provide care – whether facilities used to provide day or full-time care, ICT equipment or home adaptations – but what data there is suggests that the availability of these have been cut.

A Freedom of Information request submitted by ITV News found that 428 day centres closed between 2010 and 2018 – representing a 41% cut.³⁸ The limited government data available suggests that these closures were not offset by an increase in productivity; that is, local authorities were not able to provide the same services to users from fewer sites.

The number of older people receiving day care or day services declined 39.4% between 2010/11 and 2013/14, while the number of working-age people with learning disabilities, physical disabilities or mental health needs receiving such services fell 19.6%.³⁹ The number of completed home adaptations to help older

* In 2018/19, 13% of those leaving the profession did so by transferring to another employer, and 66% of new starters were recruited from within the adult social care sector. See Skills for Care, 'Workforce Estimates', 2019, Tables 4.3 and 4.11.

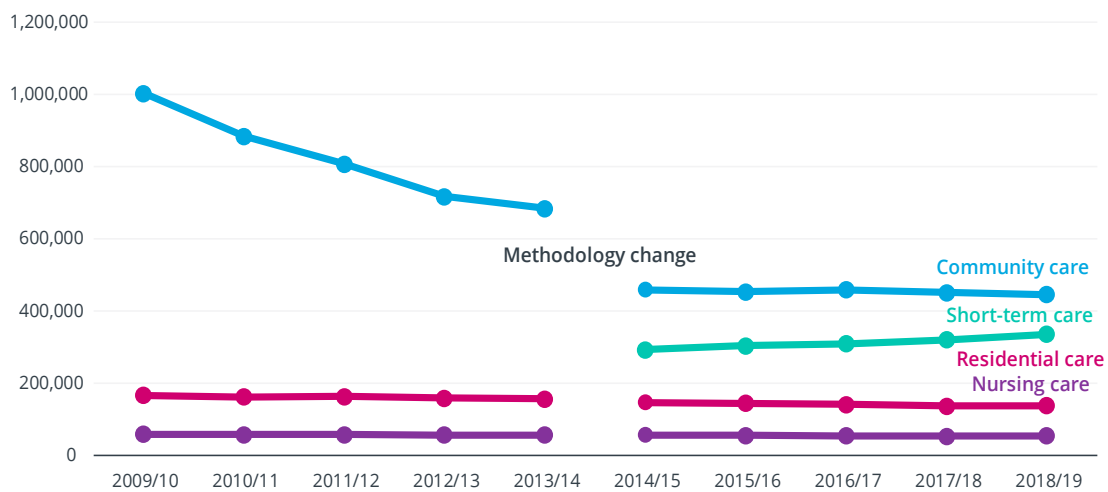
** The CQC estimates that staff costs make up 60% of costs in care homes, and 80% of costs in home care. See Care Quality Commission, *The State of Health Care and Adult Social Care in England 2015/16*, 2016, p. 44.

people remain at home – such as installing stairlifts or providing ramps or hoists – fell around 10% between 2009/10 and 2015/16.⁴⁰

In contrast, the total number of care home beds remained flat between September 2010 and August 2018⁴¹ – suggesting that care home capacity has remained stable.⁴² The number of beds is not an ideal proxy for the inputs purchased by local authorities, however. Some beds are funded by adults who pay for their care privately – a flat number of beds may reflect an increase in the number of self-funders compensating for a fall in the number of local authority-funded service users.

The number of people receiving long-term state-funded care declined by 2.6% after 2014/15

Figure 4.5 Number of people receiving long-term state-funded care packages at year-end, and number of referrals resulting in a short-term care package each year



Source: NHS Digital, 'Community Care Statistics, Social Services Activity, England - 2013-14, Annex M - Compendium', Tables 3.2 and 4.1; NHS Digital, 'Adult Social Care Activity and Finance Report', England, Tables 21, 27 and 38.

Long-term care packages are the largest part of council spending on adult social care.^{**} Following a rise in the 2000s, the total number of care packages fell dramatically in the first half of this decade, before spending increases slowed the pace of reduction.

The total number of long-term care packages – fell 27.0% between 2009/10 and 2013/14, then fell only 3.4% between 2014/15 and 2018/19. The rate of decline in long-term community and nursing care packages started after spending began to increase.

The reduction in the number of adults receiving long-term care packages⁴³ between 2009/10 and 2013/14 reversed the trend seen in the 2000s. Between 2000/01 and

* The number of completed home adaptations rose substantially between 2015/16 and 2016/17, back to 2010/11 levels. This reflects an increase in temporary central government funding for adaptations. See Mackintosh D, Smith P, Garrett H, Davidson M, Morgan G and Russell R, *Disabled Facilities Grant (DFG) and Other Adaptations – External Review*, 2018, p. 21.

** In 2018/19, 78% of council adult social care spending went on long-term care support. See NHS Digital, 'Adult Social Care Activity and Finance Report, England - 2018-19', 2019, Table 14.

2008/09 the number of people receiving this kind of care rose by 7.6%.⁴⁴ The number receiving community care packages – care that takes place within people’s own homes such as home care, day care and ‘meals-on-wheels’ – reduced fastest, by 31.8% between 2009/10 and 2013/14.

Over the same time period, care in residential and nursing homes – which is more intensive and expensive – declined at slower rates: 6.0% and 4.3% respectively. After 2014/15, this pattern changed. The number of people receiving residential care fell furthest after 2014/15, by 4.6%, whereas the number of people receiving community care fell by only 1.7%. This may reflect an increased emphasis on providing “services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support”⁴⁵ following the 2014 Care Act.

The decline in the number of long-term care packages does not mean that local authorities are doing less. Adults receiving care packages now have more complex needs. Care workers, for example, are spending more time on average with community clients than previously. Between 2009/10 and 2013/14,^{*} the share of community care clients who had a care plan entailing more than 10 hours of planned care each week increased, while the share receiving between five and 10 hours stayed flat; the share receiving fewer than five hours decreased.⁴⁶

As local authorities cut the number of long-term care packages, they increased the amount of short-term – or ‘reablement’ – care they provide. This typically involves providing advice, training or equipment to support people facing short-term problems, or helping people with longer-term needs to recover from a spell in hospital and manage independently.

For the years for which we have consistent data (2014/15 to 2018/19), the number of short-term care packages rose by 14.7%, from 293,000 to 336,000. The proportion of adult social care referrals resulting in short-term care increased from 15.9% to 17.6% over this period – reflecting decisions to prioritise recovery and independence over providing long-term care packages, where possible.

Local authorities have also tried to meet requests for support without providing formal care packages. Part of the reduction in long-term packages is because local authorities are providing more services at point of first contact^{**} and outside the formal assessment process.⁴⁷ In other words, they are signposting people to other sources of information and support rather than referring them on to local-authority- funded formal care.

Between 2009/10 and 2013/14, the number of referrals resulting in a client’s needs being “attended to solely at or near the point of contact” increased by 13.9%. The proportion of referrals to adult social care resulting in signposting increased from 48.5% to 54.0% over this period. The data collected by local authorities changed

* We do not know what happened to hours of community care after 2013/14, as local authorities stopped recording hours of care provided.

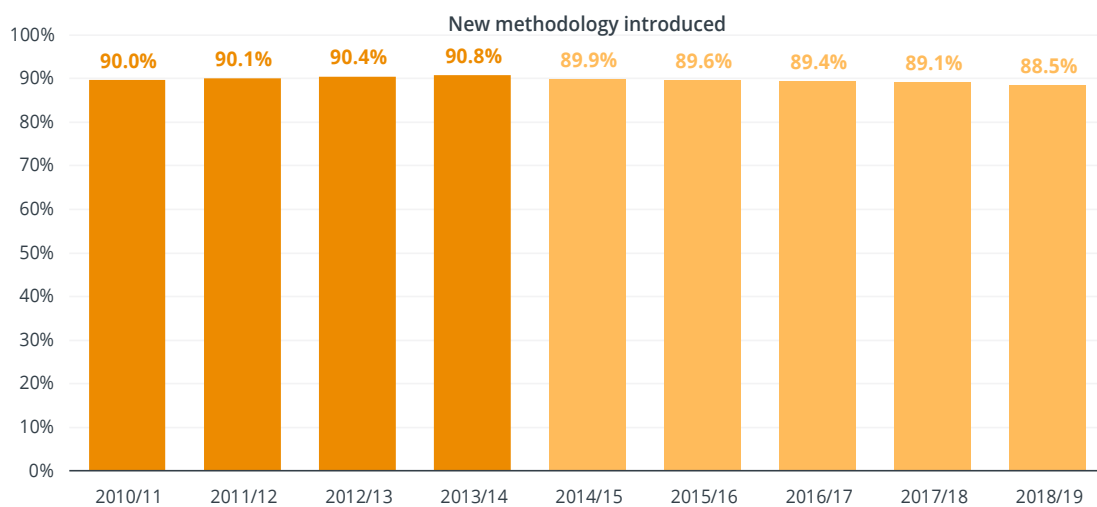
** This includes front-of-house staff diverting people away from formal assessments and instead towards their families, neighbourhoods and the voluntary sector. See Local Government Association, *LGA Adult Social Care Efficiency Programme: The final report*, Local Government Association, 2014, p. 25.

in 2014/15. Between then and 2018/19, the number of referrals resulting in clients being signposted to other services – the closest comparator following the change in methodology – declined by 10.3%, from 575,350 to 516,235.

For people who had their needs met in a suitable way, such signposting represents a more efficient use of resources; for those who did not, it represents a cut in service quality. Without knowing what happened to people requesting help who were signposted to other services, we cannot know. This a crucial evidence gap that the government needs to fill.

The quality of publicly funded adult social care has been maintained for those receiving care

Figure 4.6 Users satisfied with the care and support services they receive



Source: NHS Digital, 'Personal Social Services: Adult Social Care Survey'.

While the quality of care for those who receive it has been maintained or improved, the declining scope of publicly funded care has led to an increase in complaints and public dissatisfaction. The difference lies between those who receive care and those who do not receive care – and satisfaction rates are dropping among the latter.

The number of social care users who say they are satisfied* with their care and support has been consistently high – between 88.5% and 90.8% – since 2010/11. Satisfaction and standards statistics from care receivers and care givers do not paint such a rosy picture, however. Satisfaction among social care givers (carers) is lower, and steadily falling. The percentage of unpaid carers who were satisfied with support and services they, and the person they cared for, received steadily declined from 82.6% to 69.9% between 2009/10 and 2018/19.**

* Very, extremely or quite satisfied.

** To compare 2009/10 to later years, we exclude respondents who answered "not in receipt of services" in the 2012/13, 2014/15 and 2016/17 results. In 2009/10 the order of the questions was different and the response rate was slightly lower than later years, but the responses are otherwise comparable. See NHS Digital, 'Personal Social Services Survey of Adult Carers', 2019.

Between 2015 and 2019, the only years for which we have consistent data,* the share of care providers that the Care Quality Commission (CQC) rated Outstanding or Good increased by three and 21 percentage points respectively, while the share of providers rated Requires Improvement or Inadequate declined by 18 and six percentage points respectively.⁴⁸

Satisfaction and standards do not, however, capture the views of those who have no interaction with adult social care at all, either directly or as a care giver. As the amount of publicly funded care has declined, it is important to consider how people not receiving social care perceive it in order to understand overall satisfaction with social care. The British Social Attitudes survey – which asks a randomly selected sample of the British public how satisfied or dissatisfied they are with social care provided by local authorities – found that 26.0% of respondents were satisfied with social care in 2018, down from 30.0% in 2012.⁴⁹

Complaints data – which includes both those who do, and do not, receive publicly funded care – provides another metric. The number of complaints to the Local Government Ombudsman about adult social care has almost trebled since 2010/11, rising from 1,156 to 2,991.⁵⁰ While this may just reflect better awareness of how to file a complaint, the rising share of upheld complaints – from 43.0% in 2010/11 to 66.0% in 2018/19 – suggests that the additional number have not been spurious. Most complaints in 2018/19 were about “assessments and care planning”,⁵¹ also suggesting that people are dissatisfied with access to care, rather than quality.

Has adult social care become more efficient – and if so, can that be maintained?

Cuts to social workers’ wages and the fees paid to independent care homes helped local authorities to limit cuts to adult social care services even as their budgets were squeezed. But some of these efforts to cut costs proved unsustainable and have now started to be reversed. The government’s plan to increase the efficiency of health and care services by integrating the two has yet to bear much fruit and most of the money allocated for this purpose has simply helped to prop up existing services.

At a superficial level, local authorities in England appear to have cut services more sharply than spending has been cut over the past nine years. Between 2009/10 and 2013/14, spending fell by 8.1% in real terms, while the number of people receiving long-term state-funded care fell by 27.0%.** Between 2014/15 and 2018/19, spending increased by 7.2% as the number of people receiving long-term state-funded care fell 3.4%.

* The CQC introduced a new inspection regime in 2014 that prioritised inspections of services it had concerns about. Change between years reflects change in the number of providers inspected as well as a change in the quality of the same providers. Once a service is rated Good, it is inspected less frequently, which tends to push up reported standards. Services that have been rated Inadequate or Requires Improvement are more likely to close. See The King’s Fund, *Social care 360: quality*, no date retrieved 25 October 2019, www.kingsfund.org.uk/publications/social-care-360/quality

** Although user satisfaction and CQC clinical standards data suggests the quality of care these adults received slightly increased.

Similarly, when looking at adult social care UK-wide, without adjusting for quality,^{*} the Office for National Statistics (ONS) finds that productivity decreased by 3.4% between 2010/11 and 2017/18.⁵²

But this ignores the fact that local authorities have increasingly concentrated their support on providing higher-quality services to those with the greatest needs, as well as providing other services beyond care packages. Taking account of differences in the cost and quality of care packages provided, the ONS finds that productivity increased by 1.2% between 2010/11 and 2017/18.⁵³

Local authorities have also tried to help residents in need of care at minimal cost by signposting them to other sources of information and support (see above). Signposting could be a more efficient use of resources if it removes the need for formal care packages. Between 2014/15 and 2018/19, the total number of clients supported or signposted to other services increased by 10%, while overall spending increased by only 7.2%.

The main way that local authorities have managed to provide higher-quality and more extensive care packages to some residents has been by holding down costs rather than raising productivity. The wages of care workers employed directly by local authorities – which were and remain higher than in the independent sector – have fallen.

Between September 2012 and September 2018, the average (mean) hourly wage of a local authority care worker declined by 7.6% – from £10.96 to £10.13 – and of a senior care worker by 11.0% – from £13.85 to £12.33 (both in 2018/19 prices).⁵⁴ Most care workers, however, are employed in the independent sector – where they are more likely to be paid the minimum wage.⁵⁵ Those workers have seen their hourly pay increase since the introduction of the national living wage, a new minimum wage for workers aged 25 and over, in April 2016.⁵⁶

The median hourly wage of independent care workers declined from £7.72 to £7.65 (in 2018/19 prices) between September 2012 and September 2014, but subsequently rose to £8.41 by February 2019 – a 9.9% increase in real terms.⁵⁷

During the first years of spending cuts, local authorities further controlled costs by holding down the fees they paid to care providers. Between 2009/10 and 2013/14, local authorities cut the average amount they spent on a week of support for clients in residential, nursing or intense home care from £708.37 to £647.59 (2018/19 prices). Over the same period, local authorities cut the average amount they spent on an hour of home care provided by the independent sector from £17.54 to £16.62 (2018/19 prices). This equates to real-terms cuts of 8.6% and 5.3% respectively.⁵⁸

* The ONS measures productivity by comparing quantity of input to quantity of output. As it measures input as real-terms total public spending (local authority and NHS) on adult social care, its measure of productivity is equivalent to our measurement of efficiency.

As most of this care is provided privately, this resulted in a real-terms reduction in the fees paid to private providers.* The UK Home Care Association (UKHCA) now estimates that the fees paid by local authorities are – on average – not enough to cover the cost of care. In 2018, the average price that English councils paid for home care was £16.12 per hour; only 14% of councils paid the £18.01 an hour that UKHCA estimated was the minimum sustainable price.⁵⁹

But neither of these strategies – squeezing workers’ wages or providers’ fees – can be pushed any further.

Planned increases in the national living wage will further push up wages for many care workers: ADASS estimates that implementing the measures will cost local authorities £448m in 2019/20.⁶⁰ Even if the government had not introduced the national living wage, local authorities would have struggled to hold down or reduce staff pay further because low pay and poor working conditions for care workers are hindering providers’ ability to recruit and retain staff.^{**61}

Vacancy and turnover rates have consistently grown since 2012/13: a survey carried out by the King’s Social Care Workforce Research Unit in 2018 found that low levels of pay, status and better remuneration in similar health and other professions contributed to these problems.⁶² More than one in four care workers leave their jobs each year, with the turnover rate being slightly higher among lower-paid carers.⁶³

Local authorities also appear to have little scope to squeeze fees they pay to private providers any further without either compromising the quality of care or forcing care homes to close. The Competition and Markets Authority (CMA) found that care homes that were most reliant on publicly funded residents managed to cover their operating costs between 2009/10 and 2016/17,⁶⁴ but were not able to cover their total (operating and capital) costs. The CMA estimates that local authorities are paying approximately 10% below the total cost⁶⁵ of care home places.⁶⁶

Self-funders are now effectively subsidising publicly funded care – and paid fees, on average, 41% higher than local authority-funded clients.⁶⁷

But those care homes with a high share of local authority-funded clients are less able to cross-subsidise in this way and have consistently made losses of between 2% and 8% since 2009/10.⁶⁸ As a result, those that are most reliant on local authority clients now risk financial failure. The CQC estimates that the number of care home closures increased from 260 in the first half of 2013 to 380 in the equivalent period of 2016,⁶⁹ while the accountancy firm BDO estimates that the

* The Personal Social Services dataset breaks down some care by public and private provision. Where it does so, the data suggests that local authorities cut the cost of private and voluntary care faster than the cost of their own care. Between 2009/10 and 2013/14, the cost of local authority home care rose 18.4% in real terms, while the average cost of home care purchased from private providers reduced by 5.3% in real terms.

** A 2018 study commissioned by the Department for Business, Energy and Industrial Strategy surveyed low-wage employers to understand how they would have paid staff in the absence of the national living wage. Most social care employers said they planned to increase pay, citing concerns about staff recruitment and retention. Only one social care employer stated that they would have paid staff less. See National Institute of Economic and Social Research, *National Minimum Wage and National Living Wage Impact Assessment: Counterfactual research*, Department for Business, Energy and Industrial Strategy, 2018, p. 39.

number of care home companies entering insolvency rose from 69 between 2014 and 2016 to 123 in 2017, and 101 in 2018.⁷⁰

Even if care providers do not cease trading entirely, they can refuse to bid for new – or hand back existing – public contracts. In 2016, four fifths (80.8%) of local authorities reported that a provider had handed back a home care contract within the past year.

The pressure of providers going bust and handing contracts back prompted some local authorities to reverse course and start increasing the fees they pay to providers. Two thirds of local authorities increased provider fees in 2015,⁷¹ rising each year to 89% in 2019.⁷² Between 2015/16 and 2018/19, the price of an hour of home care commissioned from the private sector increased by 16.6% in real terms, while a week of residential and nursing care for older people rose by 16.0% and 20.3% respectively.⁷³ Almost all local authorities used the Better Care Fund grant from central government to pay higher fees to providers in 2017/18⁷⁴ (91.4%) and 2018/19⁷⁵ (92.7%).

These increases appear to have gone some way to easing the immediate pressures: in 2019, just 29.0% of local authorities reported that a provider had handed a home care contract back.⁷⁶ Any attempt to reduce fees again would risk providers focusing more on self-funded clients – and charging them more to subsidise local authority clients – or closing. A decline in the total number of care home places would ultimately drive up costs for local authorities if supply became insufficient to meet demand.⁷⁷

The government has tried repeatedly since 2010 to increase the efficiency of health and care services by integrating the two.⁷⁸ But to date there is no evidence that this has led to financial savings or reductions in activity.⁷⁹ In part, this lack of evidence reflects the difficulty of tracking patients through different care providers.

However, it is also likely to reflect a genuine absence of savings: health and social services have high fixed costs which can only be reduced by closing whole wards or units.

Have those efficiencies been enough to meet demand?

Even though local authorities did manage to cut costs, this was not enough to prevent them also having to make difficult decisions about who should receive help, as the number of adults in need has risen substantially. Furthermore, despite restricting access to services, many local authorities have still overspent their social care budgets.

The number of adults receiving social care support from local authorities has fallen over the past nine years, even though the number of older adults – and of working-age adults with care needs – has risen. Though there has been some improvement in the average health of older people, there is no evidence that this has been sufficient to reduce the overall need for social care. Indeed, the number of requests for care that local authorities receive has increased, while the number of people receiving support has fallen since 2015/16 – suggesting that local authorities have effectively raised the threshold at which people qualify for support.

Those who are no longer able to access publicly funded care can either look to unpaid (voluntary or family) care or – if they have the resources – self-fund. If they cannot do either, their needs go unmet.

There is no evidence on the number of self-funders,⁸⁰ but unpaid care has increased and this appears to have been sufficient to more than offset the reduction in publicly funded care, meaning the scale of unmet need has reduced. The ONS estimates that across the UK there was a steady increase in hours of unpaid care provided between 2005 and 2013, from 6.4bn to 8.5bn hours per year.⁸¹

The replacement value of unpaid adult social care – how much it would cost to provide unpaid care at market prices – grew faster, until 2015,⁸² the last year for which figures are available. Unmet need is hard to measure^{83,84} but in 2017, the Health Survey for England found that 22% of people aged 65 and over had an unmet need for an activity of daily living (such as eating and bathing)⁸⁵ – down from 26% in 2011. This implies there was a slight reduction in the total number of people aged 65 and over who had an unmet need – from 2,269,712 in 2011 to 2,256,587 in 2017.

During the first years of spending cuts, waiting times for a social care assessment – where a local authority decides if someone meets the means and needs test for publicly funded care – increased. Between 2009/10 and 2011/12, the number of people waiting longer than four weeks for an assessment went up, while those waiting four weeks or less declined.⁸⁶ Unfortunately, the government no longer collects data on the timeliness of social care – either the time between referrals and assessments, or the time between assessments and the start of services.

Given that there is significant public concern⁸⁷ about waiting times for an assessment, the government should collect and publish data on the length of time between social care referrals and assessments – as it already does for children’s social care – and between assessments and care being provided.

There is some more recent evidence on delays in accessing care for those in need of social care following a spell in hospital. The number of delayed transfers from hospital – when someone is medically fit to be discharged from hospital, but remain there longer than they need to – due to a lack of social care rose sharply between 2014 and 2017 (see Figure 4.7).

Between August 2010 and February 2017, the average number of people delayed per day due to lack of social care rose by 95.9% from 1,236 to 2,421. The most common reason was that a patient remained in hospital while waiting for a package of care to be delivered in their own home: this rose from 12,777 days of delay in August 2010 to 39,401 days in February 2017, an increase of 222.7%.

This sort of ‘bed-blocking’ declined⁸⁸ from early 2017 onwards after this issue became the focal point of political debate about health and social care spending and integration in early 2017.⁸⁹ The government allocated an extra £2bn in the March 2017 budget⁹⁰ to help reduce delays, and mandated NHS England and local authorities to

reduce delays by 3.5% by September 2017;⁹¹ the extra funding was conditional on following this guidance.⁹²

Figure 4.7 **Average number of people delayed per day due to lack of suitable social care**



Source: NHS England, 'Delayed Transfers of Care Data', Delayed Days by type.

Because 'delayed transfers', or the lack thereof, is now an explicit target,^{*} these figures now provide a less useful guide. This is because local authorities and NHS trusts may now be putting more effort into reducing delayed transfers, diverting time and resources from addressing other important issues or other groups in need of assistance.^{**} Responding to a 2018 ADASS survey of adult social services directors, over 80% said that the focus on reducing delayed transfers increased the number of discharges to short-term care home placements that became permanent, and over 60% said the focus had caused an increase in emergency readmissions to hospital.⁹³

But delays in assessing applications and attempts to raise the threshold at which people qualify for support have not been sufficient to allow all councils to stay within their budgets. Local authorities consistently overspent compared with their planned adult social care budgets between 2014/15 and 2016/17.^{***} In aggregate, councils spent £132m more on adult social care than they had budgeted in 2014/15, rising to £525m – or 3.7% of budgeted adult social care spending – in 2016/17.

Recent funding injections appear to have made a difference, however, as councils reported small underspends in 2017/18 and 2018/19.

* MHCLG's evaluation of the improved Better Care Fund showed that delayed transfers were the most common council metric used to assess the success of schemes implemented using the Better Care Fund grant. See Ministry for Housing, Communities and Local Government, 'Improved Better Care Fund: Quarterly and year-end reporting', 2018, p. 14.

** Although the government's Better Care Fund planning guidance stipulates that one of the national conditions for the fund is supporting "system-wide improvements in transfers of care" – which goes beyond the immediate issue of delayed transfers. See Department of Health and Department for Communities and Local Government, *2017-19 Integration and Better Care Fund: Policy framework*, Department of Health and Department for Communities and Local Government, 2017, p. 29.

*** We measure overspending by comparing total local authority budgeted and actual net current expenditure from financial data local authorities submit to MHCLG. See Ministry of Housing, Communities and Local Government, 'Local authority revenue expenditure and financing', Ministry of Housing, Communities and Local Government, no date, retrieved 25 October 2019, <https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing>

How will demand for adult social care change?

Demand for publicly funded adult social care is likely to continue to rise faster than the amount of money local authorities have to spend on it – and there appears to be little room left for local authorities to make further efficiencies. Something has to give.

If the government does not change the means- and needs-tested eligibility system for adult social care, we project that demand for publicly funded adult social care will increase by 11.3% between 2018/19 and 2023/24. This projection factors in a faster rate of growth in demand for care among those of working age than among those aged 65 and over, and is based on analysis and data from the Personal Social Services Research Unit (PSSRU)⁹⁴ and the Centre for Disability Research (CDR).^{95,*}

Table 4.1: **Projected spending and demand for adult social care**

| Adult social care | | | |
|--|--------------------------------|-------------------|-------------|
| Projected increase in demand by 2023/24 | 11.3% | | |
| Spending scenario | Local authority spending power | Recent trajectory | Meet demand |
| Change in real-terms spending by 2023/24 | 7.3% | 7.7% | 11.3% |
| Spending in 2023/24 (2018/19 prices) | £19.2bn | £19.3bn | £19.9bn |
| Impact on unprotected government spending (2018/19 prices) | – | -£0.1bn | -£0.7bn |
| Projected gap (2018/19 prices) | £0.7bn | £0.6bn | – |

Source: Institute for Government calculations. See Chapter 13, Methodology.

This means the government would need to spend 11.3% more in real terms in 2023/24 than it did in 2018/19 to continue providing the same scope and quality of adult social care (unless local authorities and providers can find ways to deliver care more efficiently). This is faster than spending on adult social care has risen in recent years and faster than local authorities' overall spending power is expected to grow between 2018/19 and 2023/24.

If the recent rate of growth of adult social care spending were to continue, it would be 7.7% higher in real terms in 2023/24 than in 2018/19. If local authorities were to increase this spending at the same rate as their overall spending power is set to increase, the figure would be 7.3% higher in real terms in 2023/24 than in 2018/19.

If local authorities can deliver services more efficiently, then the government may be able to maintain the current scope and quality of care without increasing spending by as much as 11.3%. But, as described above, there is clear evidence that local authorities' previous efforts to drive cost savings in social care have not been

* See Chapter 13, Methodology.

sustainable. Local authorities have used recent increases in social care spending to pay care providers more to try to stabilise the private market, but even so, rates of turnover among care staff remain high and there continue to be large numbers of vacancies. This suggests there may be little scope to reduce costs again.

The government's main strategy to provide health and care services more efficiently in recent years has been to encourage the integration of the two services. To achieve this the Department of Health and Social Care created the Better Care Fund in 2010. But so far local authorities have primarily used this to pay private care providers more, rather than to reduce the overall costs of providing care to those in need.

If the government wants to improve the quality or expand the scope of adult social care, then it will need to spend substantially more.

All the reforms that have been proposed by the main political parties in recent years – whether suggesting a cap on care costs, a limit on the depletion of personal assets to help pay for care or some form of universally available state-funded care – would increase public spending.

The performance of adult social care since 2012/13 suggests that increasing spending slower than demand risks worsening care worker morale and providers' financial sustainability, and could lead local authorities to further restrict access to these services to try to manage demand. If the government wanted to increase adult social care funding in line with demand, it would need to find £0.7bn a year of extra funding compared with treating adult social care on a par with other local authority services.

5. Children's social care

Children's social care services support children with the greatest need – children who are disabled, who have to be protected from harm or who need to be placed in residential or foster care.

Demand for children's social care services is rising. Local authorities have persistently overspent on these services but, even so, the increase in spending has not kept pace with demand. There are signs that the quality of service has declined over the past decade as a result and local authorities continue to face problems recruiting and retaining staff.

With additional money announced in the 2019 spending round, local authorities should be able to meet demand for children's social care. However, demand may grow faster than projected, and local authorities may choose to channel extra funding to adult social care.

In general, children's social care is delivered through demand-led services that local authorities have a legal duty to provide, such as support for disabled children, protecting children from harm and taking responsibility for 'looked-after children',* including through foster and residential care placements.¹ Children's social care is funded and delivered by 151 top-tier local authorities in England.**² In 2017/18, these local authorities spent £7.9 billion (bn) on this care.*** This was 13% of their locally controlled budgets.****

The specialist children's social care services mentioned above, though catering to less than 10% of the child population each year,***** account for a growing majority of council spending on children's services. The wider local authority provision for children also includes Sure Start children's centres, services for young people and youth justice, but councils have greater discretion over the level of service they provide.³ Although this chapter does not focus on these services, we refer to them where they provide helpful context.

* A child is defined as looked after if they get accommodation from the local authority for a continuous period of more than 24 hours, are subject to a care order (to put the child into the care of the local authority) or are subject to a placement order (to put the child up for adoption).

** In parts of England covered by the 26 county councils, there are two tiers of local government, with multiple district councils sitting below each county council. In these areas, the county council has responsibility for children's social care.

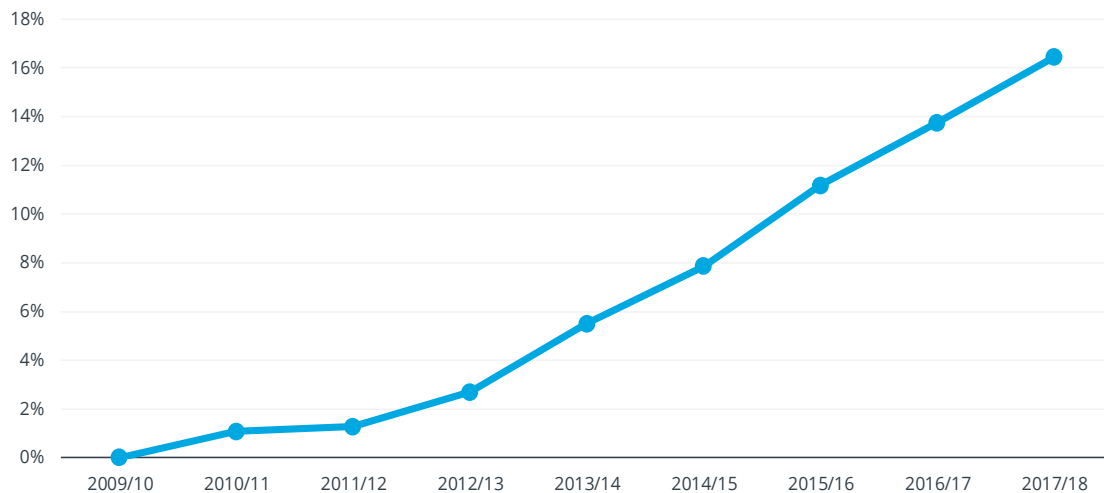
*** This chapter assesses services for looked-after children, safeguarding and family support services. These three spending categories are used as a proxy for children's social care, as they exclude most spending on non-social care children's services. The categories are consistent between 2012/13 and 2017/18. For earlier years, we adjusted the categories used at that time to replicate the three categories as closely as possible. Our full methodology is available on request.

**** By which we mean total local authority revenue spending, excluding (1) spending on education, the police and fire and rescue services, which councils do not control, and (2) local authorities without social care responsibilities.

***** In 2017/18, 6% of the child population had an episode of need, and it has been estimated that around one in 10 children have needed a social worker at some point in the past six years. See Department for Education, *Help, Protection, Education: Concluding the Children in Need review, 2019*.

Children's social care spending has increased by 16% while spending on wider children's services has fallen

Figure 5.1 Change in total spending on children's social care in England since 2009/10 (real terms)



Source: Department for Education, 'LA and School Expenditure', Table 2.

While local authorities have increased spending on children's social care, the picture has been challenging for children's services as a whole.

Overall spending on children's services has fallen over the past decade: spending on Sure Start children's centres, services for young people and youth justice was slashed by 56% between 2009/10 and 2017/18. The biggest victim of the cuts – in both relative and absolute terms – has been Sure Start children's centres. Local authorities' spending on these centres fell from £1.5bn in 2009/10 to less than £0.7bn in 2017/18, a real-terms fall of 62%.

Local authority leaders have raised concerns that these cuts to preventative, early-intervention services may have been a false economy – saving money in the short term but increasing future demand for more acute services.⁴ But so far there is limited evidence to support or refute this.⁵ The Institute for Fiscal Studies found that greater access to Sure Start children's centres led to fewer hospitalisations among primary school-aged children. But these savings only offset 6% of the amount spent on the children's centres.⁶

Similarly, the National Audit Office (NAO) found that "local authorities which have closed children's centres [since 2010] have not had any consequential increases in child protection plans".⁷ However, it looked at building closures, rather than the number of children and families served by the centres. It therefore does not reflect the fact that local authorities targeted closures on those centres providing least community benefit, and in some cases increased the services available in remaining ones.

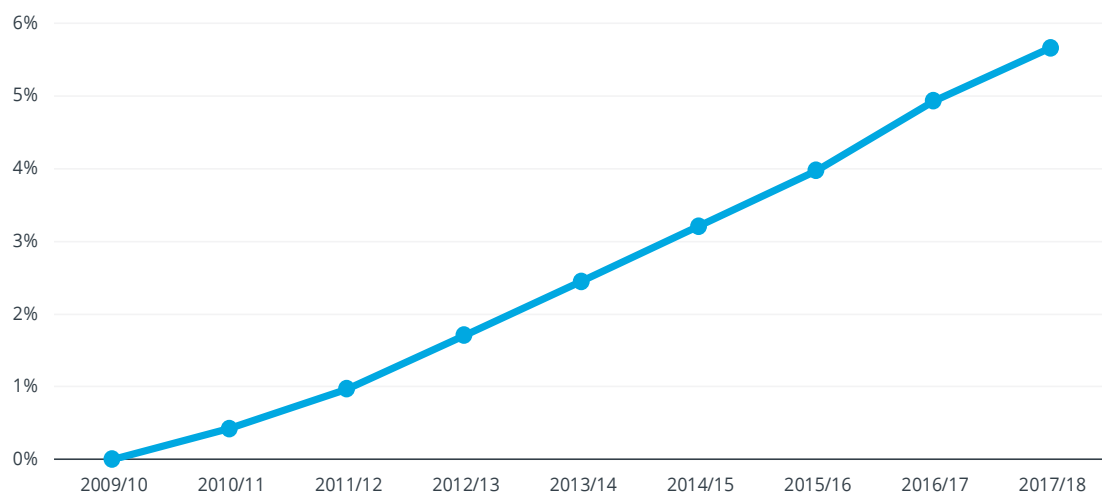
Alongside these cuts to wider children's services, children's social care has received a considerable boost in spending. Between 2009/10 and 2017/18, spending on children's social care increased by 16% in real terms, from £6.0bn to £7.9bn. Despite this increase,

evidence of pressure on these services led the then Chancellor Philip Hammond to announce additional funding in the 2018 budget, which allocated £410 million (m) in 2019/20 for “immediate pressures”⁸ in both adult and children’s social care.

That budget also included an additional £84m over five years to help stem the rising number of children in care in up to 20 local authorities,⁹ and the 2019 spending round – delivered by Sajid Javid, who succeeded Hammond as chancellor in July 2019 – announced an additional £1bn of central government funding for social care in 2020/21. However, no details were given on how the latter would be split between adult and children’s social care.¹⁰

The number of children in England has grown by 6% since 2009/10

Figure 5.2 Change in the number of children in England since 2009/10



Note: Figures are for the number of people aged 0–17 on 30 June of each year.

Source: Office for National Statistics, 'Estimates of the Population for the UK, England and Wales, Scotland and Northern Ireland', Table MYEB1.

There are 6% more children in England today than there were in 2009/10.¹¹ This provides a helpful baseline for likely demand but does not tell us anything about how the level of need within the children’s population may have changed over time. Data on the number of ‘children in need’, ‘initial contacts’ – any request for information or advice about a child or service for a child – and referrals provides a closer insight into direct demand on children’s social care services, but the evidence is mixed.

There are more cases of children in need, though these have risen less quickly than the overall child population since 2009/10.* There has been a much faster rise in both the number of people contacting local authorities with concerns about the wellbeing of a child and the number of children being referred to social services for assessment.

The number of initial contacts received by children’s social care departments rose by 37% between 2009/10 and 2017/18, from 1,746,670 to 2,394,730, according to the Association of Directors of Children’s Services (ADCS).¹² The number of actual referrals to children’s social care has also grown more quickly than the number of children in England – rising by 9%, from 603,700 referrals in 2009/10 to 659,550 in 2017/18.¹³

The growing prevalence of disability among children is likely to have contributed to increased demand for children’s social care. The proportion of children reporting a disability to the Family Resources Survey** has increased, up from 6% in 2005/06 to 8% in 2016/17.¹⁴

But not all children requiring support will be known to local authorities. There will be additional, unmet need. A research paper from Dartington Service Design Lab, looking at children with high needs – that is, “multiple impairments and/or risks to their health and development” – estimated that 24% of children have high needs, but only a quarter of that number receive appropriate support from local authorities.¹⁵

Similarly, the children’s commissioner has calculated that there are 2.3m children in England “living in families with substantial complex needs”, but that 1.6m receive no additional support from local authorities, including 830,000 who are not known to children’s services at all.¹⁶

Growing awareness of this unmet need and a lower risk appetite – in part a result of high-profile child protection failures, such as the death of Peter Connelly (known as Baby P) in 2007 – are likely to have resulted in more of these children being brought to social services’ attention, contributing to the rapid rise in inquiries and referrals. The NAO has found that high-profile child protection failures can lead to more people reporting concerns about children and made local authorities more aware of issues such as child sexual exploitation, gang culture and radicalisation.¹⁷ As a result, public sector bodies – including local authorities, the police and schools – are now more likely to identify and respond to risks of harm.

* The number of children with an episode of need – where a local authority defines a child as requiring support from statutory services – at any point during the year increased from 675,030 in 2012/13 to 705,060 in 2017/18, a rise of 4.4%. But the number of episodes of need – accounting for the fact that some children will have multiple episodes of need within a year – rose by just 3.4% between 2012/13 and 2017/18 and reached a peak in 2013/14. This is a better measure of demand on local authorities.

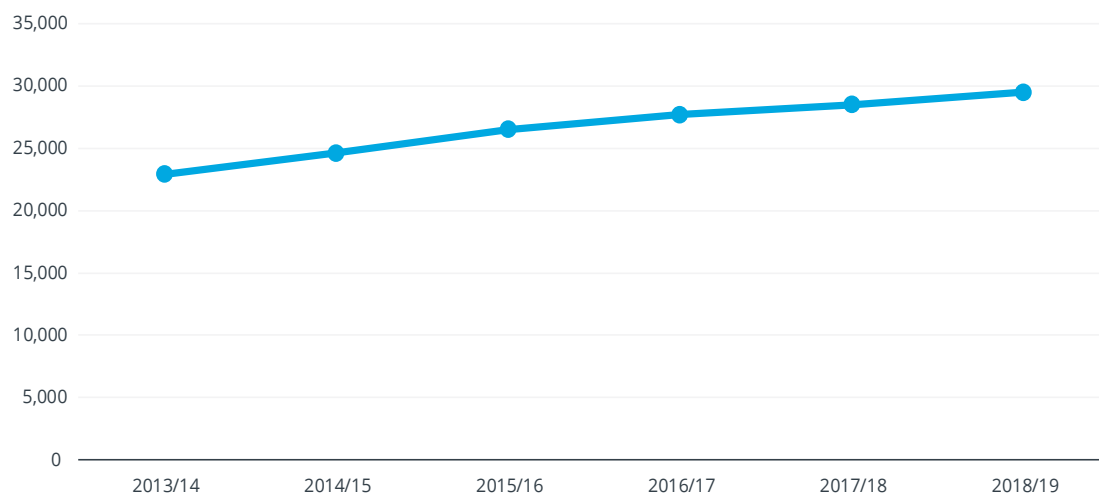
** A continuous household survey that collects information on a representative sample of private households in the UK.

Policy changes have also increased local authorities' responsibilities to provide support to children. In 2018, analysis by ADCS found that local authorities now have almost 300 statutory duties to provide services for children and young people,¹⁸ a large increase compared with the roughly 200 identified in a 2011 government review.¹⁹ For example:

- The Legal Aid, Sentencing and Punishment of Offenders Act 2012 places a duty on local authorities to treat a child remanded in youth detention as a looked-after child and to meet the costs of under-18s remanded to youth offending institutions.²⁰ According to ADCS, Youth Justice Board grants to local authorities fall far short of the actual costs of remand.²¹
- Local authorities are now required to support care leavers and young people with special educational needs and disability (SEND)²² up to the age of 25, rather than 18.
- Other policy changes, such as the 2017 decision to extend upfront charges for non-urgent NHS treatment,²³ may have pushed the cost of some NHS care onto local authorities.²⁴

Recruitment and retention problems continue despite an increase in the number of children's social workers

Figure 5.3 Number of children's social workers



Note: Figures relate to the full-time-equivalent number of children's social workers that local authorities employ, as at 30 September of each year.

Source: Department for Education, 'Children and Family Social Work Workforce', Tables 1 and 1a.

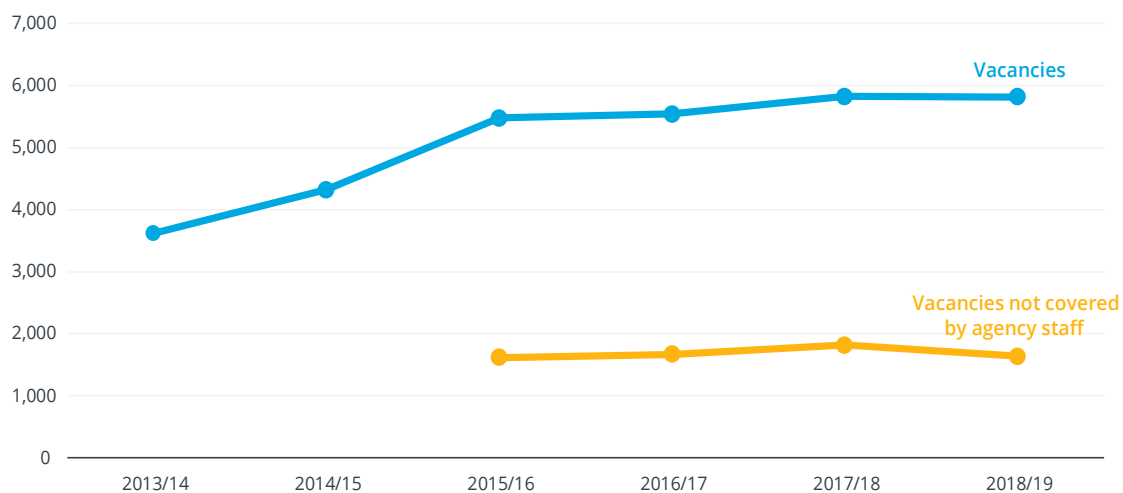
The data around children's social workers does not make for positive reading – and suggests a number of serious challenges for a workforce that is as vital as it is pressured.

Although the number of children's social workers has increased, there has been a notable drop in the number of experienced staff. There are also serious problems in staff recruitment and retention, and morale among social workers is low.

The Department for Education's (DfE) statistics on the children's social care workforce are experimental, so some caution is required when comparing figures between years; however, this is the best information currently available. According to this data, the number of children's social workers grew by 16% between 2014/15 and 2017/18. Over the same period, spending on staff working in children's social care* only increased by 11% in real terms – in other words, average pay fell – though spending increased more quickly than staff numbers in 2017/18.**

One reason why average pay fell is that children's social workers are on average now less experienced. Between 2015/16 and 2018/19, the number of staff with more than five years' experience fell by 11%, while the number with less than five years' experience rose by 37%.²⁵

Figure 5.4 **Number of vacancies for children's social workers**



Note: Figures relate to the number of full-time-equivalent vacancies as at 30 September of each year.

Source: Department for Education, 'Children and Family Social Work Workforce', Table 1d.

According to the Local Government Association's Workforce Survey, 84% of top-tier local authorities report difficulties recruiting children's social workers and 66% report retention problems. These figures are higher than for any other local government occupation.²⁶

Between September 2013 and September 2018, the number of full-time-equivalent vacancies increased by 61% – from 3,610 to 5,810 – though the rate of increase has slowed since 2015/16 and the number of vacancies fell slightly in 2018/19.

Most vacancies are covered by agency workers, though some remain unstaffed.²⁷ Local authorities' use of agency staff to fill gaps has meant that the number of full-time-equivalent agency staff increased by 64% between 2013/14 and 2016/17, from 3,250 to 5,330. The number of agency staff has remained broadly unchanged since then, while the number of directly employed social workers has increased.

* This includes all staff, not just children's social workers.

** Before 2014/15, the Ministry of Housing, Communities and Local Government data did not distinguish between spending on children's services employees and children's social care employees.

In 2017/18, 34% of the budget for children’s social care was spent on employing children’s social workers²⁸ but this figure does not include spending on agency staff.

Data on local authority spending on agency workers is not routinely published. However, the BBC made Freedom of Information (Fol) requests and found that it had almost doubled in cash terms between 2012/13 and 2016/17, from £180m to £356m.²⁹ As a result of more recent Fol requests, *The Guardian* found that 129 local authorities spent £335m on agency children’s social workers in 2017/18, a fall from £360m spent in 2016/17 and £342m in 2015/16.³⁰ This reduction is largely due to local authorities collaborating regionally to agree caps on the rates they will pay for agency social workers.³¹

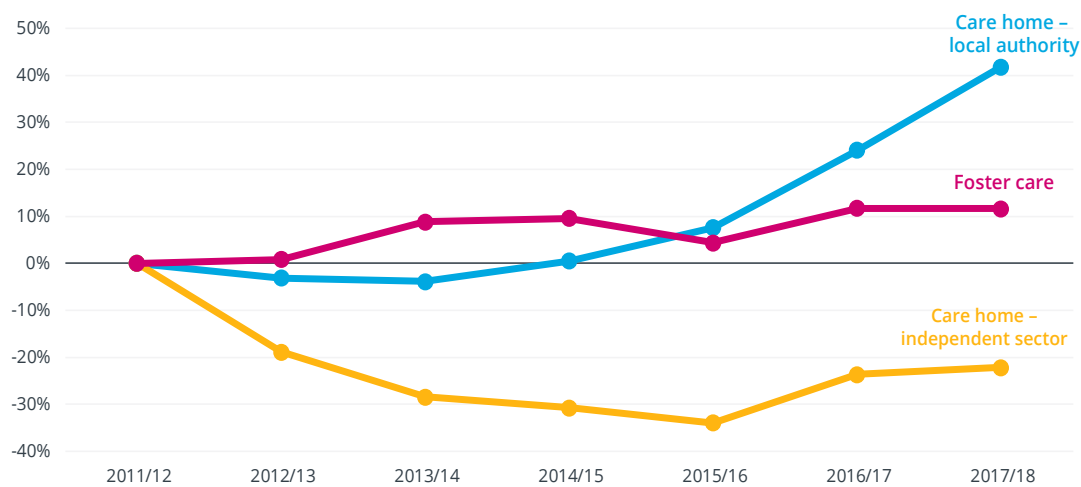
The turnover rate among children’s social workers – the number who leave their jobs each year as a percentage of the total – has been consistently high over the past decade, reaching a peak of 17% in 2014/15.³²

High turnover can indicate low staff morale. According to the DfE’s 2019 longitudinal study of children’s social workers, 73% reported being satisfied with their job – but, despite this, 51% agreed that their workload was too high, 47% said they were being asked to fulfil too many roles in their job and 51% said they felt stressed.³³

Survey data from the British Association of Social Workers also points to low – and falling – morale. In 2018, 62% of children’s social workers said they were considering leaving their current job, up from 55% the year before. Social workers cited high levels of stress, job dissatisfaction, poor client behaviour and attending work when ill enough to take sick leave as key problems, which had all worsened between 2017 and 2018.³⁴

The cost of foster and residential care placements has increased

Figure 5.5 Change in the cost of foster and residential care placements per child per week of care since 2011/12 (real terms)



Source: Personal Social Services Research Unit, 'Unit Costs of Health and Social Care', 2012 to 2018.

The largest component of children's care spending (taking up 47% of the budget in 2017/18) is services for looked-after children, and the cost of this has risen steeply in recent years.

The cost of both foster placements and placements in local authority residential care has risen faster than economy-wide inflation in recent years. According to the Personal Social Services Research Unit (PSSRU), the cost per child per week of foster care* rose by 12% in real terms between 2011/12 and 2017/18,** from £523 to £646, with most of this increase occurring between 2011/12 and 2013/14. There is some evidence to suggest that the shortage of foster carers has enabled independent foster agencies to raise their prices, leading to increased costs for local authorities.³⁵

But the cost of local authority residential care placements rose even more steeply, with the cost per child per week increasing by 42% in real terms, from £2,999 to £4,705, over the same period. In contrast, the PSSRU found that the cost of placements in independent care homes – that is, those that the private or voluntary sector run – fell by 22% in real terms between 2011/12 and 2017/18, from £3,967 to £3,414, though the unit cost rose in the most recent two years.³⁶

The Independent Care Homes Association (ICHA) reports a similar trend. Its surveys of care home providers found that "after a long period where providers reported a price freeze or decline, some higher fees were starting to be achieved" from 2016 onwards, though small providers have found it harder to raise fees than larger providers.³⁷ ICHA says that prices have risen in response to increased costs for providers, including the cost of complying with government policies such as sleeping-in allowances, the national minimum wage and automatic pension enrolment.³⁸

* The PSSRU does not provide separate figures for local authority and independent foster care.

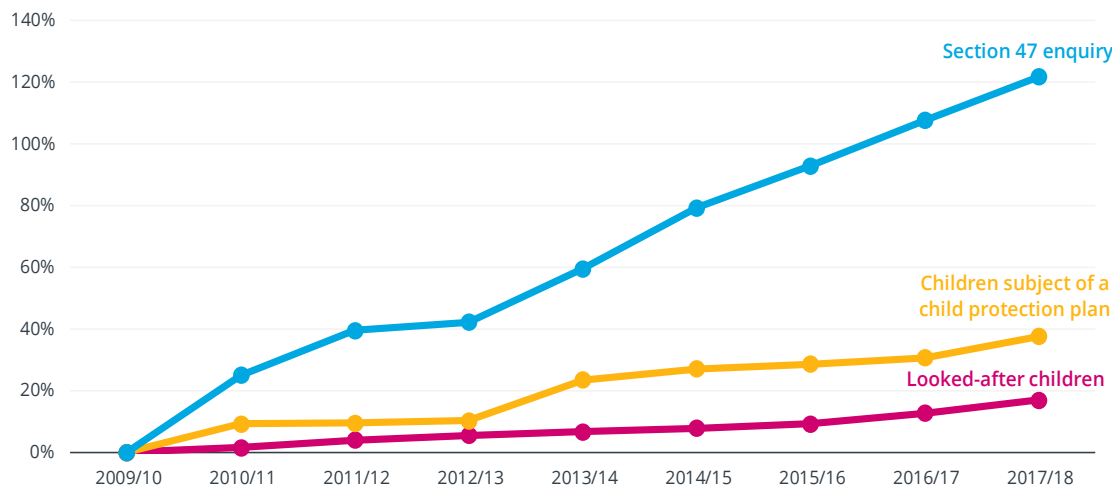
** A change in the methodology used for calculating unit costs means that it is only possible to compare figures since 2011/12.

Local authority demand for residential placements has exceeded independent care home capacity. Only 41% of local authorities reported access to enough places for 16- and 17-year olds, with less than a third saying the same for 14- and 15-year olds.³⁹ This scarcity of places may have enabled providers to raise prices.

Due to the lack of data on staff and running costs in residential care, it is not possible to assess whether care placement prices have risen faster or slower than costs, and therefore whether local authorities have made economies by squeezing care homes' margins. Similarly, it is not possible to assess how productively care homes are operating and whether this has changed over recent years.

Local authorities are undertaking more children's social work activity than ever before

Figure 5.6 Changes in the number of child protection enquiries, children subject of a child protection plan and looked-after children since 2009/10



Source: Department for Education, 'Children in Need Survey', Table A1; Department for Education, 'Children Looked After in England Including Adoption', Table H1.

Assessing need, putting in place protection plans and providing care are the core work of children's social care departments, and there has been a considerable increase in all areas since 2009/10. In particular, Section 47 enquiries – where a team of social workers, police officers and teachers undertake an assessment if there is concern that a child is at risk of significant harm – have more than doubled, from 89,300 in 2009/10 to 198,090 in 2017/18.

But this is not the only area that has seen a rise. Following an enquiry, a child may be placed on a child protection plan. This should include clear actions that the local authority and others will take to support the child, the timescale they should be completed in and measures of success.⁴⁰ Between 2009/10 and 2017/18, the number of children on a child protection plan increased by 38%, from 39,100 to 53,790.

Children can be taken into care in cases where a local authority believes that they are at risk of significant harm. This can happen either with the parents' or the child's consent or following a court decision. The number of local authority court applications to take children into care rose by 22% between 2009/10 and 2017/18, from 11,159 to 13,563, though it has fallen in the past two years.⁴¹ The total number of looked-after children increased by 17%, from 64,460 to 75,420, over the same period.

It is unclear whether recent rapid growth in the number of looked-after children will continue. The number of care order applications fell in both 2017/18 and 2018/19. The chief executive of the Children and Family Court Advisory and Support Service has argued that this fall is due to "concerted edge-of-care support programmes in an increasing number of local authorities and the government's focus on understanding why demand peaked in 2017".⁴²

In the past year, the main driver of the increase in the number of children in care was that fewer children left care (the number of children entering care fell).

There is also evidence that children's social workers are dealing with more complex cases. The age of looked-after children has increased in recent years; the number of looked-after children entering care aged under four increased by 8% between 2009/10 and 2017/18, whereas the number of those aged 16 and over grew by 78% over the same period.⁴³

Unaccompanied asylum-seeking children have been a major driver of this increase. Of the 4,480 unaccompanied asylum-seeking children in 2017/18, more than 80% were aged 16 and over. The number of older unaccompanied asylum-seeking children grew by more than 150% between 2012/13 and 2017/18.⁴⁴ This accounts for more than 60% of the total rise in looked-after children aged 16 and over during this period.

Older children are more likely to have been in difficult circumstances for longer, with greater potential for damage to their physical and mental health and development, and so a greater need for support. As part of a 2019 report on children's social care, local authorities told the NAO that older children taken into care "often have more complex needs and as a result are harder to place into foster care and are more likely to go into residential care, which is more costly".⁴⁵

A greater proportion of children entering care are doing so due to abuse or neglect.* In 2009/10, 52% of children who started to be looked after during the year did so because of abuse or neglect; by 2017/18, this had risen to 61%.⁴⁶ These children may also have more complex needs and require additional, more costly support.

Rising complexity may explain the growth in the number of placements in residential care, which tends to be for children with the greatest needs.⁴⁷ Between 2014/15 and 2017/18, the number of residential care placements grew by 20%, compared with a 9% increase in the total number of looked-after children over this period.⁴⁸

The quality of care is probably falling

It is not straightforward to say whether children's social care is working or not. Ideally, an assessment would be based on whether children with high levels of need are supported and go on to lead successful and fulfilling lives. However, there is no comprehensive and reliable evidence on the impact that care has on children, or how this has changed over time.

Instead, it is necessary to look at proxy measures of quality. Here, the evidence available is mixed and there will be substantial variation between individual local authorities. However – on balance – it appears that the overall quality of children's social care services in England has declined.

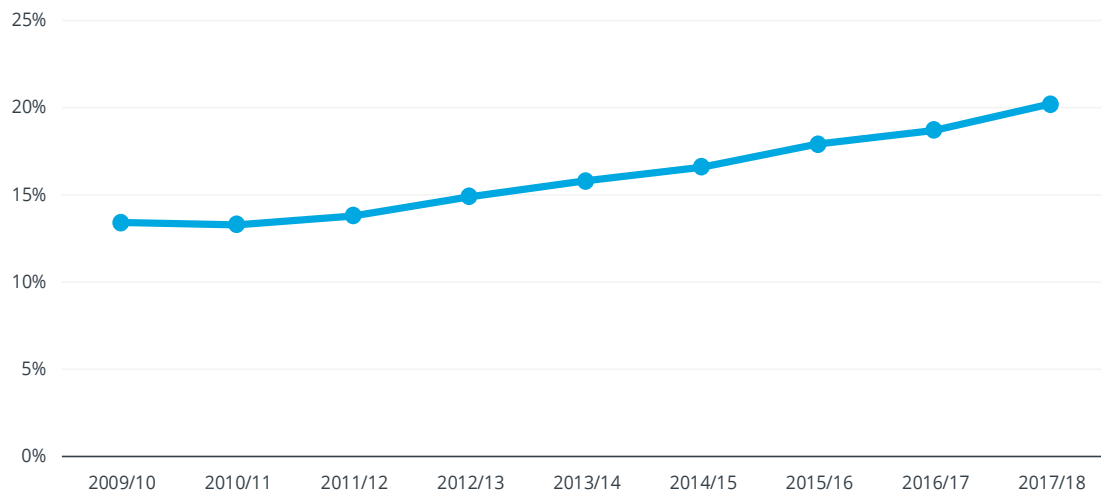
The results of Ofsted inspections of local authority children's services departments have improved since 2013, with more councils being rated as Outstanding or Good, and fewer being judged as Requires Improvement or Inadequate.⁴⁹ However, two different inspection frameworks have been used during this time: the Single Inspection Framework (SIF) from 2013 to 2018 and Inspections of Local Authority Children's Services (ILACS) from 2018 onwards. Only a minority of local authorities were inspected more than once under SIF, and ILACS uses amended criteria.

Ofsted ratings are therefore not a reliable basis for judging changes in the quality of children's social care in England over time.

Another indication that quality may be improving comes from the fact that the proportion of re-referrals within 12 months of a previous referral fell from 25.6% in 2010/11 (the first year for which figures are available) to 21.9% in 2017/18.⁵⁰ A possible explanation for this is that local authorities have become better at making initial assessments of whether children are in need.

* The other categories are: child's disability, parent's illness or disability, family in acute stress, family dysfunction, socially unacceptable behaviour, low income and absent parenting.

Figure 5.7 **Proportion of children who became the subject of a child protection plan during the year who did so for the second or subsequent time, since 2009/10**



Source: Department for Education, 'Children in Need Survey', Table A2.

Data on the number of children who are the subject of a child protection plan for a second or subsequent time suggests that performance has declined. In 2009/10, the proportion of children in this category stood at 13%, but this had risen to 20% by 2017/18. In some cases, repeat plans will be due to new risks arising but they can also be an indication that child protection review conferences are judging incorrectly that the problems the children initially presented with have been resolved.

Another sign that the quality of children's social care may be slipping is that fewer reviews of child protection plans are being carried out on time (within the first three months of being subject to a plan and then at least every six months thereafter). In 2009/10, 97% were carried out on time; by 2017/18, this had fallen to 91%.⁵¹ It may be sensible to delay a review conference – for example, due to a criminal proceeding, or not holding it in school holidays to allow a teacher to be present – but there is no reason to think that these explanations should have increased over time.

Rather, the fall in reviews carried out on time may show a 'hollowing out' of child protection, with fewer services provided, a lower number of social worker visits and less long-term support for children. There has been a decline in the proportion of child protection plans that lasted for a year or more, from 31.4% in 2009/10 to 27.2% in 2017/18.⁵²

Local authorities may be ending child protection plans sooner due to more active and effective management of cases but, given the growing proportion of repeat child protection plans, it is more likely that support is being removed sooner than it should be.

Academic evidence suggests that local authorities with high levels of demand for their children's social care services:

- tend to screen out more children during assessments*
- have more children in need per social worker
- are less likely to work long term with children in need (including having shorter child protection plans)
- have higher rates of re-referrals within 12 months.⁵³

If higher demand correlates with lower quality, then given that demand is increasing nationally it is reasonable to infer that the quality of children's social care may have declined across the country.

Has children's social care become more efficient – and if so, can that be maintained?

There is evidence that local authorities have managed to reduce what they pay to independent care homes and hold down social worker pay, helping to meet growing demands in some areas even as spending has not increased as rapidly.

But this does not appear to have been sufficient to head off a decline in quality in some areas and high levels of staff vacancies and poor (and declining) staff morale suggest that children's social workers will struggle to continue working at the same intensity as they have been in recent years.

The cost per child per week in independent residential care was 22% lower in real terms in 2017/18 than in 2011/12. Local authorities effectively squeezed the margins of care providers, particularly smaller operators – but councils were not able to cut the cost of their own residential and fostering care, for which costs per place rose by 42% and 12% respectively in real terms over the same period.

Local authorities have had more success controlling the wage bill of social workers by limiting pay rises: local authority staff received a 1% pay rise in April 2013 (after three years of 0% increases), followed by a 2.2% increase in January 2015, and 1% rises in April 2016 and April 2017.⁵⁴

It is not clear from the evidence whether children's social workers have become more productive. The workforce has grown more quickly than growth in demand for the most acute services they provide to children. The numbers of looked-after children and of children subject to a child protection plan have risen less quickly than the number of social workers over recent years. However, the number of Section 47 enquiries and local authority court applications to take children into care have both risen more quickly than staff numbers.

* That is, assess that those children do not meet the necessary threshold to provide additional support.

The types of cases that social workers are dealing with also appear to have become more complex on average. Children entering care are now older and so tend to have more complex needs; local authorities are also looking after more children as a result of abuse and neglect, which may entail additional support. Tellingly, the use of residential care, usually reserved for those with greatest need, has grown substantially, particularly from 2015 onwards.

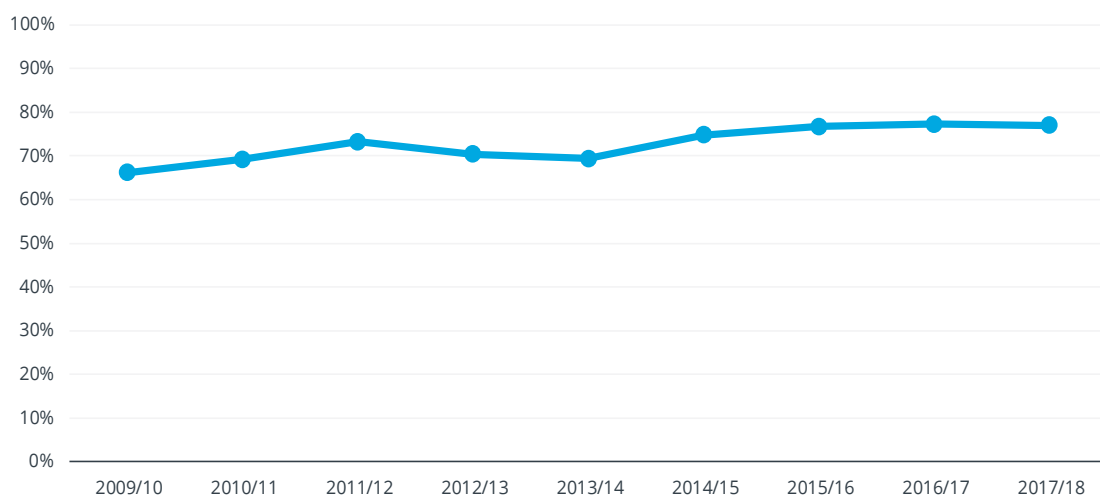
The Office for National Statistics has found that children’s social care productivity increased by 2.2% between 2009 and 2016, before falling in the past two years.^{55,*} However, its figures do not adjust for the quality of care provided and there is evidence that this has fallen, with more repeat child protection plans, fewer reviews of child protection plans being carried out on time and less long-term work with children in need.

Have efficiencies been enough to meet demand?

Growing demand for children’s social care has placed pressure on local authorities, which appear to have taken tough decisions to cope – focusing their resources on those most in need. Principally, there is some evidence that local authorities have limited eligibility for care as a way to make savings.

Though local authorities have legal obligations to meet need if it passes a certain threshold, in some cases the level that threshold is set at has changed. In 2017 the National Children’s Bureau carried out a survey of 1,600 children’s social workers, 70% of whom reported that the threshold to qualify as a child in need had risen in the previous three years.⁵⁶ In a survey of councillors with responsibility for children’s services in the same year, 40% said that a lack of resources prevented them from meeting their statutory duties to children.⁵⁷

Figure 5.8 **Percentage of initial child protection conferences held within 15 working days of starting a Section 47 assessment since 2009/10**



Source: Department for Education, ‘Characteristics of Children in Need’, Tables 2, 13 and C4.

* The Office for National Statistics’ method measures spending rather than input; and it assumes that output=input for all spending aside from looked-after children – approximately two thirds of inputs. This method makes it less likely to observe changes in productivity.

There is also some evidence that local authorities are prioritising their activities to ensure they serve the most vulnerable children, even if that leads to a lower-quality service elsewhere. As mentioned above, the percentage of children who are already the subject of a child protection plan who have reviews within the required time has fallen: from 97% in 2009/10 to 91% in 2017/18.

However, over the same period, the proportion of initial child protection conferences that took place within 15 working days* of starting a Section 47 assessment increased from 66% to 77% (see Figure 5.8). This is an indication that local authorities are focusing their resources on the most vulnerable children. Children who have started a Section 47 assessment but not yet had an initial child protection conference are likely to be at greater risk than children who are already subject to a child protection plan because no programme of support will yet be in place for them.

Despite these efforts to ration and prioritise services, local authorities have consistently overspent on children's services. According to the NAO, 63% of local authorities overspent on these services in 2010/11 but this rose to 91% by 2017/18. While local authorities have overspent on other areas during the period, children's services is the only area where overspending has occurred in every year since 2010/11.⁵⁸

In 2010/11, this overspending stood at £237m;⁵⁹ by 2017/18, the total overspend had risen to £957m (or a 14% overspend on their originally planned budget). The biggest contributor to this was spending on looked-after children where local authorities exceeded their planned budgets by £686m.⁶⁰

How will demand change?

Current spending plans should be broadly able to meet growing demand for children's social care. But if demand grows faster than expected or if local authorities increase spending on adult social care faster, then central government will be left with some politically difficult decisions over what responsibilities local authorities should take on, and how much money they would need to meet them.

We project that demand for children's social care will grow by 7.4% between 2018/19 and 2023/24 (see Table 5.1). This assumes that the prevalence of children in foster and residential care continues to grow at the same average annual rate seen since 2007/08, 2007 being the year in which Peter Connelly died.

We assume that demands for other areas of children's social care – that is, services for looked-after children, safeguarding services and family support services – will grow at the same average annual rate as the number of episodes of children in need since 2012/13, which is the first year for which consistent data is available.**

* Fifteen days is a recommended target, rather than a statutory requirement, but is still a useful measure of timeliness.

** See Chapter 13, Methodology.

Table 5.1 **Projected spending and demand for children’s social care**

| Children’s social care | | | |
|--|--------------------------------|-------------------|-------------|
| Projected increase in demand by 2023/24 | 7.4% | | |
| Spending scenario | Local authority spending power | Recent trajectory | Meet demand |
| Change in real-terms spending by 2023/24 | 7.3% | 12.6% | 7.4% |
| Spending in 2023/24 (2018/19 prices) | £8.9bn | £9.3bn | £8.9bn |
| Impact on unprotected government spending (2018/19 prices) | – | -£0.4bn | – |
| Projected gap (2018/19 prices) | – | -£0.4bn | – |

Source: Institute for Government calculations. See Chapter 13, Methodology.

These projections suggest that local authorities would need to spend £612m a year more in real terms by 2023/24 than they did in 2018/19 to meet growing demand, and to maintain the scope and quality of children’s social care, assuming these services continue to be delivered as efficiently as they were in 2018/19. Meeting demand would entail a slower pace of spending growth than has been seen over the past three years: 1.4% a year on average for the period 2018/19 to 2023/24, compared with 2.4% a year on average from 2015/16 to 2018/19.

If, instead, spending rose in line with local authority spending power, then we estimate that children’s social care would face a gap of just £9m a year by 2023/24. On the face of it, therefore, current government spending plans appear to be broadly sufficient to maintain the quality of children’s social care. However, there is substantial uncertainty. If Peter Connelly’s death led to a rapid but temporary increase in the number of children in care after 2007/08, then our projections for growth in the number of children in foster and residential care may be an overestimate. If so, the growth in local authority spending power would be more than enough to meet demand.

However, there are also good reasons to think that spending will not rise as quickly as demand. First, local authorities may prioritise spending on adult social care, demand for which is projected to grow substantially faster than local authority spending power.

Second, our demand projection may be an underestimate as the growth in the number of children in foster and residential care has been higher since 2014/15, substantially so in the case of residential care, which is particularly expensive. If these growth rates continued, demand would grow by 10.3% by 2023/24, rather than by 7.4%.

It is unclear whether local authorities would be able to make the efficiencies needed to meet this higher level of demand. It may be possible to find savings through reducing the costs of placing children in foster or residential care, or holding down staff wages, but this will be difficult given rising costs for placements and problems recruiting and retaining social workers.

Central government could seek to reduce local authority responsibilities by removing some of the legal duties imposed on them but doing so would be politically difficult. Indeed, the government withdrew a proposal to allow local authorities to apply for an exemption from the Children and Social Work Act 2017 following widespread opposition from children's charities.⁶¹

The government does have some plans in place to provide additional funding and support to local authorities to help them manage demands for children's social care services, as covered in this section. Its wider social care reform programme – Putting Children First – is due to be delivered by 2022, having been delayed by two years.⁶² However, it is unclear whether this will lead to any short-term savings for local authorities.

6. Neighbourhood services

It seems that nothing makes headlines like bin collections, but despite deep spending cuts neighbourhood services have only suffered a slight decline in public satisfaction across England. Spending has been cut sharply over the past eight years, though the pace of cuts slowed last year following a temporary cash boost for local authorities.

Councils have managed the cuts by delivering neighbourhood services more efficiently: reducing spending on staff and asking them to do more. Where that has not been enough they have, in some cases, charged users more or scaled back the services they provide – such as reducing the number of libraries and the frequency of bin collections.

Public satisfaction with neighbourhood services has declined only slightly, while regulatory services like health and safety and food hygiene have become more effective. But a lack of data on staff morale and demand for services means we cannot say whether the current level of spending is sustainable, or whether local authorities are leaving some demand unmet.

Following the extra funding announced in the 2019 spending round, local authorities should have enough money to meet future demand for neighbourhood services, although they may choose to use these extra funds to increase spending on social care for adults and children, while continuing to squeeze neighbourhood services.

Aside from social care for adults and children (discussed in the previous two chapters), local authorities also provide a range of neighbourhood services, including transport, housing, waste collection and planning. In England these services are delivered by the 353 unitary, London, metropolitan district, shire district and shire county local authorities. These services are funded in part by central government grants and in part by locally raised revenues.

Central government puts legal obligations on local authorities to do certain things, such as to provide “a comprehensive and efficient library service”.¹ The last comprehensive count (conducted in 2011) found that Whitehall placed 1,338 legal obligations on local authorities.²

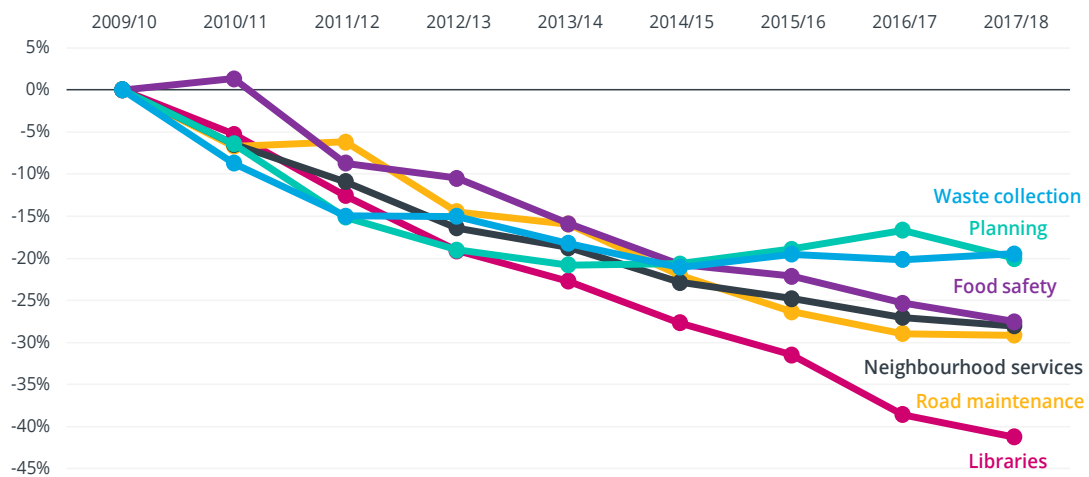
Central government also decides how much grant funding local authorities receive, which taxes they can levy and how much they can vary the rates of those taxes.^{*3} Within these constraints, local authorities make tax and spending decisions: as long as they deliver their statutory duties, they can spend as much or as little as they choose on each of the services within their remit.

While neighbourhood services make up an important part of what local authorities do, it is difficult to understand what the impact of cuts has been on these, as the government no longer collects much nationally comparable data on them.^{**} For example, in 2018 the National Audit Office (NAO) found no data with which to assess the effect of spending cuts on community centres, economic development, traffic management or tourism.⁴

In this chapter, we focus on seven neighbourhood services for which some England-wide comparable data is available: food safety; health and safety; libraries; planning; road maintenance; trading standards; and waste collection. The major areas of neighbourhood services that we do not include here are: homelessness services and housing benefit; archives and museums; maintaining parks and open spaces; and other transport services (primarily street lighting and buses).

Local authority spending on neighbourhood services has fallen by 28.1% since 2009/10

Figure 6.1 Change in total spending on neighbourhood services in England since 2009/10 (real terms)



Source: Ministry of Housing, Communities and Local Government, 'Revenue Expenditure and Financing England', RO2 and RO5.

* For example, local authorities cannot raise council tax by more than 2% without holding a referendum.

** The coalition government reduced the number of statutory duties and some performance targets, including local area agreements and the National Indicator Set. See Ministry of Housing, Communities and Local Government, 'Councils' red tape cut as 4,700 Whitehall targets slashed', press release, 14 October 2010.

There has been a large decline in day-to-day spending* on the seven neighbourhood services covered in this report. Between 2009/10** and 2017/18, local authorities cut spending by 28.1% in real terms – with some services taking more of a hit than others.

Over the past eight years, local authorities have prioritised spending on social care for adults and children, at the expense of spending on other services; the share of total local authority spending that went on these rose from 52% in 2009/10 to 64% in 2017/18.⁵

Spending on some neighbourhood services has been cut more than others. Since 2009/10, libraries have experienced the largest real-terms day-to-day spending cut (41.2%), followed by trading standards (38.8%), road maintenance (29.1%), health and safety (28.5%), food safety (27.5%), planning (20.0%) and waste collection (19.5%).

Reductions in day-to-day road maintenance spending were partially offset by increases in capital spending – the almost-30% cuts were balanced by a 4% real-terms increase in local highways and transport capital spending since 2009/10,⁶ some of which might have been used to reduce the need to spend on maintenance.^{7,***} The Department for Transport estimates that total local road maintenance spending has declined by 14.1% since 2009/10,⁸ only half of the cut shown above.

All local authorities have experienced cuts but, on average, these have been larger in more deprived areas.⁹

This is because the component of local government income that has been cut most sharply over recent years is the revenue-support grant from central government,¹⁰ which on average makes up a larger share of income for councils in more deprived areas.¹¹ Between 2013/14 and 2018/19, the grant was cut by 91.6% in real terms, or in cash terms from £15.2 billion (bn) to £1.4bn.

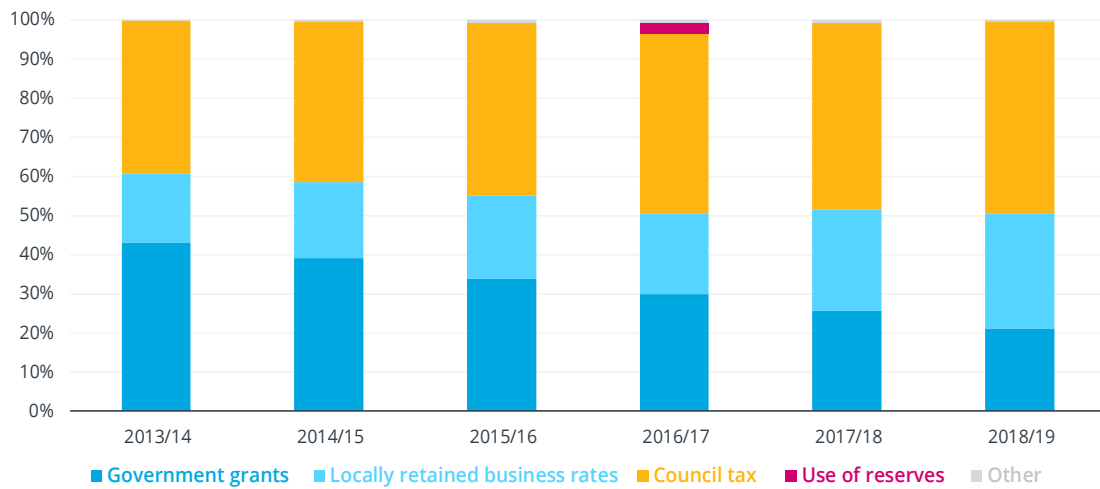
* These figures double-count some local authority spending where one local authority pays another to provide a service. Our figures may therefore slightly understate or overstate the decline in spending between 2009/10 and 2017/18, if these arrangements have become more or less frequent.

** The 2009/10 spending figures include some revenue expenditure funded from capital by statute (RECS), which was not included in future years. Our figures may therefore slightly overstate the decline in spending between 2009/10 and 2010/11. We cannot say by how much because RECS is not allocated to individual services. See Comptroller and Auditor General, *Financial Sustainability Of Local Authorities 2018: Methodology*, National Audit Office, 2018, p. 18.

*** The Department for Transport's 2014 guidance on highways maintenance states that both capital and revenue can be used for maintenance. See Department for Transport, *Gearing Up for Efficient Highway Delivery and Funding*, The Stationery Office, 2014, p. 10.

Local taxes and charges now fund a greater share of local spending

Figure 6.2 Net local authority spending in England,* by financing source



Source: Ministry of Housing, Communities and Local Government, 'Revenue Outturn summary'.

Another consequence of the cut in central government support is that people who use local authority services are paying more for them. This has happened as councils have been incentivised to look elsewhere for funding. Local authorities have increased council tax and introduced charges for services which were previously free – such as waste collection. The outcome is that local taxpayers are now shouldering more of the cost of the services they rely on, something which is likely to continue.

Between 2013/14 (when council tax benefit localisation and business rates retention were introduced) and 2018/19,** the share of local authority spending*** financed from council tax increased from 38.9% to 49.1%.

The coalition government's policy of providing money for councils to freeze council tax¹² initially allowed councils to keep council tax bills near-flat in cash terms. The average Band D council tax bill – the standard measure of council tax, relative to which other bands are defined¹³ – was £1,468 in 2014/15, compared with £1,414 in 2009/10 – this equates to a 4.4% fall in real terms, after accounting for economy-wide inflation. But shortly before the central funding for council tax freezes ended (2015/16), the average Band D bill began rising; it reached £1,591 in 2017/18,¹⁴ a real-terms increase of 3% from its 2014/15 rate.

* We measure net local authority spending rather than gross (total) local authority spending to exclude income from other public bodies – such as the NHS Better Care Fund. We are not able to separate this income from charging users, which we discuss below. See Ministry of Housing, Communities and Local Government, 'Local Authority Revenue Expenditure and Financing: 2017-18 Final Outturn, England – Revised', 2018, p. 6.

** The introduction of council tax benefit localisation and business rates retention in 2013/14 means it is not possible to compare the share of local authority spending financed from grants and locally raised revenues before 2013/14.

*** We define local authority spending as total spending excluding government grants ringfenced for schools (dedicated schools, pupil premium, education services and universal infant free school meals) and for the police. See Ministry of Housing, Communities and Local Government, 'Local authority revenue expenditure and financing', GOV.UK, 2019, www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing

After 2016/17, some local authorities used the social care precept¹⁵ – where the government allowed local authorities responsible for social care to raise rates above the threshold for which they would ordinarily have to hold a referendum* – to increase council tax further. This additional revenue is nominally ringfenced to spend solely on adult social care, with local authority finance officers required to confirm to the government that they are spending the money on this.¹⁶ But in practice there is more flexibility, because the government cannot know how much local authorities would have spent on adult social care without the additional precept funding.

In addition to raising council tax, most local authorities now charge people and businesses for services they once provided for free,¹⁷ but must spend any revenues raised on that service. Local authority income from sales, fees and charges** rose from £9.3bn in 2009/10 to £10.5bn in 2017/18, an overall share increase of 13.3% to 15.8%.

These income streams provide a greater share of funding – 20.3% in 2017/18, up from 13.6% in 2009/10 – for the seven services we focus on in this chapter.¹⁸ The largest increases have been in planning and waste collection, where the share of spending financed by charging has increased by 18.2 and 4.4 percentage points respectively.

Over half of local spending on planning (54.4%) was derived from fee income in 2017/18, compared with just over one third (36.2%) in 2009/10. Local authority planning departments have increased the revenue they generate from developers by increasing planning fees,^{***} and offering developers discretionary services such as pre-application advice and planning performance agreements, where developers pay councils to allocate resources to their application to process it faster.

The Royal Town Planning Institute (RTPI), the chartered institute for professional planners, worries that greater reliance on fees shows that local authorities have prioritised development management over strategic work and planning policy. Local authorities' increasing reliance on fees may raise the risk that they prioritise providing services to developers with money to pay for those discretionary extras.¹⁹

Local authorities responsible for waste collection have primarily charged for services beyond residential bin collection. The number of authorities charging for garden waste collection rose from 88 to 199 between 2010/11 and 2018/19, while the number offering the service for free fell from 236 to 118.²⁰

Charging local citizens and businesses for services is likely to continue. A 2019 *Local Government Chronicle* survey of local government officers found that 72% expected to increase commercial revenues over the next three years.²¹

* The government allowed social care authorities to add up to 2% per year to the council tax rate above the referendum threshold from 2016/17 to fund adult social care. The government then increased this to 3% per year in 2017/18, although no authority was allowed to increase council tax more than 6% above the threshold over the three years from 2017/18 to 2019/20.

** We exclude education, the police and fire authorities because they are not controlled by local authorities, and exclude public health as local authorities only became responsible for it in 2013/14.

*** Planning fees have increased twice since 2010, in 2012 and 2018.

Demand for neighbourhood services continues to grow

There is no sign that demand for neighbourhood services has fallen as local authorities have cut spending. As the population rises, demand for many services will continue to increase at roughly the same pace. Put simply, more people means more bins – and more bins means more collections.

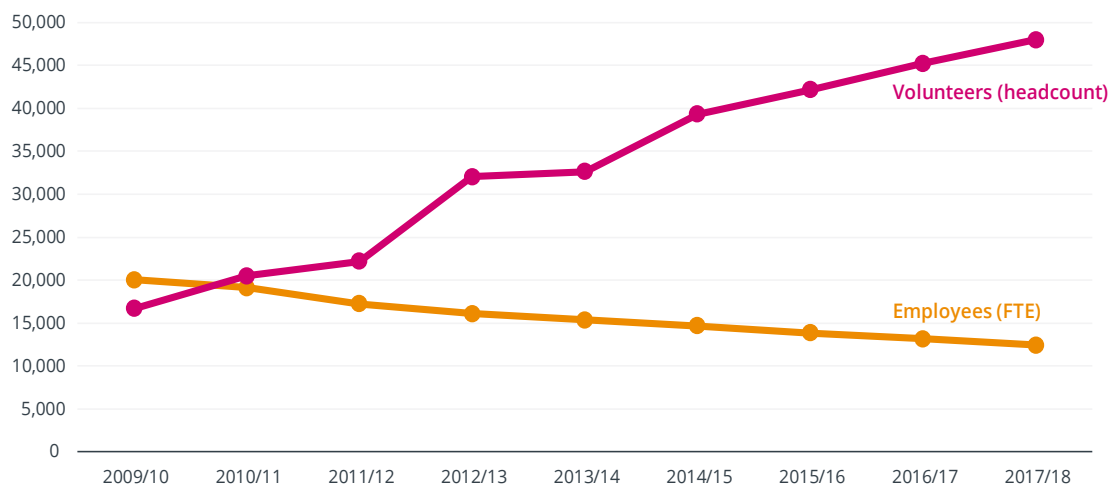
As the number of people in England increased by 6.4% between 2010 and 2018, a number of neighbourhood services will have faced greater demand. But this is not uniform: for some services like parks and green spaces, one person's use or enjoyment is not much affected by others', so demand may not have risen as closely in line with the population.

Most direct indicators of demand for specific services also suggest demand is rising:

- The total number of miles travelled by motor vehicles in England rose by 8.2% between 2010 and 2018,²² implying a greater need for road maintenance.
- The number of food businesses in England rose by 7.2% between 2009/10 and 2018/19,²³ implying a greater need for food inspections.
- The total number of planning applications submitted in England rose by 0.8% between 2009/10 and 2017/18, implying a greater need for planning officers.²⁴

There are fewer staff working in libraries, planning and regulatory services

Figure 6.3 Number of library employees and volunteers in England



Source: Chartered Institute of Public Finance and Accountancy, 'Public Library Statistics'.

One strategy councils have used to deliver large spending cuts is to reduce staff numbers. In 2013, the Audit Commission found that reducing the number of staff was the most common strategy that councils used to manage financial constraints: 96% of single-tier and county councils and 86% of district councils cut their numbers of staff between 2010/11 and 2013/14.²⁵

Staff numbers have been massively reduced across a range of services such as libraries, health and safety inspections, and planning. Remaining staff have had to pick up an increased workload – and there have been some reports of a subsequent decline in morale.

Local authorities have made large reductions in staff numbers in libraries. Between 2009/10 and 2017/18, the number of full-time-equivalent (FTE) library staff fell by 37.9%. Staff cuts fell disproportionately on professional librarian posts rather than on administrative and clerical posts: 14% of paid staff occupied professional posts in 2016/17, compared with 20% in 2009/10. To compensate, local authorities have made more use of volunteers. By 2017/18, there were 187.1% more library volunteers than in 2009/10, contributing 220% more hours.²⁶

The government does not collect data on the number of planners employed by local authorities,²⁷ but independent estimates suggest that their number has also fallen. A survey of 95 local authorities by Planning Futures, a planning think tank, found that, on average, the number of FTE planning staff in local authorities fell by 10.2% between 2011 and 2016, from 28.4 to 25.5.²⁸

The number of staff in regulatory services declined faster than in both libraries and planning. The number of professionally qualified food standards and food hygiene staff in England – workers who investigate complaints, inspect businesses and enforce compliance through licensing* – declined by 56.1% and 16.1% respectively between 2009/10 and 2018/19.²⁹ The number of FTE trading-standards officers fell by 56% between 2009 and 2016 (from 3,534 to 1,561).³⁰ The number of health and safety inspectors in Britain (there are no figures separately for England) – who investigate and enforce health and safety law – declined** by 52.4% (from 1,050 FTE to 500 FTE) between 2009/10³¹ and 2017/18.³²

Staff cuts have meant that the remaining staff have higher workloads. Food hygiene and food safety inspectors are covering more businesses: the number of professionally qualified staff per 1,000 food establishments declined from 4.4 in 2009/10 to 3.0 in 2018/19. On average, food hygiene staff in English local authorities completed 275 interventions each in 2018/19, an increase of 23 since 2009/10. Food standards staff completed 384 interventions each in 2018/19, more than double the number of interventions undertaken by each member of staff in 2009/10.^{***}

We cannot count the number of staff members employed to deliver road maintenance or waste collection services because official statistics exclude staff working for outsourced providers, which carry out a lot of both services.

* Food standards staff assess issues which could mislead consumers; food hygiene staff assess issues which could harm consumers.

** Adding together the number of trading standards, health and safety, and food standards/hygiene staff may overestimate the numbers and give an inaccurate picture of the change in numbers, as there is some overlap between staff holding these professional qualifications.

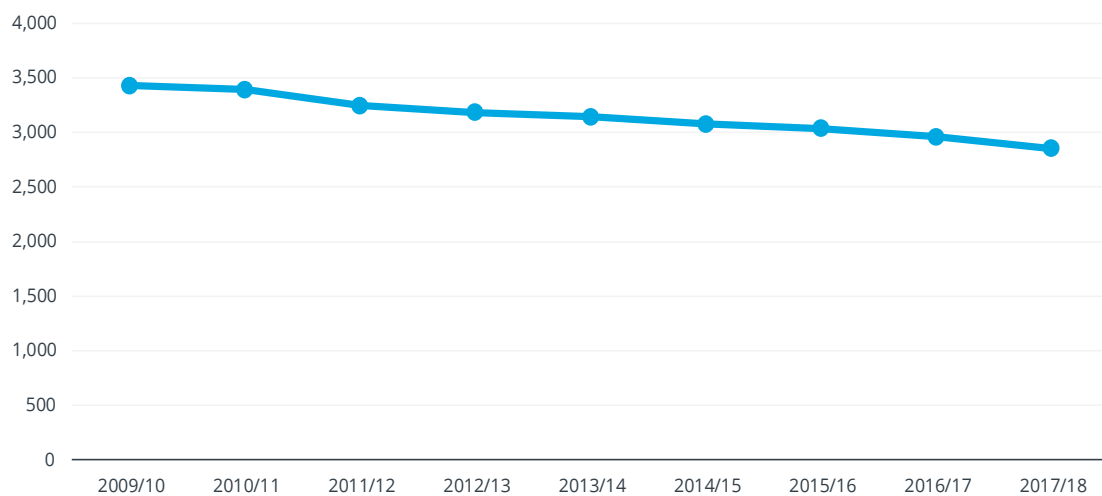
*** Part of this larger increase in food standards interventions may be due to better reporting of intelligence-gathering activity, and unique in-year factors. There was a large increase in sampling in 2013/14 due to the horsemeat scandal, and a large increase in advice and education activity in 2014/15 due to new EU regulations coming into force, for example.

Local authorities are struggling to recruit staff. Although we do not know whether these problems worsened as spending cuts deepened, there are some indicators:

- Local authorities told the NAO that they struggled to recruit and retain enough qualified food safety and food hygiene staff in 2019.³³
- Over half of local authority planning departments in the south-east and north-west who responded to a 2017 RTPI survey said that they had difficulties recruiting and retaining planners.³⁴ A 2019 survey of planning departments found that local authorities who responded were, on average, failing to recruit as many planners as they had intended.³⁵
- A 2015 report commissioned by the Department for Business, Innovation and Skills (BIS), noted that local authorities reported that spending cuts in trading services had reduced morale.³⁶
- BIS's successor department – the Department for Business, Energy and Industrial Strategy – told the NAO in 2018 that it believed trading standards were a "high-risk area in the medium term" due to cuts.³⁷

There are 16.8% fewer libraries now than in 2009/10

Figure 6.4 Number of libraries in England



Source: Chartered Institute of Public Finance and Accountancy, 'Public Library Statistics'.

Neighbourhood services have also seen cuts to equipment and hardware budgets – though these are not as easy to identify as the drop in staff numbers. Non-staff costs make up between 35% and 75% of spending on neighbourhood services. Road maintenance, for example, often requires specialist equipment, and libraries require fixed or mobile sites.

Non-staff costs made up 72.3% of waste collection spending in 2017/18;³⁸ 55.8% of total library spending; 53.2% for planning; 37.8% for health and safety; and 35.4% for trading standards.

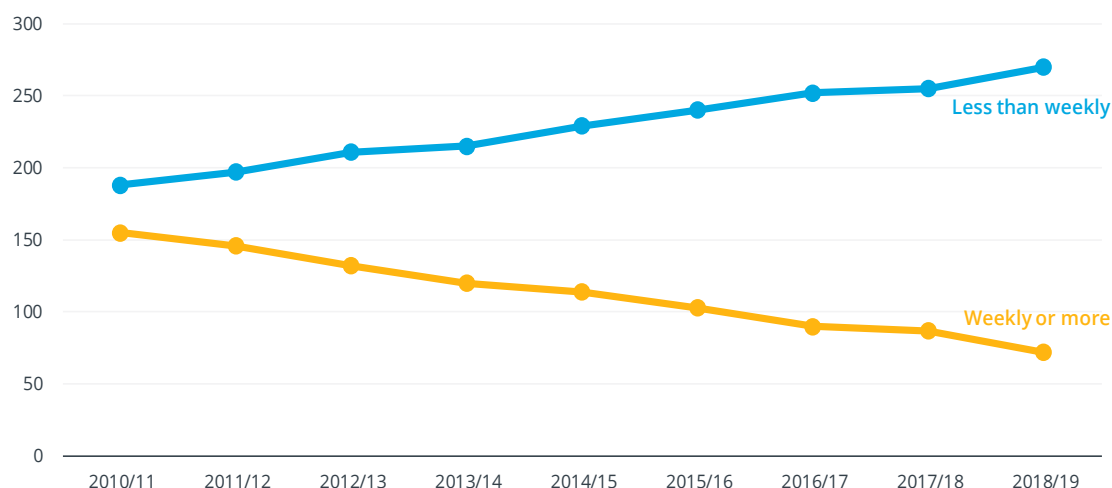
Unfortunately, for most neighbourhood services, no data is available on the type and volume of non-staff inputs that they use. The exception is libraries, where it appears local authorities have reduced their lending stock. Libraries' total lending stock – including books, CDs, DVDs and e-books – fell by 23.1% between 2009/10 and 2017/18.³⁹ Libraries have not replaced books on a like-for-like basis as some have been removed from circulation.

There has also been a decline in the number of libraries, which fell by 16.8% between 2009/10 and 2017/18. Where libraries remain open, more are being run by communities rather than by local authorities. Local authorities directly managed 77% of all libraries in 2016/17 compared with 89% in 2012/13, the only years for which data is available. At the same time, the share of community-managed libraries – those staffed by volunteers – increased from 4% to 9%.^{*}

Communities look set to continue taking on more responsibilities: only 13 of the 23 new libraries opened in 2016 were run by councils, compared with 21 out of 24 in 2010.⁴⁰

Local authorities have reduced waste collection and library services

Figure 6.5 **Number of local authorities collecting residual waste less than weekly, and weekly or more**



Source: Waste and Resources Action Programme, 'Local Authority Scheme Data', Residual.

Waste collection and libraries provide the clearest examples of service cuts: local authorities are collecting rubbish less often, and libraries are open for fewer hours than they were in 2010.

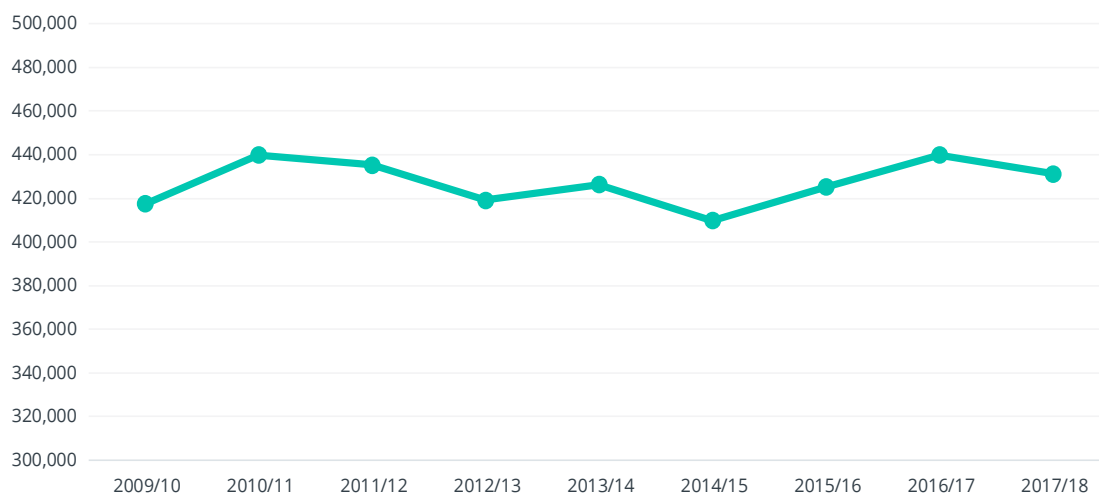
The number of councils providing weekly residential waste collections fell by over 40% (from 155 to 72) between 2010/11 and 2018/19. But regular waste collection has not been replaced by more frequent recycling collections; between 2013/14 and 2018/19, the only years for which data is available, the number of councils providing weekly dry recycling collections also declined, albeit less drastically (from 76 to 73).

* The remaining 14% of libraries in 2016/17 were "community supported co-produced libraries" and "commissioned community co-produced libraries", which were jointly managed by local authorities and local communities.

Libraries are now open for fewer hours. Excluding mobile libraries, the share of libraries open 30 hours or longer each week in 2017/18 was 58.1%, lower than the 63.8% in 2009/10.⁴¹ Libraries may be able to provide some services online without opening – lending e-books rather than physical books, for example – but these are unlikely to have fully compensated for the decline in opening hours.

Local authorities have decided more planning applications and kept up road maintenance

Figure 6.6 Number of planning applications decided by district planning authorities



Source: Ministry of Housing, Communities and Local Government, 'District planning authorities - planning applications received, decided, granted, performance agreements and speed of decisions, England, 2019'.

There have been some areas where local authorities can point to successes: planning applications and road maintenance, in particular. Local authorities have managed to increase the number of planning applications they process by 3.3%, from 417,606 (2009/10) to 431,201 (2017/18).⁴²

The actual rise in planning work may be faster, as a larger share of planning decisions are now on major applications, which require more time to assess. The number of major commercial and residential applications that local authorities decided increased by 41.2% between 2009/10 and 2017/18, while the number of minor applications increased less quickly, by only 16.0%.^{43,*}

The increase in decisions is partly a response to applications received. Local authorities must process applications within statutory timeframes – if they do not, planning applicants can appeal to the secretary of state for the Ministry of Housing, Communities and Local Government to make the decision.⁴⁴

Local authorities have continued to maintain the same number of roads each year even though spending fell. Between 2009/10 and 2017/18 the number of miles

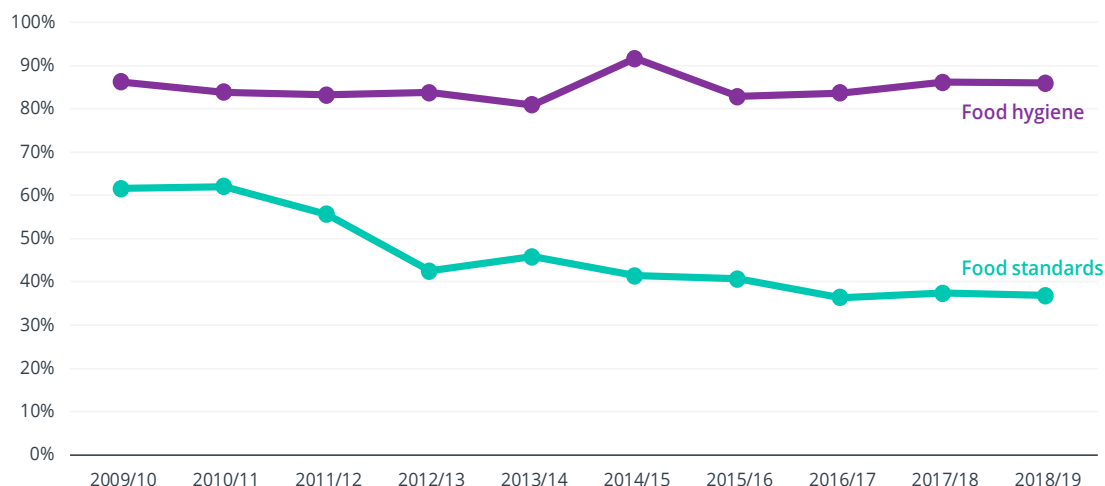
* Residential and commercial applications both fell during the 2008 recession. Residential applications recovered and are now comparable to pre-recession levels; commercial applications have stabilised at a rate lower than the pre-recession period. See Ministry of Housing, Communities and Local Government, *Planning Applications in England: April to June 2018*, 2018, pp. 2, 11–12.

of B, C and unclassified roads – smaller roads connecting areas, and residential roads – receiving some maintenance in a year fluctuated but remained broadly flat. The number of miles of A roads – major roads connecting areas⁴⁵ – receiving maintenance also remained broadly flat.

But the type of maintenance local authorities are doing has changed. Local authorities have prioritised major works at the expense of routine preventive work. Spending on structural maintenance – such as repairing bridges and underpasses – fell by only 2.7%, but for routine and other maintenance – such as clearing drains and replacing signs – the fall was 30.2%.⁴⁶ In response to a 2014 NAO investigation, local authorities confirmed that they were carrying out less routine road maintenance;⁴⁷ those responding to a separate Transport Select Committee inquiry in 2019 accepted that neglecting routine maintenance may mean they have to spend on extensive repairs later.⁴⁸

Local authorities have prioritised the riskiest tasks in regulatory services

Figure 6.7 Percentage of food standards and food hygiene interventions completed on time



Source: Food Standards Agency, 'Local Authority Enforcement Monitoring System'.

In regulatory services, local authorities have prioritised their efforts on the most critical interventions – inspecting the businesses that are most likely to harm consumers. In single-tier local authorities, which have responsibility for both food hygiene and food standards, they have prioritised investigating the most serious issues that could actively harm consumers (food hygiene) over issues that could mislead them (food standards).*

The share of food hygiene interventions completed on time declined by only 0.3 percentage points between 2009/10 and 2018/19; but has consistently remained above 80%.

* Food hygiene inspections are typically led by environmental health teams – and food standards inspections by trading standards teams. In two-tier local authorities, environmental health teams are run by district councils, while trading standards teams are run by county councils.

In contrast, the timeliness of food standards interventions⁴⁹ has deteriorated markedly: the share of such interventions that are completed on time has fallen from a high of 62% in 2010/11 to just 36.8% in 2018/19. Food standards officers told the NAO that “food hygiene controls [tend] to get prioritised over food standards controls because the impact of food hygiene failures are more visible”.⁵⁰

Local authorities have also prioritised intervening in the highest-risk establishments – those where inspectors are most concerned about food processing, contamination risk and management quality⁵¹ – in both food hygiene and standards. As such, the largest reductions in the timeliness of inspections have been in the lowest-risk establishments.⁵² This is a sensible way to prioritise resources – but it risks local authorities losing chances to gather intelligence and intervene before problems worsen or spread.

The number of food samples taken by local authorities – which they use to survey markets and identify emerging risks – fell by 34% between 2012/13 and 2017/18.⁵³

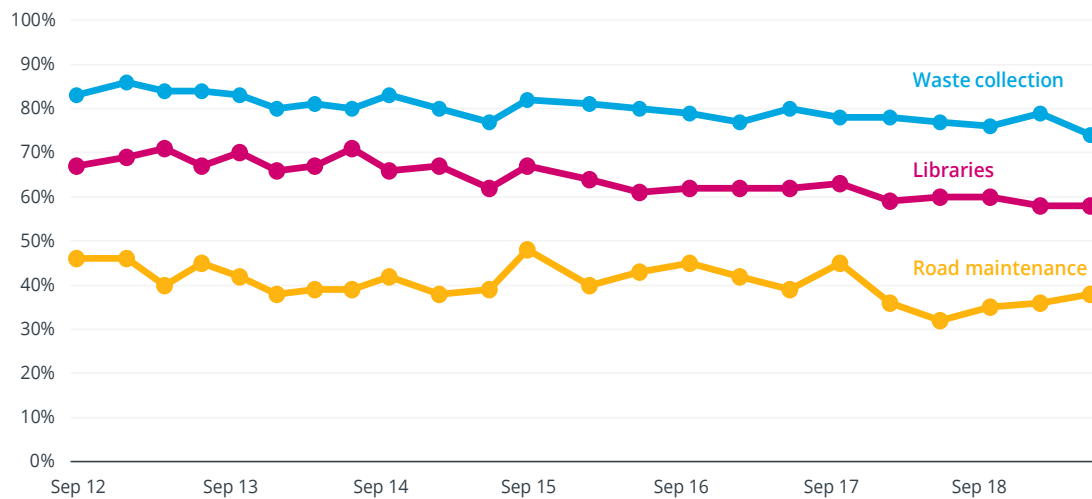
Health and safety teams have also prioritised inspecting the riskiest businesses. Between 2009/10 and 2017/18, the total number of annual health and safety visits carried out in Britain declined by 52.8%.⁵⁴ Proactive (planned) inspections were almost entirely eliminated over this period – the number of proactive inspections that took place in 2014/15 was just 4.6% of the 2009/10 number, the only time period for which we have consistent data.⁵⁵ There was a smaller decline over the same period (28.3%) in the number of reactive visits (those following requests or complaints).

This reduction in part reflected a response to a new national enforcement code set out by the Health and Safety Executive – the body that monitors local authority regulation and enforcement – in May 2013, which was designed to improve the use of limited resources. The code explicitly told local authorities to “target interventions on those activities that give rise to the most serious risks or where the hazards are least well controlled [and] not invest limited resources on matters of comparatively low risk”.⁵⁶

The government does not collect data on trading standards activities, but local authority respondents to a 2015 study reported a similar picture. They stated that most work they undertook was now “reactive (complaint driven)”, and that they had cut services such as Citizens Advice centres⁵⁷ and educational work in schools.⁵⁸

People's satisfaction with waste collection, libraries and road maintenance has declined slightly

Figure 6.8 Percentage of residents very or fairly satisfied with their local waste collection, library and road maintenance services



Source: Local Government Association, 'Polling on Resident Satisfaction with Councils', Tables A11, A13 and A15.

Despite spending reductions across neighbourhood services, public satisfaction has only slightly declined. Polling commissioned by the Local Government Association shows that overall satisfaction with councils fell by nine percentage points between September 2012 and June 2019, from 72% to 63%.⁵⁹

When asked about specific neighbourhood services, there was a similarly small decline. Between September 2012 and June 2019, public satisfaction with waste collection fell by nine percentage points (from 83% to 74%); as did satisfaction with libraries (from 67% to 58%). Satisfaction with road maintenance is eight percentage points lower than in September 2012, but has steadily increased over the last year.⁶⁰

These figures suggest that where the public has noticed a reduction in the quality or availability of these local services, it has been far less than the scale of spending cuts.

It is harder to judge the other four neighbourhood services we cover. The proportion of planning applications approved, and the proportion decided within target timeframes, have increased. The percentage of both minor and major applications decided within an agreed time limit were higher in 2017/18 (85% and 89% respectively) than they were in 2009/10 (79% and 71% respectively).

The percentage of decisions made within time limits rose rapidly after 2012/13, following the introduction of new performance targets in the 2013 Infrastructure and Growth Act, which allowed the Planning Inspectorate to intervene and make decisions where local authorities were not deemed to process applications quickly enough, or decisions had been repeatedly overturned at appeals.⁶¹

This apparent improvement in timeliness is also partially due to more frequent use of agreements to extend timeframes.*

The quality of decisions reached – as measured by the share of local authority decisions that are successfully appealed – seems to have stayed roughly constant over this period: there was not a notable change in the percentage of decisions that were overturned at appeal between the second quarter of 2016 and the first quarter of 2018,** the only years for which the government published data.

There is some data on the level of compliance that regulatory services achieve – the proportion of people or businesses following the rules, and numbers of people (not) coming to harm as a result. The share of ‘broadly compliant establishments’ – businesses with a food hygiene rating of 3–5 out of 5 – increased from 82.1%⁶² in 2009/10 to 90.3%⁶³ in 2018/19. The number of incidents of food poisoning contracted domestically and reported to Public Health England also fell by 66.4% between 2010 and 2018, from 10,640 to 3,576.⁶⁴

There is no data on compliance with health and safety rules or trading standards, but we do know that the rate of non-fatal workplace injuries fell between 2009/10 and 2017/18, whether measuring injuries reported by employers⁶⁵ (a fall of 46.0%) or by employees (a fall of 31.4%),⁶⁶ suggesting that businesses have become more compliant with health and safety law.***

Local authorities appear to have maintained the overall quality of the A, B, C and unclassified roads they manage, though some improvement in the quality of major roads has been offset by a deterioration in the condition of lesser-used ones.

The Department for Transport reports that the share of A roads that should be considered for maintenance reduced from 5% in 2009/10 to 3% in 2017/18, while the equivalent figures for B and C roads were 9% and 6% respectively. The Asphalt Industry Alliance’s more detailed estimates of the condition of local roads also show an improvement. The share of local roads in poor condition – where the “road condition has deteriorated beyond a level which addressing surface issues only can remedy”⁶⁷ – was 19.7% in 2018/19, less than in 2011/12⁶⁸ (the earliest year for which it collected data) when the figure was 22.0%.

However, the share of unclassified roads – which are typically used less and often residential, but make up more than half of the network by length⁶⁹ – that should be considered for maintenance increased from 15% in 2009/10 to 17% in 2017/18.⁷⁰ The decline in the quality of these roads may help reconcile why the quality of A, B

* Local authorities have agreed more performance agreements, extensions of time, or environmental impact assessments with developers that extend the length of time they have to process planning applications. The share of planning applications where the time limit was extended rose from 0.0% in 2009/10 to 24.5% in 2017/18. See Ministry for Housing, Communities and Local Government, ‘Live tables on planning application statistics’, GOV.UK, 2019, www.gov.uk/government/statistical-data-sets/live-tables-on-planning-application-statistics

** The percentage of successful appeals declined from 2.0% (April – June 2016) to 0.0% (January – March 2018). See Ministry for Housing, Communities and Local Government, ‘Live tables on planning application statistics’, GOV.UK, 2019, www.gov.uk/government/statistical-data-sets/live-tables-on-planning-application-statistics, Table 152b

*** This may also reflect a shift in the composition of jobs, and employees leaving industries where they are more likely to sustain injuries, such as agriculture and manufacturing.

and C roads appears to have improved since 2010, but road users report having worse experiences,⁷¹ such as suffering more frequent cycling injuries and making more insurance claims for pothole damage.

Have neighbourhood services become more efficient – and if so, can that be maintained?

Local authorities are now managing to make their money stretch a lot further in neighbourhood services than they did eight years ago. Despite real-terms cuts of between a fifth and two fifths to spending on the seven neighbourhood services we have examined, local authorities have managed to maintain service provision and performance in most areas. Even where services have been cut back – notably libraries and waste collection – the scale of reduction is not as large as might have been expected and residents' satisfaction with the services has declined only slightly.

Local authorities have pursued a number of strategies in order to maintain neighbourhood services in the face of deep spending cuts. Staff numbers have been cut, but without a commensurate fall in service provision, meaning staff are being asked to do more. Local planners are deciding more applications and professionally qualified food standards and hygiene staff are undertaking more inspections and audits per person each year.

Services from trading standards to road maintenance have prioritised urgent work to ensure spending goes where it is needed most. But there is a danger that this is storing up problems for the future. Regulatory services – food hygiene and standards, health and safety, and trading standards – have all focussed on responding to the most serious concerns, rather than carrying out pre-emptive inspections of low-risk establishments; local authorities have also prioritised major road maintenance over routine, preventive work.

In libraries, councils have cut costs by replacing paid staff with volunteers and allowing more and more libraries to be taken over by community organisations. Despite these cost savings, library services have undoubtedly been scaled back in the face of a budget cut of two fifths in real terms – there are fewer libraries, open for fewer hours, with less stock available to borrow. Local authorities have also scaled back the waste collection services that they provide free of charge.

Both central government and local authorities have actively tried to increase efficiency. The Ministry of Housing, Communities and Local Government (MHCLG) has developed tools and funded programmes to help local authorities become more efficient – such as the Local Digital Innovation Fund, where councils can apply for grants to use technology to reduce costs and deliver better services.⁷² Some local authorities have attempted back-office improvements,⁷³ service redesign⁷⁴ and sharing services^{75,*} in attempts to make savings.

* Local authorities shared services to save money, but there is no clear evidence that it had that effect. See Elston T and Dixon R, 'The effect of shared service centers on administrative intensity in English local government: a longitudinal evaluation', *Journal of Public Administration Research and Theory*, 2019; Dixon R and Elston T, 'Should councils collaborate? Evaluating shared administration and tax services in English local government', *Public Money and Management*, 2019.

There is some direct evidence of increased efficiency in specific neighbourhood services, but it is limited. The Asphalt Industry Alliance, for example, reports that local authorities reduced the average cost of filling a pothole from £73.90 to £52.60 between 2010 and 2019,⁷⁶ which equates to a 39.0% real-terms reduction after accounting for economy-wide inflation.

Unlike workers employed by central government, council workers were not covered by the public sector pay cap⁷⁷ – but in practice the national pay structure for council workers – a 46-grade payscale – has followed a similar path. The payscale was initially frozen in cash terms between April 2009 and April 2013, after which most local authority staff received below-inflation pay increases.*

Local government unions negotiated a 1% pay rise for local authority staff in April 2013; a 2.2% rise in January 2015; and subsequent 1% rises in April 2016 and April 2017.⁷⁸ As the government does not collect national-level data on staff in outsourced services, where local government payscales do not apply, we cannot say whether local authorities have made savings by squeezing supplier margins where private companies deliver services.

There is some evidence that local authorities are now struggling to recruit sufficient numbers of neighbourhood services staff. However, without any information on whether these recruitment problems have worsened in recent years,** we cannot judge whether these services are any more at risk of falling over now than they have been in recent years.

MHCLG has no non-financial warning indicators by which to monitor the impact of cuts to spending on local services. The government should develop a set of these to monitor whether local authorities are delivering the level of services they expect, as well as balancing the books. At a minimum, it should publicly explain how it calculates whether local authorities are financially sustainable, as the Public Accounts Committee called for earlier this year.⁷⁹

Overall, local authorities have cut spending on most neighbourhood services while mostly maintaining their scope and quality. But lack of data – from detailed information on road condition⁸⁰ to data on compliance with health and safety rules or trading standards – impedes our assessment.

As successive governments since 2010 increased council freedoms, they simultaneously cut measures to monitor and manage performance. While this gave councils greater freedom to prioritise their activities to meet their own area's needs,

* Some employees at the lower end of the pay band received higher pay increases. See Whitehead M, 'A better pay deal for local government?', LocalGov.UK, 24 January 2018.

** The Local Government Association has conducted annual workforce surveys since 2011/12, but the size and composition of their local authority survey respondents vary each year so change between years may reflect changes in sample. Nonetheless, the surveys do not show much change in recruitment or retention pressures. The median turnover rate for local authorities remained steady between 2011/12 (13.1%) and 2017/18 (13.4%), although the median vacancy rate for local authorities increased slightly over the same period, from 4.5% to 8.0%. The percentage of local authorities saying that they are "currently experiencing recruitment or retention difficulties" also rose slightly from 74.0% to 78.0% between 2013/14 and 2017/18. See Local Government Association, 'Local Government Workforce Surveys', 2011/12 to 2017/18, no date, www.local.gov.uk/publications?keys=workforce+survey

the lack of comparable data on service performance makes it harder to assess the impact of spending cuts.⁸¹

The government now has few warning signs with which to monitor performance. And while it does not need to fully replicate the old performance management regime, it should develop, in consultation with local authorities, a small set of nationally comparable indicators to better understand the impact of changes in spending.

Have efficiencies been enough to meet demand?

It is similarly difficult to judge whether local authorities have fully managed to meet growing demands for these neighbourhood services.

There is some limited evidence of local authorities rationing their services – such as collecting waste less frequently and limiting libraries’ functions. However, residents’ satisfaction with these services nonetheless seems to have fallen only slightly.

In other areas, local authorities are still managing to meet demand, and have even reduced backlogs, notably in food safety and road maintenance. The share of food establishments in England waiting to be inspected and rated for food hygiene shrank from 7.3% in 2009/10⁸² to 5.0% in 2018/19.⁸³ The estimated time needed to eliminate the backlog of road maintenance – judged by how many years local authorities think it will take them to bring all roads up to a “reasonable steady state” – has also fallen, from 16 in 2011/12 to 10 in 2018/19.⁸⁴

How will demand for neighbourhood services change?

As the population grows, so too will demand for neighbourhood services. To meet demand, spending on neighbourhood services will have to rise. If demand rises in line with population growth, and if local authorities remain as efficient as they were in 2018/19, then spending on neighbourhood services would need to be 2.9% higher in real terms in 2023/24 than in 2018/19 in order to maintain performance.

Local authority spending power is set to rise by 5.8% in real terms between 2018/19 and 2020/21. This reflects increased grants for social care, public health and schools’ high-needs funding (announced at the 2019 spending round) and council tax and business rate increases forecast by the Office for Budget Responsibility (OBR).

Assuming that council tax and business rate revenues continue to rise in line with OBR projections thereafter, local authority spending power would be 7.3% higher in 2023/24 than it was in 2018/19. This would mark a significant turnaround compared to the last spending review, when spending power increased only £1.7bn, from £44.7bn (2015/16) to £46.4bn (2019/20),⁸⁵ a real-terms fall of 4.2% after accounting for economy-wide inflation.

If local authorities increase spending on neighbourhood services at such a rate, it should be enough to meet the extra demand they are predicted to face. However, local authorities are likely to use most of this money to increase spending on social care – where demands are expected to rise more rapidly – while continuing to squeeze neighbourhood services, as happened after 2010 (see Chapter 4).

Table 6.1 **Projected spending and demand for neighbourhood services**

| Neighbourhood services | | | |
|--|--------------------------------|-------------------|-------------|
| Projected increase in demand by 2023/24 | 2.9% | | |
| Spending scenario | Local authority spending power | Recent trajectory | Meet demand |
| Change in real-terms spending by 2023/24 | 7.3% | -10.9% | 2.9% |
| Spending in 2023/24 (2018/19 prices) | £5.7bn | £4.7bn | £5.4bn |
| Impact on unprotected government spending (2018/19 prices) | – | -£1.0bn | £0.2bn |
| Projected gap (2018/19 prices) | -£0.2bn | £0.7bn | – |

Source: Institute for Government calculations. See Chapter 13, Methodology.

Any increase in spending on neighbourhood services would be a sharp turnaround from the cuts experienced since the 2015 spending review. If, instead, that pace of cuts were to continue, spending on neighbourhood services would fall by 10.9% in real terms between 2018/19 and 2023/24. That would leave spending £700 million below what we estimate would be needed to meet demand.

In that case, local authorities would have to make additional, ongoing efficiency improvements to maintain the scope and quality of neighbourhood services. Beyond providing advice and funding some small programmes to encourage local authorities to make efficiencies, the government has mainly left local authorities to find efficiencies themselves. But, as described above, pushing this strategy further will be risky.

The government lacks information on how neighbourhood services are performing and whether the current level of efficiency is sustainable, let alone whether further savings can be achieved.

7. Are local authorities financially sustainable?

When a local authority runs into financial difficulties, alarming headlines quickly follow. 'Tipping points', 'one-off measures' and 'unsustainable' are just some of the warnings that have been issued by councils from Torbay to Lancashire, while the budgetary crisis in Northamptonshire saw the county council prohibit any spending except on what was deemed a legal requirement.¹ Nearly a decade of austerity has clearly hit local finances.

But it is somewhat tricky to assess local authorities' overall financial health. Because local authorities (just as police forces² and schools³) cannot borrow to finance day-to-day spending* and hold money in reserve in case of unexpected, unbudgeted cost, headline financial indicators for local authorities always look healthy and do not display obvious signs of pressure. But performance indicators that are not specific to any one service offer telling insight.

There are some signs that local authorities are in a worse financial position than they were in 2010. After Northamptonshire County Council ran into financial difficulties, several local authority chief executives publicly expressed concerns about their own financial sustainability:

- The chief executive of Torbay Council has said that funding cuts have meant that it has had to "significantly reduce [its operations] to statutory services only".⁴
- The chief executive of East Sussex County Council has said it will have to cut services to the "legal minimum".⁵
- The chief executive of Surrey County Council has said that the council has "only managed to balance its budget in recent years by using one-off measures".⁶
- Lancashire County Council's auditors publicly stated that the council's finances are at a "tipping point" and its use of reserves was "unsustainable".⁷

The Public Accounts Committee (PAC) and the Institute for Fiscal Studies (IFS) have expressed similar concerns.^{8,9} The following analysis assesses the evidence for financial sustainability on two key indicators: local authority reserves** and property investments.

* They can borrow for capital investment. See CIPFA, *CIPFA Briefing: English local authority reserves*, 2015, p. 1.

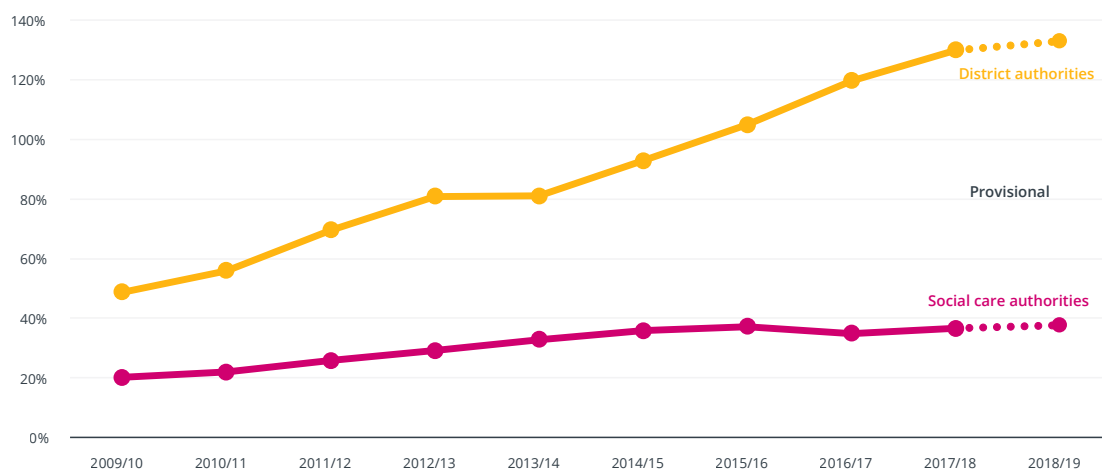
** Police are also partially locally funded through a levy on council tax, the police precept, and funding for maintained schools flows through local authorities. We exclude schools and police from our analysis of local authority financial sustainability because local authority school reserves are ringfenced, and police forces hold reserves separately. We analyse police and schools' financial sustainability in Chapters 8 and 9 respectively.

Have local authorities' reserves reduced – and if so, does that indicate that local authorities are less financially sustainable?

Over the past decade, local authorities have been forced to adjust to an increasingly difficult financial reality. The coalition, Cameron, and May governments cut grants to local authorities by almost half (49.1%) between 2010/11 and 2017/18.¹⁰ Cuts were accompanied by substantial uncertainty about future funding, which has made it difficult for local authorities to plan ahead. The 2019 spending round did not resolve this uncertainty and in fact delayed implementing business rates retention and the Fair Funding review – both of which will change how much money individual local authorities will have – until 2020.¹¹

To understand how local authorities have responded, we look at their levels of reserves, which are a key indicator of their ability to absorb future financial shocks. The appropriate level of reserves for any individual local authority to hold should reflect a judgment on the specific risks they face, and how much it is prudent to keep.¹² Trends in total reserves held by all local authorities indicate whether authorities overall are balancing their budgets each year – or whether they are drawing on one-off sources of money.

Figure 7.1 Local authority usable reserves as a percentage of annual spending



Source: Ministry of Housing, Communities and Local Government, 'Revenue Expenditure and Financing England', Revenue Outturn Summary (RS).

In response to ongoing financial uncertainty, both district authorities (councils responsible for some local services) and social care authorities (councils responsible for local services including social care)* have faced similar uncertainty about their finances. While district authorities have continued to increase their reserves, social care authorities have kept their reserves broadly flat.

This suggests that social care authorities have found it harder to increase reserves. Some have had to use their reserves to meet pressures in adult and children's social care. Almost 40% drew down their reserves between 2017/18 and 2018/19,¹³ and there was an overall fall in social care authorities' reserves between 2015/16 and 2016/17.

* For a full list of responsibilities, see Institute for Government, 'Local government', explainer, www.instituteforgovernment.org.uk/explainers/local-government

The total reserves held by social care authorities increased by £1.5 billion (bn) between 2016/17 and 2018/19, but this does not mean they are more financially sustainable. This increase happened at a time when central government gave local authorities an additional £3.2bn for adult social care – through the improved Better Care Fund, adult social care support and winter pressures grants – and local authorities raised an extra £2.5bn through the council tax precept for social care.

Without these one-off grants and the additional social care precept, more social care authorities may well have drawn down from reserves between 2016/17 and 2018/19.

Unallocated reserves – money that local authorities are not holding for any specific purpose and so can use it to cushion unexpected in-year financial pressures – in social care authorities fell from 9.4% of annual spending in 2014/15 to 8.8% in 2018/19. The unallocated reserves that social care authorities now hold are lower in real terms than they were in 2013/14. In contrast, district authorities increased their unallocated reserves, from 30.3% (2014/15) to 33.1% (2018/19).

Using reserves is not always a sign of distress. Local authorities can use reserves prudently by spending on one-off ‘invest-to-save’ projects, such as investing in road maintenance to reduce later insurance claims.¹⁴ Local authorities do not report what they spend their reserves on in national data returns, so we cannot say whether overall use of reserves has been prudent. We can, however, see how local authorities’ actual use of reserves compares to their planned use at the start of the financial year.

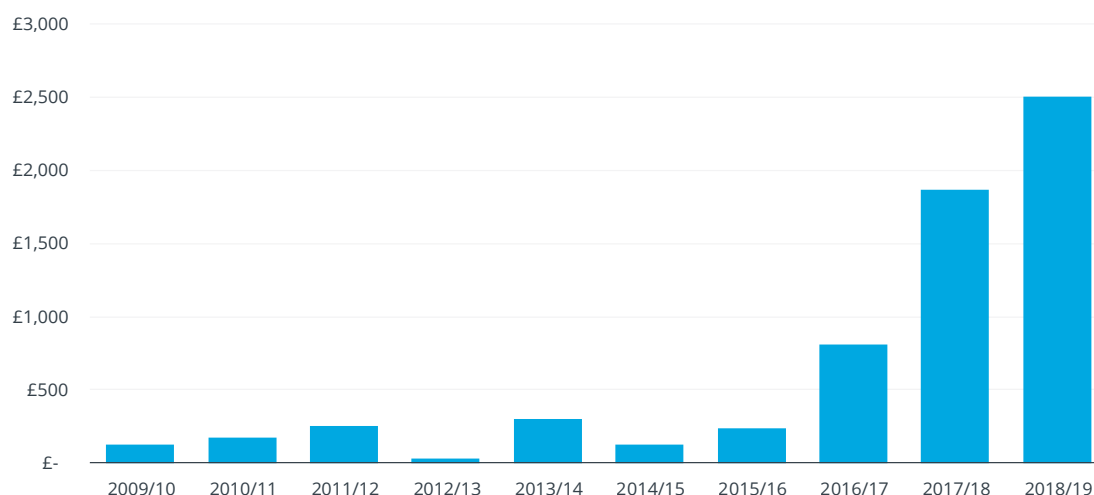
The National Audit Office calculates that unplanned withdrawals from reserves – where local authorities either use reserves without budgeting for doing so, or use more than they budgeted for – rose from £114 million (m) in 2010/11 to £658m in 2016/17.¹⁵ This suggests that local authorities are increasingly using reserves to top up day-to-day spending, having struggled to implement savings plans or manage costs.

Reserves can only be used once: local authorities who spend theirs to fund their regular activity will not be able to do so forever.

Has local authority spending on property changed – and if so, does that indicate that local authorities are less financially sustainable?

Local authorities’ investment in commercial property has also drawn much comment – particularly where this spending has been financed by borrowing.¹⁶ Unlike day-to-day spending, local authorities can borrow to finance capital investments as long as the purpose is not solely to generate a yield. But at least part of local authorities’ motive for investing in commercial property has been to generate profits from rental income to fund stretched local public services.^{17,18}

Figure 7.2 **Local authority spending to acquire land and existing buildings for trading services, £m**



Source: Ministry of Housing, Communities and Local Government, 'Local authority capital expenditure and financing in England', Capital outturn return (COR1). All figures are in 2018/19 prices.

We do not know exactly how much local authorities spend on commercial property,^{*} but local authority capital spending to acquire land and buildings for 'trading services' has risen rapidly over the past three years. Local authority trading services, which include commercial housing and real estate, is the closest comparable category in recorded data to commercial property investment.

In real terms, annual local authority spending on acquiring land and buildings for trading services is now almost 20 times higher than it was 2009/10. Spending rose particularly quickly after 2015/16, reportedly in response¹⁹ to the government's announcement that it intended to make local authorities financially self-sufficient by the end of that Parliament.^{20,**}

The rise in spending reflects both an increase in the number of authorities acquiring land and buildings for trading services, and the amount that they are individually spending. This appears to be the result of a small number of authorities making very large investments.^{***}

* Local authority capital spending statistics do not record spending on commercial property. The Public Works Loan Board – the main lender to local authorities – does not record the purpose of the loans it makes to local authorities. The Ministry of Housing, Communities and Local Government is working with local authorities to develop a new capital spending category to better reflect this change. See House of Commons Library Briefing, *Local Government: commercial property investments*, 2018, p. 18.

** Some of the increase between 2016/17 and 2017/18 may be due to reclassifying some commercial activity as trading services, which was previously classified under other headings. See Ministry of Housing, Communities, and Local Government, *Local Authority Capital Expenditure and Receipts, England: 2017-18 Final Outturn*, 2018, p. 9, www.gov.uk/government/statistics/local-authority-capital-expenditure-and-receipts-in-england-2017-to-2018-final-outturn

*** In 2018/19, three local authorities (0.8% of all authorities) accounted for 29.6% of trading services property spending. See Ministry of Housing, Communities, and Local Government, *Local Authority Revenue Expenditure and Financing England: 2018 to 2019 individual local authority data – outturn*, no date, retrieved 30 October 2019, www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2018-to-2019-individual-local-authority-data-outturn

Local authorities appear to have boosted commercial investments to generate profits to fund public services. But we do not know how successful this strategy has been, and without a clear understanding of the risks councils are taking – which cannot be gleaned from financial data* – it is unclear if increased investment in commercial property has made councils more or less financially sustainable.

Increasing investment in commercial property may generate revenue but it also exposes authorities to different financial risks that they may not be able to manage:²¹ for example, rental income will fluctuate with economic activity²² while changing consumer trends can affect retail businesses.²³

* The Ministry of Housing, Communities and Local Government has recognised this and has issued new guidance on transparency for local authorities. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/678866/Guidance_on_local_government_investments.pdf

8. Schools

Schools have faced pressure to make efficiencies in the last three years. The coalition government initially protected per-pupil funding until 2015/16, but schools experienced annual declines in funding between 2015/16 and 2017/18. The growing share of pupils with special educational needs has put further pressure on schools.

Schools have managed these pressures through the public sector pay cap, which has kept teacher wages down, and by becoming more productive. There are more pupils per teacher in secondary schools, while pupil attainment has been at least maintained.

The Johnson government's school spending announcement earlier this year will relieve these immediate pressures. By 2022/23, per-pupil funding will be almost back to 2009/10 levels in real terms. Some of this money will be used to address clear pressures – such as boosting starting salaries to address teacher recruitment problems – but it is not clear what exactly the government expects schools to deliver with the money.

As of January 2019, there were almost 17,000 state primary schools and almost 3,500 state secondary schools in England.¹ Together, they educated 6.73 million (m) pupils aged from 5 to 15 – 650,000 more than in 2010.* Most secondary schools (75%) and approximately one third of primary schools (32%) are academies – state schools that do not have to follow the national curriculum and have greater control over their admissions and budgets.² The rest are 'maintained' schools, whose funding flows through local authorities.

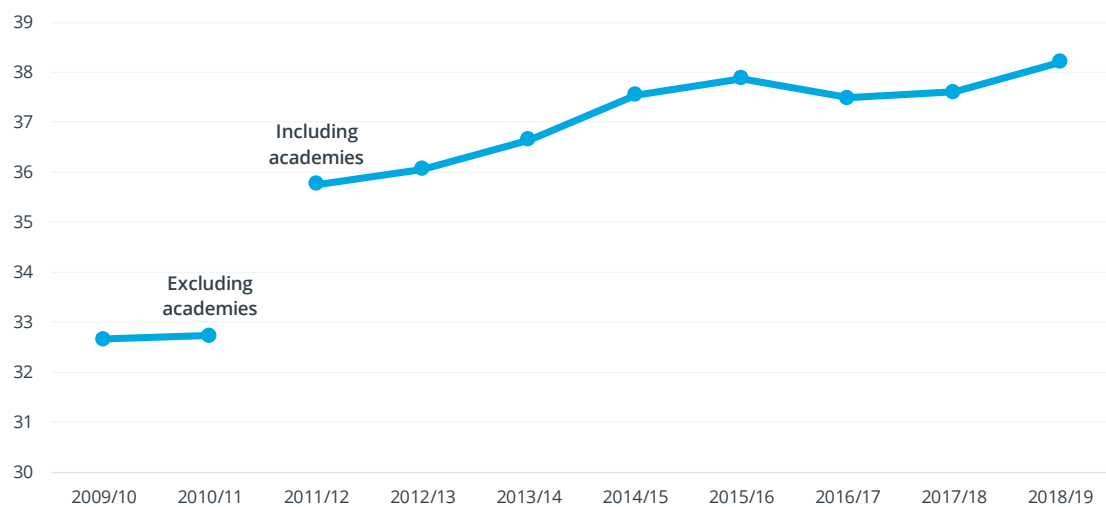
This chapter focuses on pupils aged 5–15 in mainstream academies and maintained schools. All references to schools refer only to pupils of this age in these schools, unless stated otherwise.**

* These figures do not include pupils in state special schools (116,013), pupil referral units (16,065) or independent schools (522,035). They also do not include 16–18 education, including school sixth forms.

** We focus on pupils in mainstream schools because funding for special schools and pupil referral units is "driven more by the needs of individual pupils" and spending on 16–18 education followed a different trend to spending on pupils aged 5–15; principally, there have been bigger per-pupil spending cuts. See Belfield C and Sibietta L, *Long-Run Trends in School Spending in England*, Institute for Fiscal Studies, 2016, p. 13.

Schools' spending has risen by 7.2% in real terms since 2011/12

Figure 8.1 Spending by schools (£bn, 2018/19 prices)



Source: Brittan J, Farquharson C and Sibieta, L, *2019 Annual Report on Education Spending in England: Schools*, Institute for Fiscal Studies, August 2019.

Funding for schools is a complicated area. It includes a number of streams – local authority funding, the pupil premium, capital spending – and, in the case of academies, there is a shortfall of good data. This makes it hard to calculate changes.

In 2018/19, day-to-day school spending (all spending excluding capital spending such as building new schools) in England was £38.3 billion (bn). Average school spending per pupil increased by 1.1% between 2011/12 and 2015/16. However, there was a disparity between spending in primary and secondary schools. On average, primary spending per pupil increased by 7.2% in real terms between 2011/12 and 2015/16, while secondary spending per pupil fell by 2.9%. After 2015/16, the growth in pupil numbers outpaced spending growth, and average per-pupil spending fell by 4.1% in real terms in both primary and secondary schools.

The government does not know exactly how much school spending initially rose, because the Department for Education (DfE) does not hold good-quality data on academy school spending before 2011/12. This gap means that our 2009/10 and 2010/11 numbers underestimate school spending – and therefore overstate the overall increase in spending that has occurred since 2010/11.*

Between 2011/12 and 2017/18 – the years for which consistent data is available – school spending rose by 4% in real terms, but is difficult to calculate. The UK Statistics Authority has recommended that the DfE publish regular official statistics on school funding,³ though it has not committed to doing so.⁴

* There were 203 academy schools in 2010 (out of a total of 20,301 state-funded primary and secondary schools) so the difference between spending by non-academy schools in 2009/10 and 2010/11 (shown in Figure 8.1) and spending by all schools will not be vast.

Since 2011, a fraction of school spending described above has come from the pupil premium grant, which is paid to schools based on the number of children that attend who: receive free school meals; are looked after by the local authority; or have, or had, a parent in the armed forces.⁵

This money (which totalled £2.4bn, or 5.6% of schools funding,^{*} in 2018/19) is intended to improve disadvantaged children's attainment. It continues a longer trend of targeting spending towards schools where pupils have greater levels of disadvantage, which was particularly notable during the 2000s. The introduction of the pupil premium funding compensated for real-terms cuts to other school grants under the coalition government.⁶

Schools must account for how they have used this funding to improve educational outcomes for disadvantaged pupils. They have to publish pupil premium statements online explaining how they spent the money⁷ – although there is no hard ringfence on the pupil premium grant.

While some of the grant has been spent on specific interventions to help disadvantaged students, such as hiring dedicated teaching assistants, some schools have used it for other purposes. A 2019 survey of teachers conducted by the National Foundation for Educational Research (NFER) found that 27% of secondary school leaders used the pupil premium funding to “plug gaps elsewhere in the budget”.⁸

Our school spending figures include the pupil premium grant, but exclude some wider spending on schools such as spending on school sixth forms and local authority spending on services for schools. Taking these into account, the Institute for Fiscal Studies (IFS) estimates that total spending on schools fell by 8% between 2009/10 and 2018/19, primarily due to cuts to local authority services for schools.⁹

Such local authority spending, which includes sessions with educational psychologists and transport, fell by 57% in real terms per pupil across this period.¹⁰ Spending cuts may have resulted in new financial pressures for schools, as they may now pay for some services out of their own budgets that were previously provided for them (or they may no longer provide these services). This may have increased pressures on schools – although we cannot assess how deep or widespread these are.^{**}

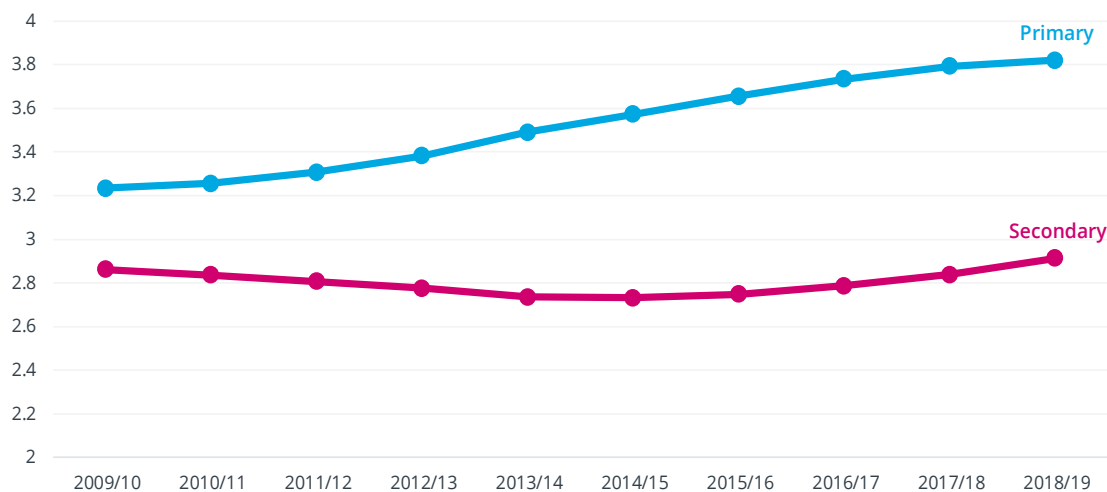
Spending on school sixth forms also fell, by 30% per pupil.¹¹ However, we exclude this from our analysis because our focus is on pupils aged 5–15; but it will have had an impact within secondary schools because resources such as staff and buildings are often shared across age groups. In 2018/19, the government spent £2bn on school sixth forms,¹² compared to £38.3bn on primary and secondary schools.

* 5.6% of the combined total of the schools block grant, central school services block grant, high-needs block grant, teachers' pay grant and pupil premium funding. See Education and Skills Funding Agency, *Dedicated schools grant (DSG): 2018 to 2019, 2019*; Education and Skills Funding Agency, *Teachers' Pay Grant: September 2018 to March 2019 allocations, 2019*; Education and Skills Funding Agency, *Pupil Premium: Allocations and conditions of grant 2018 to 2019, 2019*.

** Some of the spending cut reflects maintained schools converting to academies. Academies receive funding from the DfE to cover the cost of services that would have previously been provided centrally by their local authority. See Belfield C, Sibieta L, *Long-Run Trends in School Spending in England*, Institute for Fiscal Studies, 2016, pp. 11, 18.

Growth in primary pupil numbers is feeding through into secondary schools

Figure 8.2 Pupil numbers in primary and secondary schools (ages 5–15, millions)



Sources: DfE, 'National Pupil Projections', Table 2; DfE, 'Schools, pupils, and their characteristics: January 2019', Table 3.

The numbers of primary and secondary school pupils have been rising for 10 and four years respectively – but the headline figure should be treated with some caution.

There are now 10.5% more pupils in mainstream state primary and secondary schools than there were in 2009/10. Most of that increase has been in primary schools – there were 18.1% more primary school pupils in 2018/19 than in 2009/10. But the number of secondary school pupils has also been growing since 2014/15** and, at 2.9m, is 3.8% higher than in 2009/10. These figures on pupil numbers may, however, understate the increase in demands placed on schools.

One reason for this is that the share of pupils who receive additional support for special educational needs (SEN) has recently increased. Between 2009/10 and 2016/17, the share of pupils with an SEN statement or Education, Health and Care (EHC) plan – which entails schools, councils and clinical commissioning groups providing additional support¹³ – held steady at 2.8%. But this figure rose over the last two years to 3.1%. In January 2019, 271,165 pupils had an SEN statement or EHC plan, almost 30,000 more than in January 2017.¹⁴

But we should be cautious in interpreting these figures because there is a relationship between SEN statements and EHC plans, the amount of support children receive in school and the funding that schools receive. There are, therefore, a range of conflicting incentives on parents, schools and local authorities to have children classified in this way.

* The DfE did not publish a full statistical release for the National Pupil Projections in 2019. We instead use pupil numbers from the 'Schools, pupils and their characteristics' database in January 2019.

** These numbers do not include over-16s in school sixth forms – as their funding is dealt with separately. Primary figures include secondary school-age children in primary school; secondary figures include 5–10-year-olds in secondary school.

Parents have an incentive to push for their children to have statements or plans because of the entitlement to resources that entails.¹⁵ As schools' core budgets have been squeezed, the attraction for parents of ensuring their child benefits from these additional resources has increased. A 2018/19 Education Select Committee inquiry found that parents "do not get much help until they get an EHC plan, which basically means that the lower level of SEN support is not working for a lot of children".¹⁶

The share of pupils receiving lower-level SEN support (without a SEN statement or EHC plan) fell from 21.1% in January 2010 to 14.9% in January 2019,¹⁷ which may also have strengthened parents' incentives to push for a SEN statement or EHC plan.

The reverse of this is that local authorities are incentivised to slow down or not award plans to avoid the requirement to provide schools with additional funding for pupils who need more than £6,000 of support a year.¹⁸ The first port of call for these funds is local authorities' high-needs block grant. If that is exhausted, local authorities can in principle transfer up to 0.5% of their schools block grant to top up the high-needs block grant. In practice, however, the government has given some local authorities permission to transfer more than this.*

This lets local authorities channel more money to schools with disproportionately large numbers of SEN pupils by cutting funding for other schools where they have the agreement of their local schools forum – a statutory group of local education providers who decide how to allocate local authority school budgets.¹⁹

As a result of these diverging incentives, parents and guardians have registered more appeals against local authority decisions with the Special Educational Needs and Disability Tribunal. In 2018/19, the tribunal received 6,374 cases, up from 3,397 in 2009/10. The number of cases rose particularly sharply after 2015/16.^{20,**} The percentage of cases where the tribunal ruled in favour of the appellant – that is, the parent or guardian – rose slightly from 86.3% (2014/15) to 88.6% (2017/18),²¹ suggesting that the recent rise has not been due to an increase in weaker cases.

The incentives that schools face are unclear. On the one hand, they are responsible for funding the first £6,000 of additional provision out of their 'notional SEN budgets'.²² They face additional financial pressure if more of their pupils require support up to this level, discouraging them from accepting pupils with additional needs.²³ On the other hand, any support required above £6,000 a year will be met by the local authority from the high-needs block grant, meaning they will receive additional funding, which schools may be able to use for the benefit of more than just the pupil in question.

* In 2019/20, the government allowed 22 councils to move more than 0.5% of their schools' block grant to the high-needs block. See Gibb N, 'Schools: Finance: Written question – 228138', [Parliament.UK](https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-03-04/228138), March 2019, www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-03-04/228138

** This partly reflects the expansion of eligibility for SEND (special educational needs and disability) resources under the 2014 Children and Families Act. The rate of appeal – how many decisions are appealed as a percentage of all decisions issued – remained constant between 2014 and 2018, the only years for which we have data, at 1.6%. See Ministry of Justice, 'SEND Tribunal tables: statistics on the appeal rate to the SEND Tribunal', 2019.

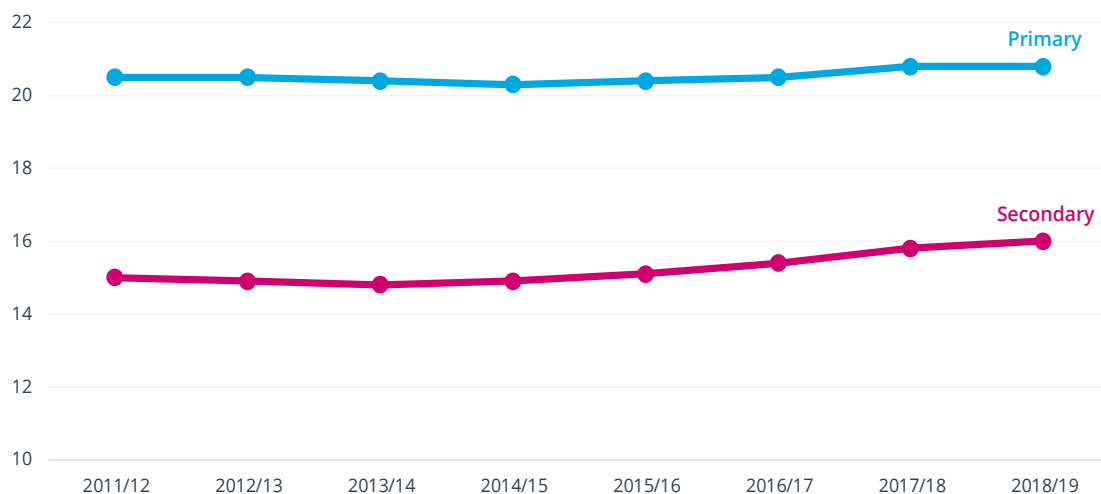
Whether or not the share of pupils who need additional support is increasing, the rise in children receiving statements or plans represents an additional financial pressure that schools and local authorities have borne.

Growth in teacher numbers has not matched growth in pupil numbers

More so than other public services, schools' main expense is staff. Three quarters of school spending pays for staff costs;^{24,*} most of that goes on teaching staff. Approximately 65% of total school spending goes on teachers, supply teachers and teaching assistants. This is true for both primary and secondary schools, as well as academies and maintained schools, although primary schools spend a slightly larger share of their budget on teaching assistants.

Trends in teacher numbers since 2011/12, the earliest year for which there is comparable data for maintained schools and academies, have differed in primary and secondary schools.

Figure 8.3 Pupil–teacher ratios in primary and secondary schools



Source: DfE, 'Schools workforce census', Table 17a.

The number of primary school teachers rose broadly in line with pupil numbers until 2016/17 and is now 13.1% higher than in 2010/11.²⁵ This increase levelled off after 2016/17, while pupil numbers continued to rise, which caused the pupil–teacher ratio in primary schools to rise very slightly to 20.8 in 2018/19, up from 20.5 in 2011/12 (the earliest year for which comparable data is available).

* For the latest years for which we have data, maintained schools (2017/18) spent 75% of their budgets on staff while academies (2015/16) spent 71%. These should not be taken as equivalent because academies and maintained schools submit data organised into different categories.

The number of secondary school teachers has fallen; this fell at roughly the same rate as that of pupils between 2010/11 and 2014/15,²⁶ keeping the pupil–teacher ratio steady at around 15:1. But since 2014/15, pupil numbers have risen, while teacher numbers have continued to fall. This has resulted in a greater pupil–teacher ratio in secondary schools; there were 16 pupils to every teacher in 2018/19.

On average, teachers are working similar hours now to 2010. According to the Office for National Statistics' UK Labour Force Survey – the longest methodologically consistent time-series of teacher working hours – primary school teachers, on average, are working slightly more hours than they did in 2010, and secondary school teachers slightly fewer.²⁷ Overall, teacher working hours have remained broadly stable between 46 and 48 hours per week over the last 20 years.²⁸

A separate OECD Teaching and Learning International Survey has shown that secondary school teachers reported working similar hours between 2013 and 2018. On average, full-time secondary school teachers reported working 49.3 hours a week during term time in 2018, a slight increase from 48.2 hours in 2013, with the largest rise in time spent providing pupil guidance or discipline.²⁹

Teachers are not the only staff that work in schools. There has been a rapid increase in the number of teaching assistants employed in primary schools (up 29% since 2011/12), though this is mirrored by a steep decrease in the numbers in secondary schools (down 13% in the same period),³⁰ reflecting the different funding trends in primary and secondary schools.³¹

That means an overall 7% rise in teaching staff – teachers and teaching assistants – from 2011/12, though the total number peaked in 2016/17 and has been falling ever since.

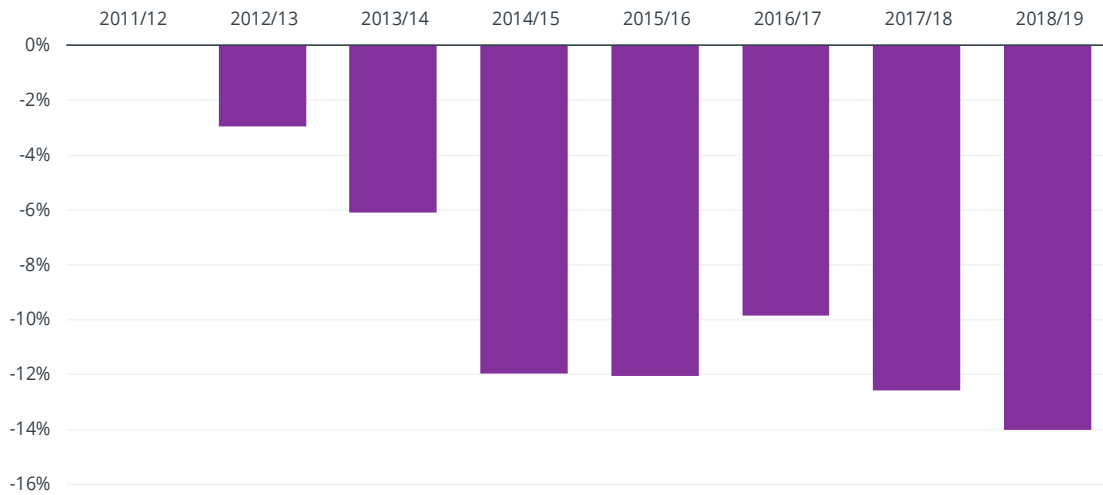
Schools are finding it harder to recruit and retain staff

There are growing problems in both the training and retaining of teachers – especially in secondary schools – that are storing up problems for schools across the country. These are not, however, easily identifiable.

On the surface, there are few workforce problems in schools: staff vacancy rates are low and have not changed much since 2009/10. In 2018/19, there were only 371 recorded vacancies in primary and nursery schools, and 1,222 temporarily filled posts – just 0.6% of teachers. Though the vacancy rate in secondary schools has more than doubled since 2010/11, it remains at only 1%.^{32*} But the vacancy rate fails to capture growing problems in training and retaining teachers.

* The published figures are taken from a snapshot in November and as such may underestimate underlying vacancies. Contributors to a 2017 Education Select Committee inquiry into the school workforce reported that, by the time this snapshot is taken in November, headteachers may have found alternative ways to plug gaps, such as covering lessons with non-subject specialist teachers. See Education Select Committee, *Inquiry: Recruitment and retention of teachers*, 2017, <https://publications.parliament.uk/pa/cm201617/cmselect/cmeduc/199/19902.htm>

Figure 8.4 Recruitment to postgraduate initial teacher training relative to subject targets



Source: DfE, 'Initial Teacher Training – trainee number census', Table 1c.

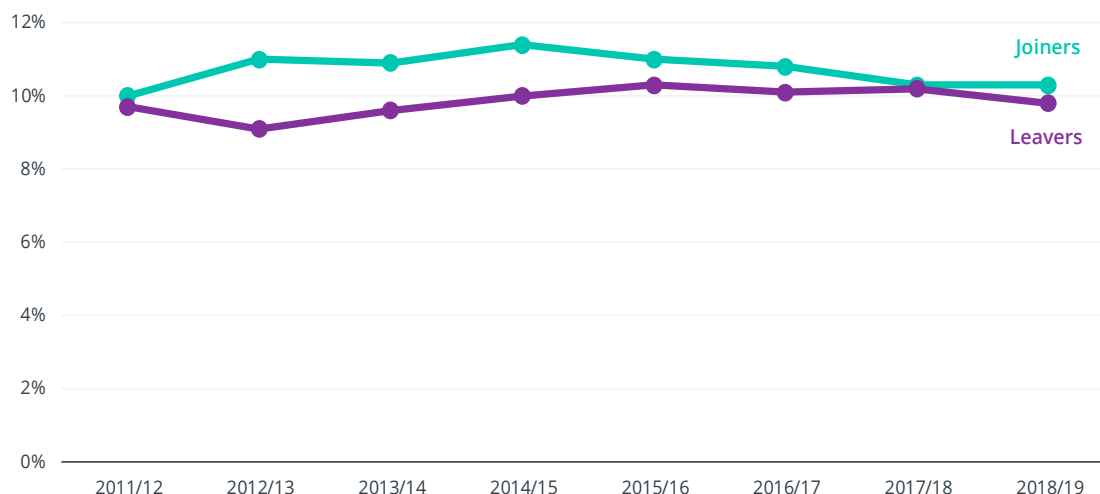
The number of people training for a teaching qualification each year fell from 39,010 in 2009/10 to 32,248 in 2016/17, before rising slightly to 34,420 in 2018/19. The government has missed its recruitment targets every year since 2011/12, when consistent data became available. Last year, 14% of target places for trainee teachers were unfilled* – the biggest shortfall since 2011/12.

As was the case in 2017/18, primary schools met their recruitment target and there was only a shortfall in secondary school trainees in 2018/19.** Only four secondary subjects met their recruitment targets in 2018/19: biology, English, history and PE. In contrast, design and technology fell 75% short of its target (872 trainees); physics fell 53% short (644 trainees); and computing fell 27% short (193 trainees).

* In 2018/19, the DfE recorded that the number of trainee teachers recruited was 9% (2,971) short of the target. That figure, however, allows for over-recruitment in some subjects to make up for under-recruitment in others. Comparing trainee numbers to subject targets, 4,465 targeted trainee places were not filled last year – meaning the government was 14% short of targets.

** In 2018/19, primary school trainees were over-recruited by 423, although the primary target was missed between 2011/12 and 2014/15, and in 2016/17.

Figure 8.5 Teacher entry and leaving rates



Note: Figures as of year to November 2011 – year to November 2018.

Source: DfE, 'Schools workforce census', Table 7b.

Teachers continue to leave the profession at comparable rates to 2011. The equivalent of 9.8% of the workforce (42,073 teachers) left between November 2017 and November 2018, a slight increase on 9.7% in the year up to November 2011. The number of joiners fell each year after 2014, contributing to a narrowing gap between entrants and leavers. Following the decrease in leavers last year, this gap widened again. The small number of net joiners has not been enough to keep up with the growth in pupil numbers.

There are also signs that school working conditions may be driving teachers to leave before retirement age.³³ The proportion of leaving teachers who went out of service (that is, who left the teaching profession but did not retire) rose from 60% to 85% between 2011 and 2018.

The retention rate among the newest teachers has also been falling. Each cohort of newly qualified teachers* since 2010 has seen a larger share of teachers leave within three years than the one before. Of those teachers who entered the profession in 2015/16, 27% left within three years, compared with 22% of those who entered in 2010/11.³⁴

As a result of difficulties recruiting and retaining enough permanent staff, schools have turned to supply teachers to plug gaps. School spending on supply staff rose faster than overall staff spending between 2012/13 and 2016/17,³⁵ the only years for which we have consistent data for both academies and maintained schools. School spending on supply teaching staff increased by 10.6% in real terms, from £1.17bn to £1.24bn (in 2018/19 prices), between 2012/13 and 2016/17.

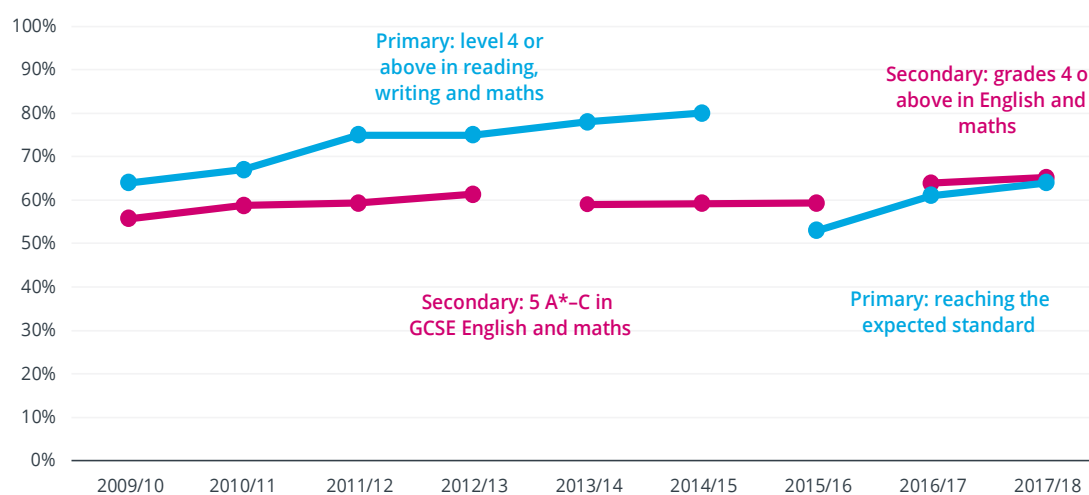
* Teachers who gained their qualified teacher status, took on a teaching post the same year and were still in that post in November.

Schools are spending a large part of this with supply agencies, rather than using cover supervisors or former teachers,³⁶ implying that they are increasingly reliant on agency staff to plug recruitment gaps.³⁷ Almost two thirds (64.6%) of school spending on supply teachers was spent on agency staff in 2015/16, up from 52.5% in 2011/12.³⁸ In interviews with supply agencies and schools, the National Institute for Economic and Social Research found that schools were increasingly using agency staff to fill long-term placements and cover positions they had been unable to recruit to, rather than for short-term assignments.³⁹

Exam results have been improving, and schools have been doing more

The headline figure on which schools are judged is, more often than not, exam results. And school attainment has at least been maintained and may even have improved since 2010. This is one of the most easily comparable ways we have to measure the quality of schools.* Although these results do not capture everything that schools do, primary and secondary pupils must sit national, standardised assessments at the end of both school stages. In years where grading criteria remained consistent, pupil attainment rose, particularly in primary schools.

Figure 8.6 Pupil attainment at the end of primary school (key stage 2) and secondary school (key stage 4)



Source: DfE, 'GCSE and equivalent results in England' and 'National curriculum assessments at key stage 2', Tables 1a and N1a.

Across all periods for which we have consistent data, the proportion of children achieving the national expected standard in reading, writing and maths at the end of primary school^{**} has been rising – though this may be as much due to teachers getting used to the new curriculum and assessments as a fundamental rise in attainment. The share of pupils achieving level 4 or above in reading, writing and maths rose from 64% in 2009/10 to 80% in 2014/15. Between 2016/17 and 2017/18, the percentage of pupils reaching the expected standard rose from 63.9% to 65.2%.^{***}

* As a measure of school quality, attainment is inferior to contextual metrics that identify the *progress* pupils have made, as it does not account for differences between different cohorts of students. The government has recently introduced a progress metric for Key Stage 4 – 'Progress 8' – but this is a relative metric, so cannot be used to judge overall change over time.

** At the end of Key Stage 2.

*** 2017/18 attainment is not fully comparable to 2016/17 due to changes in the teacher assessment frameworks for the written component of these tests.

Secondary school pupil attainment has been on a similar trend, but has not risen as quickly. Between 2009/10 and 2012/13, the proportion of pupils achieving grades A* to C in English and maths GCSE rose from 56% to 61%, and then remained at 59% between 2013/14 and 2015/16. The proportion of pupils gaining a 'pass' of 4 or above in English and Maths – roughly equivalent to A* to C⁴⁰ under the new system – rose slightly between 2016/17 and 2017/18, from 61% to 64%.

Changes to exam criteria and which subjects count in performance table measures make it difficult to judge how pupil attainment has changed across the whole period. Before 2013/14, re-sit grades were included in the secondary school figures; since then, only the grades from the first time each exam was taken have been counted. Further, recent changes to assessment in primary schools (in 2015/16) and secondary schools (starting in 2016/17) introduced totally new grading schemes.

The OECD provides an additional method for assessing trends in attainment through its Programme for International Student Assessment (PISA) scores – a standardised international test of pupil attainment conducted every three years. In contrast to the school assessment results outlined above, these show no major changes: between 2009 and 2015, the mean average science scores for England fell from 515 to 512; maths remained at 493; and reading rose from 495 to 500.*

But teaching children is not the only thing schools do. Schools also undertake other activities – from providing extra-curricular activities to meeting parents, visiting pupils' homes and contacting and co-ordinating with other agencies involved in serving children. Since September 2013, state-funded schools have also had a statutory duty to provide careers advice,⁴¹ leading to an unavoidable increase in staff workloads. The amount of time teaching staff spend on these other activities has probably increased, although the impact is hard to quantify.

Teachers now refer more pupils to children's social care, which could suggest they are spending more time supporting vulnerable pupils. The number of referrals rose by 39% between 2013/14 and 2017/18, the only years for which we have consistent data (see Chapter 5, Children's Social Care).

In addition to these permanent changes, teachers have also faced numerous one-off demands that have required them to adapt working practices, notably:

- the new national curriculum introduced in September 2014⁴²
- new GCSE specifications introduced in 2015.⁴³

Aside from attainment, the other main measure for the quality of schools is Ofsted inspection results, which appear to be improving. Between August 2010 and March 2018, the proportion of schools rated Outstanding or Good at their last inspection rose from 64% to 76% in secondaries, and from 67% to 87% in primaries.⁴⁴

* The different trends in attainment and PISA results are not necessarily inconsistent because the former measures the percentage of children above or below a certain threshold while the latter measures mean average attainment.

But Ofsted ratings are less useful for measuring changes in the quality of schools.* In 2012, the grading scale for primary schools was updated, with the category previously described as Satisfactory being replaced by Requires Improvement.⁴⁵ There is some evidence that this has made inspectors less likely to rate primary schools in this category – rating them instead as Good.⁴⁶

Furthermore, since 2012, Ofsted has changed the way it inspects schools – it now re-inspects schools with lower ratings more frequently and does not routinely re-inspect Outstanding schools.⁴⁷ This means that, at least initially, the share of Good or Outstanding schools is likely to increase because the lowest-ranked schools are being inspected more often and so have less scope to fall down the grading scale.

Have schools become more efficient – and if so, can that be maintained?

Since 2010, schools have made savings on both teachers' pay and – to a limited extent – the cost of goods and services they buy.

Teachers have been asked to do more, while being paid less in real terms. But this does not look sustainable – a fact that the government seems to have acknowledged in its announcement of substantial real-terms increases in per-pupil funding over the next three years. As noted, schools face growing recruitment and retention problems, with the government consistently missing recruitment targets for teacher trainees.

Schools were not, initially, under the same pressure as some other services covered in this report – up to 2015/16, schools spending rose in line with pupil numbers. Nonetheless, schools cut their costs over that period by holding down staff pay, which now makes up three quarters of schools spending. The public sector pay cap, by limiting the growth of spending on staff in schools, was the largest single saving schools made; teacher pay was frozen in 2011/12 and 2012/13 and pay awards were limited to below-inflation increases until July 2018.⁴⁸

The cap helped constrain pay growth, although other new costs added to schools' pay bills. In particular, in 2015/16 employer (i.e. schools') contributions to the teachers' pension scheme rose from 14.1% of salary to 16.4%,⁴⁹ rising again, to 23.6%, in September 2019.^{50,**}

The education think tank the NFER estimates that, on average, real-terms teacher annual pay fell by 12% between 2009/10 and 2015/16.^{***} As a result, teacher pay has moved out of step with comparable private sector occupations. By 2017/18, the average earnings of a 21–30-year-old teacher (outside London) were 12% lower than

* There is some evidence that cuts to Ofsted's budget led to reductions in how often it met its statutory school re-inspection targets. See Brackwell L, Acton C, O'Riordan A, Parrett M, Taylor A, Cockburn I, Hughes C, Pein N, Thorius A, Turner M, *Ofsted's Inspection of Schools*, National Audit Office, 2018, pp. 7–8.

** The Department has funded the higher school contribution rate for 2019/20. See Department for Education, 'Teachers' Pension Scheme protected to ensure it remains among most lucrative', 2018, www.gov.uk/government/news/teachers-pension-scheme-protected-to-ensure-it-remains-among-most-lucrative?utm_source=48af9fcf-2b9f-47db-8d5b-43f86366f6f8&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

*** This does not account for changes in the composition (age and experience) of teachers. See Hillary J, Andrade J, Worth J, *Teacher Retention and Turnover Research Update 4: How do teachers compare to nurses and police officers?*, National Foundation for Educational Research, 2018, p. 7.

those of people of the same age working in professional private-sector employment (also outside London), compared to just 2% lower in 2011/12.⁵¹

Beyond the pay cap, there is limited evidence that schools have made savings on the other goods and services they buy. Real-terms per-pupil spending on some goods and services fell notably between 2009/10 and 2016/17, including ICT learning resources (15.5%), energy (15.2%) and non-ICT learning resources (7.6%).⁵²

But it is not possible to disentangle whether this is because schools bought goods and services more cheaply or just reduced how much they bought. Buying fewer of some goods and services may be efficient – for example, energy – but buying fewer learning resources represents a real reduction in inputs that may end up reducing school attainment.⁵³

Schools did not achieve the DfE's aim to save £1bn on back-office and procurement spending between 2010 and 2015.⁵⁴ The department introduced its School Financial Health and Efficiency programme in January 2016 with guidance and tools – expanded in 2018⁵⁵ – to help schools make savings, but there are few signs this has led to major savings. DfE surveys suggest that more teachers are using these resources – a 2018 survey of teachers found that 18% and 68% used the department's efficiency metric and benchmarking data respectively,⁵⁶ up from 3% and 23% in 2017⁵⁷ – but this has yet to show up in school spending figures.

In 2017/18, the department piloted the introduction of school resource management advisers (specialist financial advisers employed to help schools find efficiencies), which it claims identified £35m of savings and 'revenue generation' opportunities. But the breakdown between savings and revenue generation – and how far these are genuine efficiencies, i.e. cost reductions that will not reduce the quantity or quality of school output – is not clear.

The biggest single change since 2010 that could have affected school efficiency was the expansion of academies under the then education secretary, Michael Gove. This policy was not solely intended to increase school efficiency, but the white paper that laid the ground for academies' expansion stated that one goal was to "create a system in which schools are better able to raise standards".⁵⁸

However, the evidence on whether academies improved pupil attainment and school quality faster than comparable maintained schools is inconclusive,⁵⁹ suggesting expanding academisation had a limited impact. There is some evidence that 'sponsored' academies (poorly performing secondaries that were taken over and run by sponsors as academies under Labour) improved performance slightly faster than similar maintained schools.⁶⁰ But it is not clear whether this will hold true for 'convertor' academies (already high-performing schools that became academies), which formed most of the expansion after 2010.

There may be scope for further efficiencies in non-staff spending,⁶¹ but this only accounts for a quarter of overall school spending. As such, buying goods and services for less will have a smaller impact on overall spending than savings on staff spending.

The DfE estimates, for example, that its new free service to advertise teacher vacancies could save £75m a year in recruitment costs⁶² if all schools recruit only through the website – but that equates to just 0.2% of school spending in 2017/18.

Schools have mainly met financial pressures by making staff work more productively. Both primary and secondary schools have become more productive, but the biggest improvements have been in secondary schools. Both pupil–teacher ratios and average class sizes rose notably in secondary schools;⁶³ the average secondary school teacher is now teaching one more pupil than in 2009/10.

The number of secondary school teaching assistants also fell substantially, by 13.1% between 2011/12 and 2018/19,⁶⁴ while teachers have also taken on a greater role in other areas such as careers advice and pastoral care. Trends in pupil attainment suggest that this increased workload on teachers has not yet affected the quality of teaching in schools.

Schools are facing growing problems recruiting and retaining teachers. As a result, the government announced pay increases* for teachers in July last year. Analysis from the Gatsby Foundation and Education Policy Institute (EPI) suggests that further financial incentives could help retain teachers in shortage subjects,⁶⁵ such as maths and physics (for which the DfE began testing retention payments in May 2019⁶⁶) – as these are subjects for which teachers' qualifications allow them to command higher salaries elsewhere.⁶⁷

But increasing pay may not be enough on its own. There is some evidence that pay is not the sole cause of – or solution to – schools' recruitment and retention problems. For most subjects, teacher surveys suggest that working conditions and flexibility are the biggest barriers.

A National Audit Office (NAO) survey of school leaders found that workload was most often considered the key barrier to retaining teachers (it was mentioned by 67% of respondents).⁶⁸ The NFER found that people leaving teaching took an average 10% pay cut⁶⁹ – and that 79% of teachers were satisfied with their pay.⁷⁰ Of those who left teaching, there was a 20% increase in part-time working,⁷¹ suggesting that more teachers would like to work part-time⁷² but that schools struggle to accommodate this.

There is, however, some evidence that schools can under some circumstances accommodate requests for part-time working: of those who return to teaching, just over 60% work full-time, compared to over 90% of the rest of the teaching workforce.⁷³

Taken together, the available evidence suggests that schools will need to change working practices in order to mitigate recruitment and retention problems. The DfE introduced a teacher recruitment and retention strategy to address some of these problems – such as creating a new job-share website to help teachers find job-share partners – in January 2019.⁷⁴ But it is too early to judge whether this strategy will improve teacher retention.

* In 2018/19, teachers on the lower pay bands (around 40%) received a 3.5% increase, with smaller increases of between 1.5% and 2% for more senior colleagues.

Despite the department's previous efforts to reduce workload, secondary school teachers reported working slightly longer hours in 2018 than in 2013. If the strategy is successful, we would expect teachers to report working fewer hours in the next OECD survey in 2021 – and for retention rates to duly increase in the next few years.

Have these efficiencies been enough to meet demand?

Unlike the other public services covered in this report, schools cannot ration the provision of their main service, which is providing children with access to lessons during the school term,^{*} as every child has a statutory right to a place at school and the teaching that entails.^{**} Without legislative change or a significant rise in independent education,^{***} the number of pupils taught by state schools will always rise in line with the number of school-age children.

There is, however, some evidence that schools have reduced the scope of school education by narrowing the curriculum. A 2018 survey of school governors and trustees carried out by the National Governors' Association and the *Times Educational Supplement* found that around 5% of primaries had reduced the number of qualifications they offered and 10% had reduced the number of subjects on offer, rising to over 40% and 50% respectively in secondary schools.^{****,75}

However, it is not possible with the available data to disentangle whether this reduction in subjects is due to financial pressure or other changes that have occurred at the same time to school accountability and performance table measures.

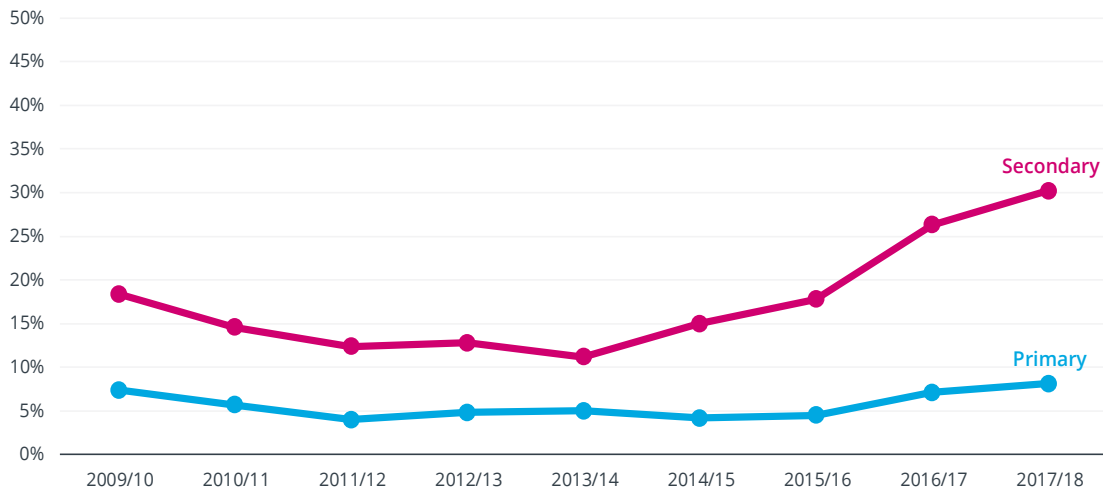
* A 2018 survey of school governors and trustees found that reducing school opening hours was the least common response to financial constraints, with fewer than 3% of school governor respondents reporting that their school had reduced hours. See Holland F, *School Governance in 2018: An annual survey by the National Governance Association in partnership with TES*, National Governance Association, 2018, p. 30.

** The NHS constitution sets out similar targets for GPs and hospitals, but demand is less predictable so it provides a minimum 'floor' of services rather than a set standard. See Department of Health and Social Care, *The NHS Constitution for England, 2015*, www.gov.uk/government/publications/the-nhs-constitution-for-england

*** The number of children in independent schools has risen slower than overall pupil numbers, at only 1.1% since 2009/10. See Department for Education, 'Schools, Pupils and their Characteristics', 2019, www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2019

**** The accuracy of this is doubtful, however, because it was a self-selecting sample of volunteers, who may not be representative of school governors and trustees. See Holland F, *School Governance in 2018: An annual survey by the National Governance Association in partnership with TES*, National Governance Association, 2018, p. 4.

Figure 8.7 Percentage of maintained schools with a cumulative deficit



Source: DfE, 'LA [local authority] and school expenditure: 2017 to 2018 financial year', Table 5.

Rising cumulative deficits in schools (when a school has a negative balance on its revenue account*) are the clearest evidence that they have not been able to improve their efficiency enough. Schools appear to have had to spend consistently more than they received to provide services.

The average cumulative deficit among maintained secondary schools rose from £192,000 in 2009/10 to £484,000 in 2017/18.⁷⁶ This increase was driven by an increase in the number of schools with a deficit, rather than a few schools with growing cumulative deficits. The percentage of maintained secondary schools with a cumulative deficit rose from 18% in 2009/10 to 30% in 2017/18.⁷⁷

It is difficult to compare trends in academies because the DfE does not publish data on individual academies' cumulative deficits over time.⁷⁸ The NAO calculated that cumulative deficits in single academy schools are lower on average than in maintained schools, though they rose in a similar way between 2011/12 and 2014/15. The proportion of secondary single academy schools with a cumulative deficit increased from 3.2% to 6.1% over this period.⁷⁹

In 2017, the DfE began publishing figures for the proportion of academy trusts (charitable bodies that run one or more academy schools) that have cumulative deficits. However, this data counts trusts with multiple schools as equivalent to single academy trusts. The proportion of academy trusts with a cumulative deficit rose slightly from 5.5%⁸⁰ in 2015/16 to 6.4% in 2017/18.⁸¹

Cumulative deficits arise if schools consistently run in-year deficits – that is, if they spend more than they receive in a given year. In-year deficits are volatile, and some may be for planned spending such as capital projects, but the overall trend has been for the proportion of maintained schools that are spending more than they receive each year to increase. The EPI found that 48% of maintained primaries and 60% of

* This would normally be described as debt, although school cumulative deficits are not owed to any third parties.

maintained secondaries ran in-year deficits in 2017/18, compared with 33% and 30% respectively in 2010/11.⁸²

The proportion of primary and secondary academies with in-year deficits was slightly lower than among primary and secondary maintained schools in 2016/17,⁸³ the latest year for which we have data for both academies and maintained schools. The likelihood of an academy having an in-year deficit was generally lower the larger the size of the trust it belonged to.

The trend in the prevalence of in-year deficits among academies initially followed maintained schools – the NAO calculated that the proportion of secondary single academy trusts which spent more than their income rose from 38.8% to 60.6% between 2012/13 and 2014/15.⁸⁴ But since then the proportion of academies running in-year deficits has fallen. Comparing academies for which data is available in all years, the EPI found that the proportion of academies running in-year deficits fell slightly between 2014/15 and 2016/17, from 39% to 31% in primary academies, and from 58% to 51% in secondary academies.⁸⁵

The increasing prevalence of cumulative deficits, and in-year overspending in maintained schools, presents a challenge to the government. While variation in spending and educational outcomes implies there could be some efficiencies left to find in some schools, the way individual schools are using their budgets suggests the scope for savings is limited. Some may not have the skills to manage budgets more efficiently, or may be constrained from changing how they use staff by the size and structure of their buildings.

The DfE's theoretical estimates of the efficiencies possible have not been matched with a practical understanding of how, and at what pace, schools are able to make them.⁸⁶ The department must analyse whether and how individual schools could, in practice, reduce the inputs they use or reconfigure how they use them in order to save money without reducing the quality of teaching or pupils' educational outcomes.

Schools might be able to operate more efficiently by increasing class sizes, cutting the number of teaching assistants or reducing opening hours, but the government has not yet been explicit about how far it thinks these changes are either possible⁸⁷ – or politically acceptable.⁸⁸

How will demand for schools change?

Pupil numbers are predicted to rise – but not quicker than the promised increase in school funding. The new three-year settlement, set out by the Johnson government in September 2019, will result in school funding rising by 14.2% in real terms (10.3% per pupil in real terms) between 2018/19 and 2022/23.⁸⁹

If the government chose to hold per-pupil funding constant in real terms between 2022/23 and 2023/24, it would need to allocate schools a further real-terms budget increase in 2023/24, leaving total school spending in that year 14.5% higher in real terms than it was in 2018/19 (see Table 8.1).

The Institute for Fiscal Studies estimates that the increases promised up to 2022/23 would reverse almost all of the cuts to per-pupil spending that have occurred since 2009/10.⁹⁰ This funding boost is a substantial change in direction following the 4.1% real-terms cuts to per-pupil spending between 2015/16 and 2018/19.

The DfE estimates that there will be 4.4% more pupils in primary and secondary schools in England in 2023/24 than in 2018/19.* Schools will also face some unavoidable additional cost pressures over the next few years – such as the increase in their contribution to teachers’ pensions schemes, which rose in September 2019. But the size of the planned increase in spending means that schools should be able to use this money to improve performance and address growing workforce pressures as well.

Table 8.1 **Projected demand and spending for schools**

| Schools | | |
|--|------------------------------|-------------|
| Projected increase in demand by 2023/24 | 4.4% | |
| Spending scenario | Confirmed schools settlement | Meet demand |
| Change in real terms spending by 2023/24 | 14.5% | 4.4% |
| Spending in 2023/24 (2018/19 prices) | £42.3bn | £38.6bn |
| Projected gap (2018/19 prices) | -£3.7bn | – |

Source: Institute for Government calculations, see Chapter 13, Methodology.

The government has not specified exactly what it expects schools to achieve with the extra money they have been given, although it has said it will introduce more support for the “most challenging” schools⁹¹ and increase teacher starting salaries.⁹² It has also indicated that it will judge the impact of the extra money by looking at changes in the proportion of pupils receiving the expected standards at the end of Key Stage 2 (by the age of 11), the proportion of 16-year-olds who receive a grade 4 or above in Key Stage 4 English and maths exams, and the three-year teacher retention rate.⁹³

Setting clear goals for the additional money is a sensible approach to maximising the value of the spending boost, although a blanket increase in teacher starting salaries is unlikely to be good value for money, even if it does look like an attractive selling point.⁹⁴ Some subjects, for instance – such as history and PE, which have exceeded recruitment targets every year since 2011/12 – do not face immediate recruitment problems that require a salary boost to solve.

* See Chapter 13, Methodology

9. Police

When it comes to policing in England and Wales, there are a number of warning signs emerging. Victims are becoming less satisfied and fewer offences are resulting in charges. This is, perhaps, unsurprising given the fall in police spending, staff and officer numbers since 2009/10.

At the same time, complex crimes requiring more police resources – such as child exploitation and abuse – are on the rise. With reduced resources, the police have had to adapt to growing demand, and are increasingly prioritising responding to more violent or easier-to-solve crimes. They are also taking longer to investigate and charge crimes, but this could partly be due to the growth in the use of digital evidence.

This chapter examines the 43 territorial police forces operating in England and Wales. While the quality of these forces' work, as judged by the police inspectorate, has held up, there are clearly challenges ahead.

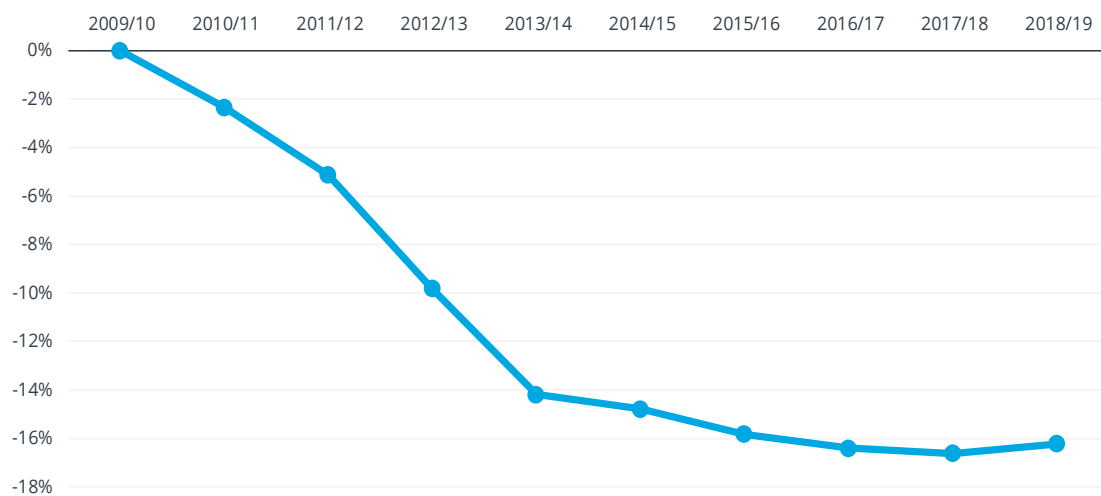
The prime minister recently pledged to increase the number of officers by 20,000 in the next three years, but recruiting and deploying them effectively will be difficult. Demand on the police is likely to increase in the next five years, although it is difficult to project with certainty. If government spending on the police continues on its current trajectory, it should be more than enough to meet demand – if it was to increase in line with population growth.

However, if crime rates continue to rise as quickly as they have in recent years, the government may need to spend an extra £3.5 billion on top of what is currently planned.

The police respond to crimes ranging from fraud to violent assault, while also conducting prevention work such as patrolling, gathering intelligence or collaborating with other agencies to protect the public from sexual offenders. But not all of the police's work relates directly to crime. Forces also deal with mental health incidents, traffic accidents or missing persons, and make referrals to local authorities' children's social care departments.

Spending has declined by 16% since 2009/10, and forces are becoming more reliant on revenue raised locally

Figure 9.1 Change in day-to-day spending on police services in England and Wales since 2010 (real terms)



Note: This chart represents the percentage change in gross expenditure over time, in 2018/19 prices.

Source: Ministry of Housing, Communities and Local Government, 'Local Authority Revenue Expenditure and Financing in England, individual local authority data - outturn: Revenue outturn central, protective and other services (RO6)'; StatsWales, 'Revenue outturn expenditure summary'.

The police in England and Wales have had to adjust to large cuts in funding from central government. Forces are making more use of reserve funding – money set aside for unforeseen spending – and have sold off capital assets, including police stations, to help meet demands. Neither is a sustainable source of funding. However, with a 16% drop in real-terms spending between 2009/10 and 2018/19, the police have had to look for alternative funding solutions.

In 2018/19, £13.3 billion (bn) was spent on the police in England and Wales (excluding capital spending). This was 16% less in real terms than in 2009/10, despite an uptick in the last year.

Funding from central government has decreased over time – central grants have fallen by 30% in real terms between 2010/11 and 2018/19¹ – and forces are increasingly relying on income raised through council tax bills, known as the 'police precept'.² In the years 2014/15 (the earliest for which data is readily available) to 2018/19, funding collected through council tax went up by 13% in real terms. Although the government announced a £970 million (m) uplift in police funding for 2019/20,³ the bulk of this will come from an increase in local funding, of up to £510m.^{*4,5}

* The remaining funding that makes up the £970m figure consists of central government grants for pension costs, counter-terrorism policing and programmes to tackle serious and organised crime.

The decline in central government funding has affected forces, most of which derive a large proportion of their income from central grants (although the average is 64%, this ranged from 81% for Northumbria Police to 43% for Surrey Police in 2018/19).⁶

In the face of spending cuts, the police have increasingly made use of their financial reserves – money set aside for unforeseen spending. In 2017/18, 88% of forces (38) were using reserves, compared with 14% (6) in 2011/12.^{*7,8} Forces held £1.4bn in resource reserves in March 2018⁹ (equivalent to 12% of annual spending for that year). This was the same cash amount they held in 2011, which equated to 11% of spending for that year.

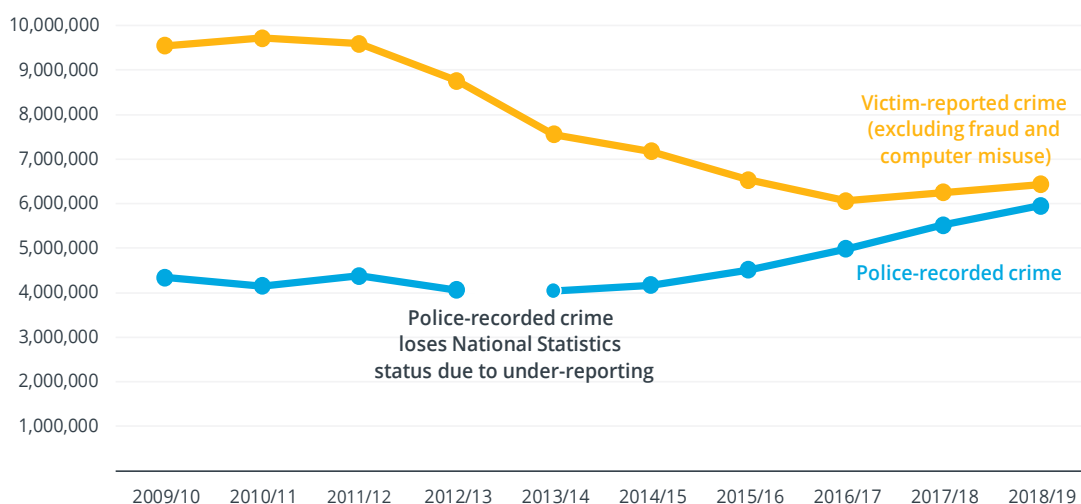
While reserves initially increased until March 2015, reaching a high of £2.1bn, they have fallen by 35% in real terms since.¹⁰ HM Inspector of Constabulary and Fire and Rescue Services (HMICFRS) warned last year that using reserves to shore up the way some forces operate “can only last until the money runs out”.¹¹

In addition to using reserves, since 2010 the police have also sold off capital assets, including police stations, to raise funds¹² – between 400 and 600 police stations were closed between 2010 and 2018.¹³ Police forces can keep receipts from these sales and use them to invest in capital projects or in day-to-day programmes that are expected to generate savings, for example by transforming services.¹⁴

Capital receipts increased from £81m to £264m between 2010/11 and 2016/17 – almost trebling in real terms¹⁵ – but are less sustainable than other sources of financing as they include one-off savings.

Demand on the police appears to be increasing

Figure 9.2 Number of victim-reported and police-recorded crimes



Source: Office for National Statistics, 'Crime in England and Wales: Appendix tables', Tables A1 and A4.

* The proportion of forces using reserves between 2011/12 and 2016/17 was calculated by the National Audit Office (NAO) in the report *Financial Sustainability of Police Forces in England And Wales 2018*. We have extended this analysis for 2017/18, by taking two consecutive years' worth of data and then dividing the number of forces whose resource reserves declined between the two years by the total number of police forces.

A lack of data combined with changing trends in crime and crime-related work makes it hard to measure demand on the police. While the overall picture is unclear, there is enough evidence to suggest that some crimes – including complex and serious crimes – are placing increasing demands on the police. In addition, along with responding to incidents of crime, police work also involves dealing with incidents that do not relate directly to crime, such as managing public safety and welfare, notably by working with vulnerable individuals.

There are two main approaches to measuring crime (Figure 9.2). The first is to look at how many crimes are recorded by the police,* and the other is to survey the general population to ask about their experiences of crime. Each of these approaches has different strengths and weaknesses and provides a different impression of how crime has changed over the past decade.

Having fallen by 7% between 2009/10 and 2013/14, the number of crimes recorded by the police has since risen to 6.0m in 2018/19, which is 37% higher than the 2009/10 figure of 4.3m.¹⁶ In principle, police-recorded crime provides the best available estimate of crimes that do not have a direct victim (for instance drug possession) and of less frequent, more severe offences such as incidents of knife crime and sexual offences.

Still, it is difficult to interpret trends over time in this data, because the police have improved the way they record crime. Additionally, victims of certain crimes (in particular sexual assaults) are increasingly willing to report them, partly due to reduced social stigma.¹⁷

This means that some of the rise in the number of incidents recorded by the police is likely due to greater police awareness of crimes that previously went unrecorded and unaddressed.

The second main measure of the prevalence of crime is the Crime Survey for England and Wales (CSEW), which asks a representative sample of people what crimes have been committed against them in the last year. Compared with police-recorded crime, the CSEW is seen as a more reliable measure of less serious offences such as theft or fraud, and those that do not cause serious physical harm, some of which may not be reported to the police.^{18,19}

The number of crimes reported by the CSEW fell by 37% between 2009/10 and 2016/17, in line with the fall in reported crimes since the mid-1990s.^{20,21} However, having reached a low of 6.1m incidents in 2016/17, numbers rose by 6% to 6.4m in 2018/19.** These figures exclude fraud and computer misuse offences, which have only been fully included in the survey since 2016/17 but accounted for 43% of all reported crimes in 2018/19.²²

* Police-recorded crime covers: theft; violence; criminal damage and arson; public order offences; sexual offences; drug offences; and the possession of weapons. In 2014, HMICFRS and the Public Administration Select Committee (PASC) found compelling evidence that the police were under-recording crimes, which affected the reported decrease in crime. As a response, the UK Statistics Authority stripped police-recorded crime of its National Statistics status and HMICFRS has been inspecting police forces' crime-recording practices since then.

** Because the CSEW does not survey the entire population, statistical uncertainty means that the ONS cannot rule out that the trend has in fact remained flat in the last couple of years.

Crime figures show a mixed picture depending on the type of crime, but there are indications that some crimes are creating additional demand on police resources. For instance, although overall levels of violent crime have declined since 1995, there has been a large increase in the number of offences involving knives or sharp instruments in recent years. The number of such offences – as recorded by the police – has increased by 42% since 2011, the first year for which there is data.²³

Complex, serious and organised crimes, ranging from human trafficking to sexual crimes against children, are also becoming more common and can be more challenging for the police to respond to.²⁴ The number of police-recorded sexual exploitation and abuse crimes against children under the age of 16 went up by 259% between 2009/10 and 2018/19, from 17,402 to 62,409 cases – although part of the increase could be driven by better police recording and the increased willingness of victims to report these crimes.²⁵

The internet has also placed increasing demands on the police in this area,²⁶ with industry referrals* for child sex abuse images in the UK increasing by more than 10 times (997%) between 2012 and 2018, from 10,384 to 113,948.²⁷

While the growth of online crime may reflect a wider shift in criminal activity towards the internet,²⁸ and away from more traditional 'street' crime, it still presents significant challenges for the police. Cybercrime and other criminal activities such as drug smuggling or modern slavery cut across police forces' operational borders,²⁹ making it difficult to organise a co-ordinated response. This has fuelled longstanding debates on the viability of the police's 43-force model.³⁰

In spite of these trends, the majority of police time is in fact spent on incidents that do not relate directly to crime (non-crime).³¹ HMICFRS data shows that only 24% of the incidents that forces responded to in 2016/17 related to crime; 64% were non-crime related – including road traffic accidents, mental health incidents and missing person cases – with the remaining 12% focusing on anti-social behaviour.³² The volume of non-crime demand may be partly due to the police being available around the clock, making them the main public service available to respond to 'out-of-hours' crises, particularly for mental health problems.³³

There is also some evidence that police forces are dedicating more time to collaboration with other public agencies, although there is little systematic data on this. For example, between 2013/14 and 2017/18, the number of referrals from the police to local authorities' children's social care departments went up by 20% – although this could be driven in part by requirements to find alternatives to police cells to hold children who need to be detained.³⁴

* These referrals have existed since 2004 and are mandated by US federal law; they are made by internet service providers to an organisation based in the US which sends UK-relevant data to the National Crime Agency.

Similarly, some data indicates that the police have been conducting more safeguarding work. The number of restrictive court orders to protect the public from sexual or violent offenders (which the police can apply for along with other agencies) nearly trebled between 2009/10 and 2017/18 to 5,551.^{*35,36}

Incidents relating to mental health are widely reported to be placing additional strain on the police, but the data is incomplete.³⁷ The College of Policing estimates that 2–20% of incidents reported to the police are linked to mental health issues, while the Sainsbury Centre for Mental Health estimates that mental health incidents account for up to 15% of police time.^{38,39} Unfortunately, many estimates tend to be dated and based on either a small number of forces or data collected over a short period.^{40,41}

Other figures also indicate that the police may be picking up more work related to mental health. The number of such incidents reported by 36 of the UK's police forces** went up by 28% between 2014 and 2018, from 385,206 to 494,159.⁴² There was also a 13% increase in the number of individuals the police took to a place of safety under the Mental Health Act between 2013/14 and 2017/18.

This puts additional pressures on police time; responding to a single mental health incident can take up to 12 hours of officers' time.⁴³ Officers also often lack the training to properly respond to this type of incident and can end up being responsible for the welfare of individuals that other professionals would be better placed to deal with.⁴⁴

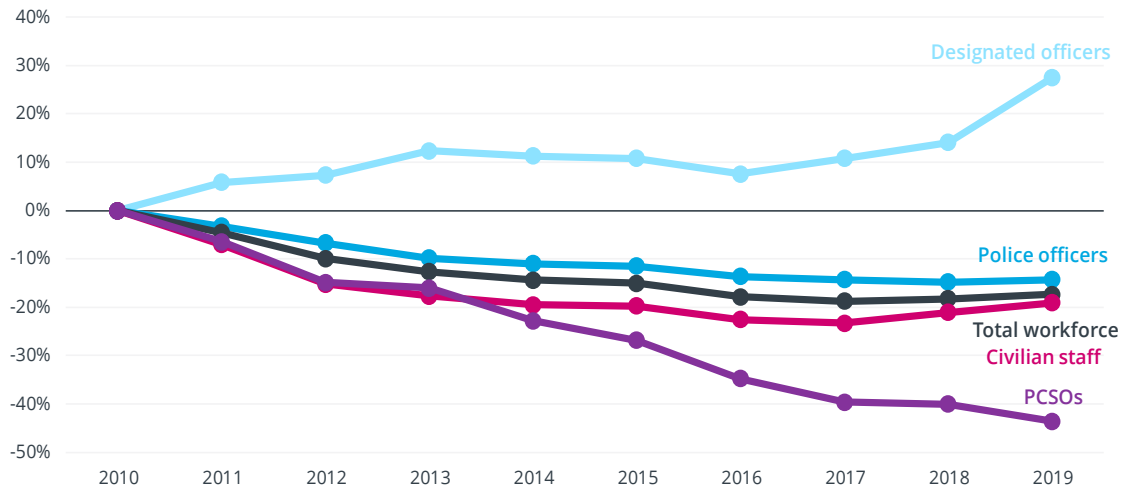
The lack of comprehensive and systematic data on the activities carried out by the UK's police forces makes it difficult to establish a full picture of the demands they face. In a welcome move, HMICFRS tasked forces with developing Force Management Statements by 2020 to shed light on demand.⁴⁵ However, this data is not published in a consistent format, making it difficult to determine a clear national picture.

* Restrictive orders were introduced by the Anti-Social Behaviour Crime and Policing Act 2014 and prohibit defendants from undertaking any activity described in the order. They include Sexual Offences Prevention Orders; Sexual Harm Prevention Orders; Notification Orders; and Foreign Travel Orders.

** In addition to the 43 police forces in England and Wales that are the principal focus of this chapter, the UK is also served by the Police Service of Northern Ireland (PSNI), Police Scotland and the British Transport Police.

The police workforce is increasing after years of decline

Figure 9.3 Change in the police workforce since 2010



Notes: Figures are recorded at 31 March of each year. PCSOs = police community support officers.

Source: Home Office, 'Police Workforce England and Wales Statistics', Table H3.

By 2018, the number of police officers in England and Wales had fallen to its lowest point in decades. While the decline in officer numbers has not been consistent across all areas of police activity, in some areas – such as the number of detectives – it is particularly acute. The figures have become a source of political argument, with the prime minister recently announcing plans to recruit 20,000 new officers over three years.

In March 2019, there were 123,171 full-time-equivalent (FTE) police officers – an increase of 0.6% on a year earlier. This still left police numbers 14% below their March 2010 level. After an expansion in officer numbers in the 2000s, numbers declined in the years to March 2018, at which point they were the lowest at the end of a financial year since comparable records began in 1996.⁴⁶

In 2018, the number of police officers per 100,000 people in England and Wales had declined to 199, compared with 247 per 100,000 in 1996.*

This reduction has not been consistent across all areas of police activity. For example, the number of officers working in local policing has declined by 11% since 2015/16 (when comparable data was first published); by contrast, the number dealing with nationwide policing issues, including counter-terrorism and national security, has increased by 15% over the same period.

* Estimates for the number of police officers prior to 2003 excluded officers who were on parental leave or on career breaks, and are therefore not directly comparable to figures in later years. To make the comparison possible, we used the figure for 'officers available for duty' – which excludes long-term absentees – from March 2018, the last year for which population estimates are available.

The shortage of detectives is particularly acute. A Freedom of Information (Fol) request revealed that the number of detectives working in major crime and murder units fell by at least 28% between 2010/11 and 2017/18.⁴⁷ In 2017, HMICFRS lamented the shortage of detectives, estimating there were 17% (over 5,000) too few.⁴⁸ It also raised concerns in 2018 that as a result of the shortages, underqualified officers from other units were taking on investigations without sufficient supervision.⁴⁹

Its May 2019 report noted some improvements – for example the rate of accredited investigator vacancies decreased from 19% to 14% in the past 12 months – but still identified problems with poor supervision of investigations.⁵⁰

To create a pipeline of detectives, the Home Office launched the National Detective Programme in 2018 in collaboration with Police Now – a registered charity, supported by the Home Office, that assists the police with recruitment – to fast-track university graduates to detective rank,⁵¹ providing £350,000 of seed funding for the programme.⁵² The scheme starts with a 12-week Detective Academy and aims to increase the number of detectives by up to 1,000 in the next five years.⁵³

Since 2010, the composition of the police workforce has changed. Besides officers, the police workforce is mainly composed of civilian staff, designated officers* and police community support officers (PCSOs, civilians employed by police authorities since 2002 to work in a 'highly visible, patrolling role'). The overall number of these staff fell even more sharply than that of officers between March 2010 and March 2019 – by 21% (from 100,354 to 78,851).^{**54} This includes a 44% decline in the number of PCSOs, from 16,918 in 2009/10 to 9,547, in 2018/19.

As a result, the proportion of police officers as a percentage of the total workforce increased by two percentage points between 2009/10 and 2018/19 (from 59% to 61%).⁵⁵

Despite this fall in the police workforce, it appears that forces have invested in support and investigative functions in the last few years. Officers working in business support functions such as HR or finance increased by 38%, from 3,401 to 4,677, between 2015/16 and 2018/19, partially reversing the 40% reduction in the number of officers working in such functions between 2009/10 and 2015/16.⁵⁶

The number of civilian staff has also picked up since 2016/17. Forces have also increasingly used designated officers – who can fulfil a variety of roles including supporting investigations – since 2009/10. Their numbers rose by 27%, from 3,840 in 2009/10 to 4,893 in 2018/19. This might be a cheaper way to meet demand for investigators while increasing the range of skills available to forces.^{57,58}

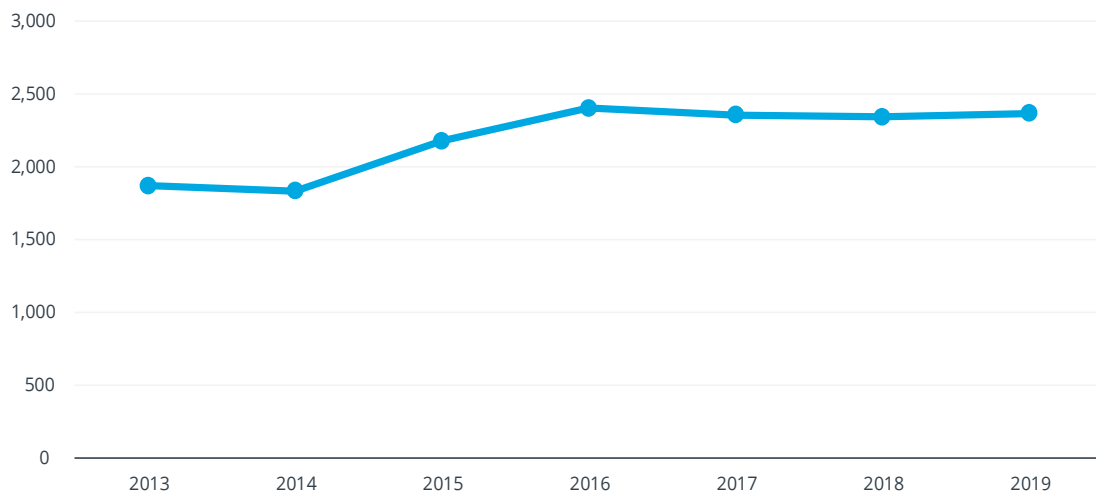
* Designated officers are “police staff (who are not police officers) employed to exercise specific powers that would otherwise only be available to police officers”. They may take on the roles of PCSOs or investigation, detention or escort officers by permission of chief officers. Home Office, *Police Workforce, England and Wales, 31 March 2019*, Statistical Bulletin 11/19, 2019, p. 4; Natale L and Williams N, *The Police in England and Wales*, Civitas Crime, 2012, p. 10.

** This figure excludes the number of special constables (whose numbers are reported in headcount rather than FTE as they do not work contracted hours), and traffic wardens, who were gradually replaced by civilian officers and decreased sharply in number between 2009/10 and 2011/12.

The prime minister recently pledged to recruit an extra 20,000 officers by 2022.⁵⁹ However, meeting this ambitious target may be difficult.⁶⁰ For instance, if the number of officers leaving the force in the next few years remains similar to that in 2018/19, the police would need to recruit around 46,000 officers to achieve a net increase of 20,000 officers in three years.* This would require attracting around half a million applicants.⁶¹

Dissatisfaction with pay and workload have both increased, but long-term sick leave is stable

Figure 9.4 Number of police officers on long-term sick leave



Note: Figures are recorded at 31 March of each year.

Source: Home Office, 'Police Workforce England and Wales Statistics', Table W1.

While the data for police morale has only been collected for the past few years, it indicates worrying trends. Officers are unhappy with levels of pay and workload, and with the way the police as a whole are treated. Other indicators such as the number of officers on sick leave have remained more stable.

The 2018 Police Federation survey of around 22% (27,000) of its members – mainly constables, sergeants and inspectors – showed an increase in the proportion of officers who report that workload and levels of pay are hurting morale. For pay, this figure rose from 71% to 77% between 2016 (the first year the data was collected) and 2018. Over the same period, a growing proportion of respondents pointed to workload and responsibilities as having a negative impact on morale – a 10-percentage-points increase to 62%.⁶²

In a different 2018 survey of 15% (18,000) of its members, the Police Federation asked respondents to rate their job; 44% reported it to be very or extremely stressful, up from 39% in 2016.⁶³

But the factor most often mentioned as damaging morale is the way the police as a whole are treated. This was highlighted as an issue by 86% of respondents in 2018 (a one-percentage-point increase compared with 2017).⁶⁴ The frequency with

* This analysis is based on calculations reported in Orr-Munro T, 'Want 20,000 extra police officers? The police service will need to recruit 45,000', *Policing Insight*, 26th July 2019, using updated data on leavers for 2018/19.

which this is mentioned by officers is unsurprising given the number of assaults on constables has increased. Around one in 10 officers were the victim of an assault that did not result in injury in 2009/10 (15,781 such assaults were recorded), compared with one in six in 2018/19 (20,578).

More seriously, the number of assaults with injury on constables increased by 27% between 2017/18 (when this data was first recorded) and 2018/19, with 10,399 such assaults recorded last year.⁶⁵ Part of this increase may be due to better reporting, given that this data is just starting to be recorded – but it is also worth noting that data recording varies across forces, while some officers regard assault as just ‘part of the job’ and do not raise a crime record on each event. This likely makes the number of recorded assaults an underestimate.⁶⁶

Although self-reported dissatisfaction has increased, other indicators have remained more stable. A 2018 Police Federation survey of its members indicates that the proportion of members unable to take their full entitlement of leave has remained roughly constant, decreasingly slightly from 53% in 2016 to 52% in 2018, although this still represents a large proportion of its membership.^{67,68}

The prevalence of long-term sicknesses among police officers has also stayed relatively constant over the past decade. The number of officers on long-term sick leave rose from 1,873 in March 2013 to a peak of 2,404 in March 2016, before falling to 2,370 in March 2019. The proportion of the workforce on long-term sick leave increased from 1.4% to 1.9% between March 2013 and March 2016 and has remained stable since.

The police are making trade-offs in what crimes to prioritise

The police have adapted their response to crime in the face of resource constraints, notably by further emphasising the need to prioritise the most serious or easier-to-solve crimes.^{69,70,71} Freedom of Information (Fol) requests to the Metropolitan Police revealed internal guidance for officers to consider the proportionate level of investigation, stressing the need to focus on serious crime and incidents which are more likely to be solved.^{72,73}

This type of prioritisation has occurred across all forces: based on its 2017 inspections, HMICFRS reported that some crimes were being unallocated and some risk assessments downgraded⁷⁴ so that police forces could redirect staff towards crimes they stood a greater chance of solving. In 2019, it reported that as a result, fraud is seldom seen as a priority because it can be difficult to prove compared with other crimes – even though people have a higher likelihood of being victims of fraud than of many other crimes.⁷⁵

The National Audit Office has also highlighted that the police are also doing less proactive work.⁷⁶ The number of breath tests conducted by the police decreased by 46% between 2009/10 and 2016/17, as did the number of motoring fixed penalty notices, which declined by 43% between 2010/11 and 2016/17.⁷⁷ This overall trend has also affected neighbourhood policing, even though it plays an important role in crime prevention and wider engagement with communities.^{78,79}

At first glance, it may appear that the volume of forces' work has declined. Despite the increase in recorded crime, the number of crimes solved (through a charge, caution or other mechanism) has fallen.

For example, the share of crimes resulting in suspects being charged or summonsed (when the suspect is asked to appear in court) within a year has almost halved, from 15% in 2009/10 to 8% in 2018/19.⁸⁰ Within this, there is considerable disparity in charging rates between years and types of crime: in 2018/19, around 36% of weapons offences resulted in charges being brought, but in the same year only 5% of criminal damage and arson offences did. Similarly, while 83% of homicides were solved in England and Wales in the year to March 2011, this fell to 67% in the year to March 2018.⁸¹

It is also taking longer for the police to charge offences, with the average length of time taken rising from 10 days in March 2015 to 23 days in March 2019.⁸²

However, the work required from the police to investigate and charge cases appears to have increased over the past decade partly due to the rise in some violent, complex and online crimes, but also as technology has increased the volume and complexity of digital evidence the police collect.⁸³ Around 79% of forces use 'kiosks' – machines that make an exact copy of the contents of a mobile phone – but reports produced by kiosks can average 35,000 pages of evidence from a single mobile phone, all of which must be analysed to assess its value.^{*84}

This has pushed forces to dedicate additional resources to investigate even simple crimes and has lengthened the time needed for some investigations.⁸⁵ This means the reduction in the number of crimes being solved does not equate to a decrease in activity.

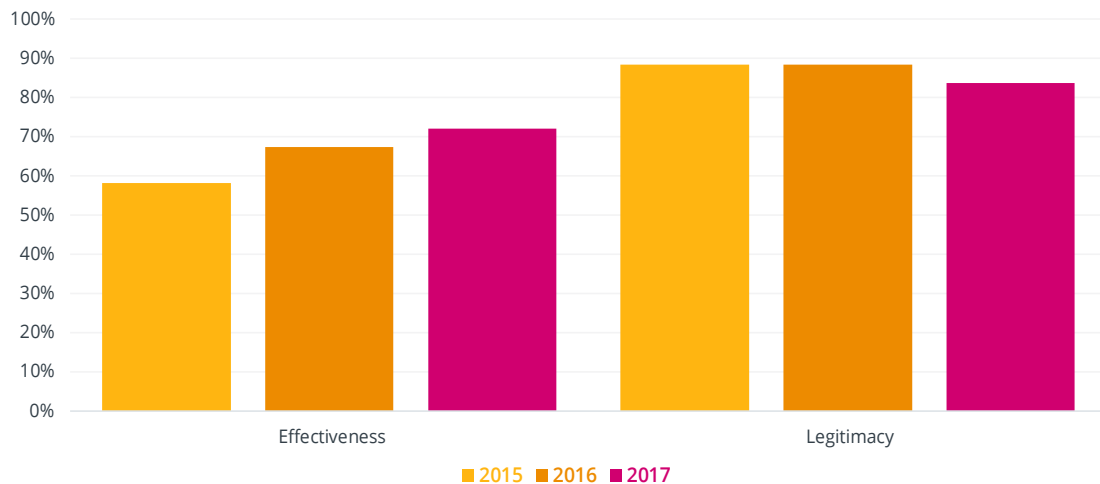
Victims appear to be less satisfied with the police, but the quality of policing appears to have been maintained

While data on the quality of policing suggests standards are being maintained, both public confidence and victim satisfaction are falling. The former can be pinned on a lack of police visibility while the latter, being based on people's interaction with the police, is perhaps a better way to judge performance.

Crime levels alone are also not a reliable measure of the quality of policing as they are affected by a variety of factors over which the police have no influence. These include technological innovations making theft more difficult, such as manufacturers installing activation locks on phones or preventing stolen devices from being re-set, and anti-theft devices on cars. As a consequence, it is useful to supplement data on crime levels with other indicators, including inspection data and levels of public satisfaction.

* Digital evidence has also created problems for investigators, who do not necessarily have the specialist training required to deal with cases that rely on digital evidence, such as online child sexual abuse.

Figure 9.5 Percentage of police forces in England and Wales rated as Good or Outstanding on effectiveness and legitimacy



Source: HM Inspectorate of Constabulary and Fire and Rescue Services, 'State of Policing', 2015, 2016 and 2017.

The annual HMICFRS inspection of police effectiveness, efficiency and legitimacy (PEEL report), covers the 43 police forces in England and Wales.* In 2015, around 75% were judged to be either Good or Outstanding on all three measures; this had increased to 77% by 2017.**

Here we focus on effectiveness and legitimacy (efficiency is discussed below). These have moved in different directions over time. The proportion of forces rated Good or Outstanding on effectiveness between 2015 and 2017 went up by 14 percentage points, from 58% to 72%. By contrast, there was a four-percentage-point decrease in the proportion of forces that were considered Good or Outstanding when it came to legitimacy, with figures going from 88% in 2015 to 84% in 2017.

Overall public confidence in the police has fallen in recent years. The proportion of the public rating the police as Good or Excellent in the CSEW fell to 58% in 2018/19, having fluctuated between 61% and 63% between 2011/12 and 2017/18.⁸⁶

One area of public concern is police visibility – 'bobbies on the beat'. This plays a major role in the public's perception of the police and overall safety since the public finds police foot patrols reassuring and considers them an important crime deterrent.^{87,88,89,***}

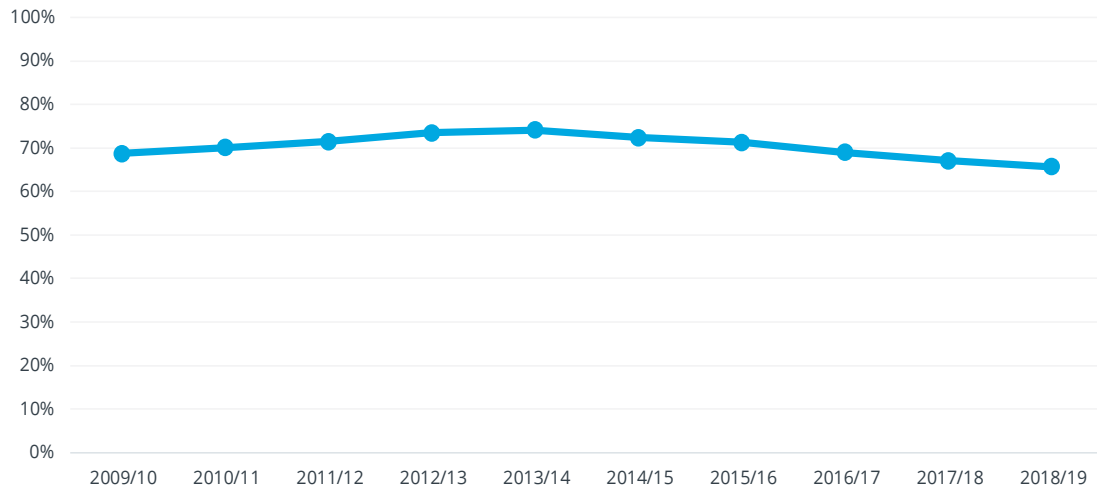
* HMICFRS defines effectiveness as "an assessment of whether appropriate services are being provided by each police force and how well those services work" and legitimacy as "an assessment of whether, in providing services, each force operates fairly, ethically and within the law".

** In 2018/19, HMICFRS changed the way it undertakes and reports on PEEL inspections. It will now deliver its inspection programme in three tranches each year; the first set of inspection reports was published in May 2019 with other reports expected to be released throughout 2019. As a result, it is not possible to use data for 2019 as it has not been released in full at the time of writing.

*** Despite its impact on public perception, the evidence on whether police foot patrols actually decrease crime is mixed. The College of Policing notes that foot patrols do not necessarily reduce crime rates and that this is dependent on officers patrolling at the right times and in the right places by identifying 'crime hotspots'. There is little evidence that random patrols reduce crime. See College of Policing, 'The effectiveness of visible police patrol', *What Works in Policing to Reduce Crime*, no date, pp. 1–2.

In 2018/19, just 16% of respondents to the CSEW said that foot patrols were highly visible in their local area, less than half the 39% recorded in 2009/10. Over the same period, the proportion of respondents reporting that they never saw foot patrols increased from 27% to 47%.⁹⁰

Figure 9.6 **Percentage of victims who were satisfied with the police**



Source: Office for National Statistics, 'Crime in England and Wales: Supplementary tables', Tables S13.

Public attitudes provide some insight on the quality of work undertaken by the police. But as most people have little direct contact with the police, victim satisfaction rates are a more direct and fairer measure of police performance.

Recently, the trend of rising satisfaction among victims of crime has been reversed. Between 2009/10 and 2013/14 the overall proportion of victims who were very or fairly satisfied with police performance increased from 69% to 74%, before falling to 66% in 2018/19 (Figure 9.6). This decrease in satisfaction has not been uniform across the different categories of crime: satisfaction of victims of violent crime has actually increased slightly, from 72% in March 2016 (when more detailed data first became available) to 74% in March 2019.

However, this has been more than offset by substantial decreases in victim satisfaction with police responses to theft offences and criminal damage, which between March 2016 and March 2019 fell from 73% to 65% and from 63% to 56%, respectively.⁹¹ As noted, this disparity may be partly due to the police prioritising more serious crimes.

Other discrete measures indicate that the quality of some outputs from the police could be improved, notably police files submitted to the criminal justice system.^{92,93} Around a third of police files prepared for prosecutors in 2018/19 were sent back due to major errors.⁹⁴

Have the police become more efficient – and if so, can that be maintained?

Police forces have cut costs by limiting pay rises for officers, changing pay and bonus structures, and buying goods more cheaply. They have also adapted how they work to allow them to process more cases, even as the number of staff has been cut, although there is evidence that this has come at the cost of falling standards in some areas.

Pay restraint appears to have reached its limit and – in response to growing dissatisfaction among officers – the police were given an above-inflation pay rise in 2019. But there is scope for forces to make further savings on the goods they buy, with some forces still paying far more than others for the same equipment.

It is estimated that police officers' average gross annual pay declined by 15% between 2009/10 and 2015/16 – not accounting for changes in the composition of the workforce, which can also affect pay.⁹⁵ This was the result of a pay freeze in 2011/12 and 2012/13, followed by pay rises of just 1% a year from 2013 to 2017.⁹⁶

Savings were also made by implementing the recommendations of the Winsor review – an independent review of police pay and conditions. The review made 183 proposals, including changing pay and bonus structures and introducing new qualification requirements, which were designed to save a cumulative total of £485m over three years, from 2010 to 2012.^{97,98} Most of these recommendations were taken forward in some way, although 28 – including changes to weekend working pay – were rejected by the Police Staff Council.

The public sector pay cap, combined with the substantial reduction in staff numbers, has led to the proportion of spending on staff costs falling from 82% of total spending in 2010/11 to 77% in 2016/17.⁹⁹ If the proportion of spending on staff costs had stayed the same in 2016/17 as in 2010/11, spending on staff costs in 2016/17 would have been £2.5bn higher than it was.

But over the past two years the pay cap has been steadily lifted, in response to dissatisfaction with pay and conditions. In 2017/18 and 2018/19 the police were awarded a 1% bonus (with another 1% one-off bonus in 2017/18). After the government accepted the Police Remuneration Review Body recommendations in 2019, police officers received a 2.5% pay increase.¹⁰⁰

With a pay cap no longer enforced, forces are unlikely to be able to find further cost savings by cutting pay.

Forces have also managed to cut the cost of some of the items they regularly buy,¹⁰¹ by entering into joint contracts with one another or agreeing common specifications for certain goods¹⁰² – for example, some forces have more than halved the cost of police fleeces through joint purchasing.¹⁰³ But, despite these efforts, continued variation in the cost of equipment bought by different forces suggests there is still scope for further savings in this area – some forces paid almost 10 times more than others for police batons in 2018.¹⁰⁴

The police also appear to have prioritised their activities as staff numbers have been cut to allow them to achieve more with less, although this may have affected the quality of the service they are providing. The numbers of both officers and civilian staff have fallen since 2009/10, while the number and complexity of crimes they record have increased over the past six years; they are also dealing with more non-crime incidents.

Taken together, this suggests that the police actually achieved more in 2018/19 than they did in 2009/10, despite having fewer officers and staff at their disposal.

But in spite of these efforts, the proportion of forces that were considered Good or Outstanding in terms of efficiency in annual HMICFRS inspections – described as “an assessment of whether the manner in which each force provides its services represents value for money” – decreased by five percentage points between 2015 and 2017.

Have those efficiencies been enough to meet demand?

There are signs that the quality of the police service has declined in some areas over recent years and that police forces are struggling to meet all requests for their help. Victim satisfaction has declined, the number of crimes charged within a year has fallen and the time taken to charge crimes has gone up since 2014/15.

Despite efforts to prioritise the most serious crimes, reductions in staff numbers and spending have led to concerns that remaining staff have become overstretched.¹⁰⁵ An FoI request found that across 32 forces the number of 999 and 101 calls that were abandoned more than doubled, from 8,000 in June 2016 to 16,300 in June 2017.¹⁰⁶ The situation does not appear to have improved: in March 2018, the HMICFRS reported that almost a quarter of forces were struggling to deal with emergency calls in a sufficiently timely way.¹⁰⁷

In its 2017 PEEL report, HMICFRS noted that while more forces have improved than worsened, in a minority some aspects of policing are in danger of being overwhelmed.¹⁰⁸ This is supported by the increase in the proportion of officers reporting their workload as ‘too high’ in the Police Federation survey, which went from 65.9% of respondents in 2016 to 72.4% in 2018.¹⁰⁹ Increases in reported stress levels may also indicate that these working practices are not sustainable.

How will demand for the police change?

Forecasting demand for the police is difficult. As outlined above, the Home Office and forces themselves only have a limited understanding of how police time and resources are utilised. Data on recent trends in the prevalence of recorded crime is affected by recent improvements in how the police record crimes and a greater willingness of victims to report certain types of crime. This makes it difficult to understand fully how crime rates have increased over recent years, let alone to predict how these trends will evolve in the future.

If demands on the police per person in England were to remain constant, demand for the police would be expected to rise in line with population growth – implying a 2.9% increase by 2023/24 from 2018/19 levels. If, instead, crime rates were to continue to grow in the future at the same rate as they did between 2017/18 and 2018/19 (while other sources of demand grew in line with the population), demand would grow much more rapidly – by 31.0% between 2018/19 and 2023/24.

Table 9.1 **Projected demand and spending for the police**

| Police | | | |
|--|---------------------------|-------------------|-------------------|
| Projected increase in demand by 2023/24 (range) | 2.9% – 31.0% | | |
| Spending scenario | Current government policy | Recent trajectory | Meet demand |
| Change in real-terms spending by 2023/24 | 7.9% | -0.8% | 2.8% – 31.0% |
| Spending in 2023/24 (2018/19 prices) | £14.4bn | £13.2bn | £13.7bn – £17.5bn |
| Impact on unprotected government spending (2018/19 prices) | – | £1.2bn | -£0.7bn – £3.1bn |
| Projected gap (2018/19 prices) | -£0.7bn – £3.1bn | £0.5bn – £4.3bn | – |

Source: Institute for Government calculations, see Chapter 13, Methodology.

These two projections provide an indication of how much police spending may need to grow over the next few years in order to meet demand while maintaining the scope and quality of policing at current levels. It may need to grow by between 2.9% and 31.0% in real terms between 2018/19 and 2023/24, although there is no reason to believe these figures represent the minimum and maximum.

So far, the government has announced new strategies to tackle serious violence as well as serious and organised crime, and is planning to increase police funding by up to £970m in 2019/20, done in part in recognition of the pressures facing the police.

The government announced a substantial increase in Home Office spending (the budget from which police spending comes) for 2020/21 at the 2019 spending round – but has not made any firm commitment about the level of funding beyond that year. If police spending were to grow in line with Home Office spending up to 2020/21, and in line with unprotected day-to-day government spending beyond that, police spending would grow by 7.9% in real terms between 2018/19 and 2023/24.

A 7.9% real-terms increase in police spending would be a notable change of pace compared with the recent trajectory of spending in this area; if that recent trajectory were instead to continue, police spending would end up 0.8% lower in real terms by 2023/24 than it was in 2018/19. An increase of 7.9% would be more than enough – by some £700m – to meet demand should it rise at the same rate as population growth.

However, if demand rises in line with recent growth in police-recorded crime rates, the government would need to spend an extra £3.1bn on top of what is implied by current policy. If it chose not to provide additional funding, police forces would need to find ways to become more efficient if they are to continue providing the same scope and quality of service.

There is little scope to make further cuts to staff costs, though, and since it may be hard to get police officers and staff to do even more than they already are, it seems unlikely that forces could increase efficiency as much as would be needed if demand rises at this faster rate, and if no further funding was forthcoming.

Forces have managed to do more with less in the past few years, but this was mainly achieved through restricting pay rises. The pay cap has now been lifted and there are no indications that it will be applied again, given growing dissatisfaction with pay and working conditions, and the growth in the rate at which police officers are leaving – from 4.7% to 7.1% between 2009/10 and 2018/19.

Although there is potential for some efficiencies in areas like procurement, it is unlikely these would be sufficient to meet demand. The government aims to achieve £100m in procurement savings cumulatively over the next three years,¹¹⁰ far short of what might be needed if demand rises in line with crime.

In parallel to funding announcements, the prime minister has pledged to recruit 20,000 new police officers, but even with this increase there are concerns this will not be enough to help the police meet future demand.

Some of the new recruits will be deployed within regional and national police functions, including serious and organised crime and counter-terrorism, rather than local forces.¹¹¹ Concerns have been raised that some forces would therefore have fewer recruits than initially expected – and needed.¹¹² The chief executive of the College of Policing also noted that extra officers alone “will not be enough to meet the future demands we face as a service”,¹¹³ with the chief inspector of constabulary arguing that it would be more efficient and effective to invest in digital technology.¹¹⁴

10. Criminal courts

Criminal courts in the UK are under pressure. A reduction in spending and a rise in case complexity have forced the courts to adapt and reform – a process that has prompted widespread concerns about the quality of justice now being dispensed across the UK. This is, in part, because courts have been forced to make efficiencies. Her Majesty's Courts and Tribunals Service (HMCTS) spending was 18% lower in real terms in 2018/19 than it was in 2010/11. And while the number of cases that the criminal courts received fell in that time, the cases themselves have increased in complexity. This has required the courts to make savings to meet demands.

The government's promise to increase police resources is likely to mean that demand will also increase over the next few years. This will require more spending than the government's plans currently imply if the performance of the courts is to be maintained.

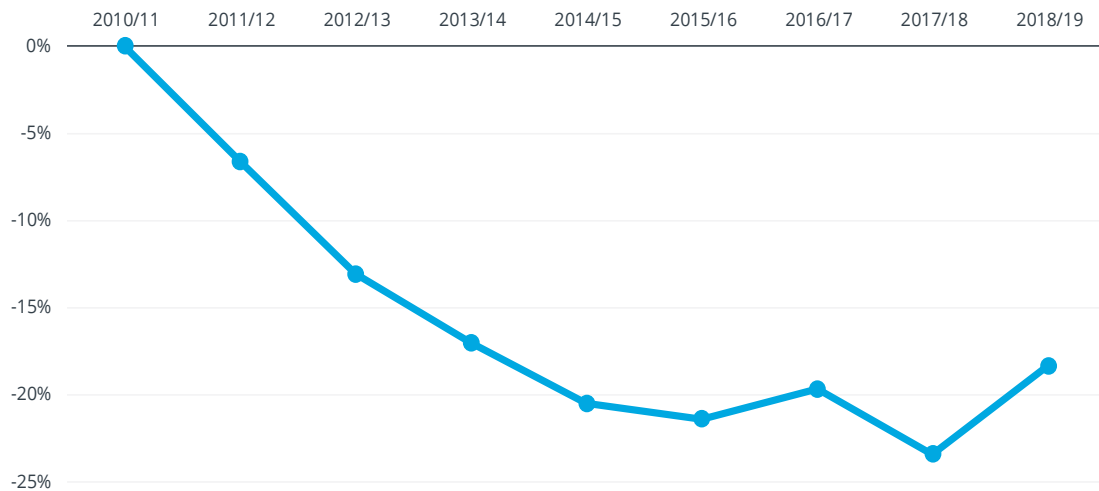
Criminal courts in England and Wales are run by HMCTS, an executive agency within the Ministry of Justice (MoJ),* which also oversees the family and civil courts, and tribunals. HMCTS's total operational (day-to-day) spending was £2.0 billion (bn) in 2018/19.¹ It is not possible to isolate spending on criminal courts from spending on other HMCTS activities.

This chapter considers performance in the criminal courts, but it is important to recognise that courts operate as part of a single criminal justice system (sandwiched between the police and the prison service, the subject of the previous and next chapters respectively). In this chapter, we also discuss two other public services that are integral to this system – legal aid and the Crown Prosecution Service (CPS).

* Executive agencies are managerially and budgetarily separate bodies that carry out certain functions of government. But, unlike non-departmental public bodies, they do not enjoy legal and constitutional separation from ministerial control. HMCTS is jointly accountable to the lord chancellor (who is also the secretary of state for justice), the lord chief justice (the most senior member of the judiciary) and the senior president of tribunals.

Spending on HMCTS has stopped falling after years of cuts

Figure 10.1 Change in spending on courts and tribunals in England and Wales since 2010/11 (real terms)



Source: Total operating expenditure taken from HMCTS, 'Annual Reports and Accounts', Her Majesty's Courts and Tribunals Service, 2010/11–2018/19.

There has been a huge reduction in government spending on HMCTS since 2010/11, which has led the MoJ to ramp up fees charged in the civil courts and tribunals. This approach has protected HMCTS spending to an extent, but some fee levels have been ruled excessive, meaning that future increases in HMCTS spending will need to come from central government budgets.

Between 2010/11 and 2017/18, HMCTS operational spending fell by 23.2% in real terms. It then increased in 2018/19 to £2.0bn.* This was the highest real-terms spending level since 2013/14, but still means that spending remains 18.4% below its 2010/11 level in real terms.

Government funding for HMCTS has fallen by far more than this – and was 32.0% lower in real terms in 2018/19 than in 2010/11. This has been partly offset by an increase in fees (set by the MoJ) charged to users of the non-criminal parts of the system.** Fee income grew by 30.9% in real terms over this period. The fees – in most cases – cannot exceed the cost of delivering the service in question; but there can still be some cross-subsidy because HMCTS staff and estate cover criminal and non-criminal courts. As a result, HMCTS's mix of funding has changed: in 2010/11, government funding covered almost 80% of HMCTS spending, while it now covers only 65%.

* This increase is explained by an increase in depreciation and impairment charges and other non-cash spending, which are recorded as current spending but do not represent programme spending. Excluding these items, spending in real terms was flat between 2017/18 and 2018/19.

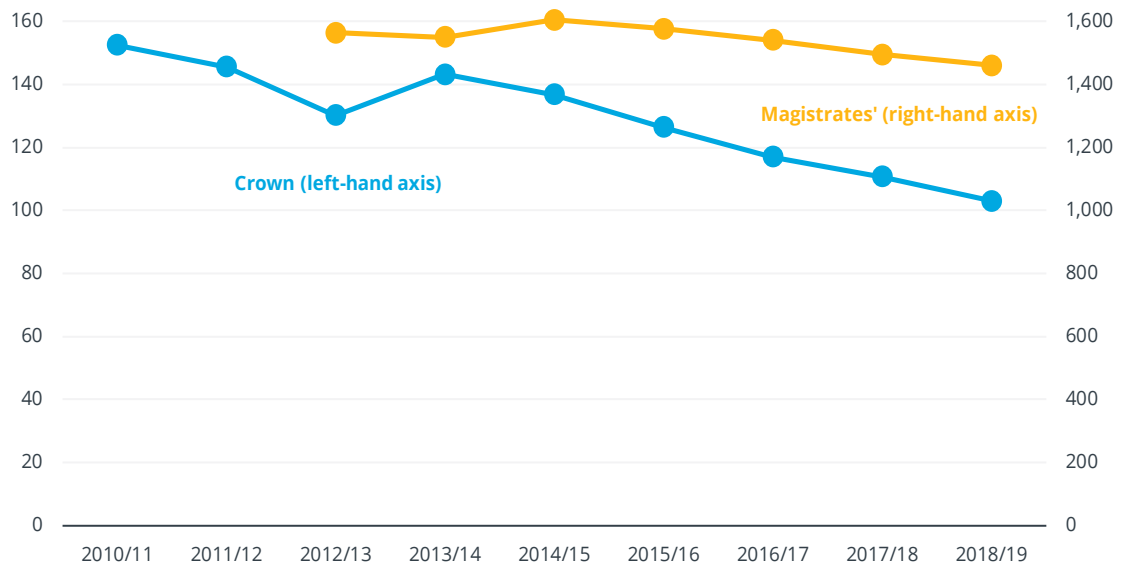
** Section 180 of the Anti-social Behaviour, Crime and Policing Act 2014 gives the lord chancellor, with the consent of the Treasury, the statutory power to set certain court and tribunal fees above cost recovery levels.

The increase in HMCTS’s fee income has allowed it to protect its spending over the past eight years, but this is a trick that the agency is unlikely to be able to repeat. In 2017, the Supreme Court ruled that fees in employment tribunals were excessive and were having an effect on access to justice. As a result, the MoJ reviewed its fees across the board and identified several areas where the fee was higher than could be justified by law.²

The impact of these changes is clear in the 2018/19 accounts, which show that fee income fell by 4.0% in real terms, in contrast to four years of consecutive real-terms increases before that.*

Resource constraints on the police and CPS mean the criminal courts are receiving far fewer cases...

Figure 10.2 Number of criminal cases received by the Crown Court and magistrates’ courts (thousands)



Source: Ministry of Justice, 'Criminal Court Statistics Quarterly', Tables C1 and M1.

The number of cases arriving at the criminal courts has fallen substantially since 2010/11, but at the same time the complexity of those cases has increased. While demand has fallen, especially over the past few years, it has fallen by much less than real-terms spending on HMCTS.

Demand for criminal courts is determined by the activities and decisions of the police (discussed in the Police chapter) and the CPS (see Box 10.1). The role of the criminal courts begins when the CPS or, in the case of less serious offences, other public bodies such as Transport for London or the Driver and Vehicle Licensing Agency (DVLA), decide to prosecute a case.

* Fee income is net of the repayments of fees that have since been judged excessive.

There are two types of criminal court: magistrates' courts and the Crown Court. All cases begin in the magistrates' courts, and most stay there. Cases are referred to the Crown Court if they are for a serious offence, for sentencing* or if the decision is appealed. How a criminal case is dealt with, and in which court, depends on the severity of the offence. There are three tiers of severity:

- **summary:** the least serious, including motoring offences, which account for most cases and are almost exclusively dealt with in the magistrates' courts
- **either way:** offences that can be heard in the magistrates' court or Crown Court (with the latter occurring if the defendant or magistrate requests this)
- **indictable only:** the most serious, such as sexual offences and murder, which are always heard in the Crown Court.

The number of cases received in the magistrates' courts has fallen by 6.6% since 2012/13 – the first year in which data is available – from 1.6 million (m) to 1.5m. This relatively small decline masks a change in composition: the number of summary cases (which make up the vast majority of cases that the magistrates' courts receive and are more straightforward) has increased by 0.7%, while the numbers of 'either way' and 'indictable only' cases have fallen by 18.6% and 27.2% respectively.^{3,**}

The decline in police charge rates (outlined previously) and cuts to CPS spending (see Box 10.1) are likely to explain the reduction in the number of the more serious 'either way' and 'indictable only' cases arriving in magistrates' courts.

This reduction means that the magistrates' courts have been passing on fewer cases to the Crown Court.^{***} This has been reinforced by government policy introduced in 2016 ('the Leveson reforms'), which was designed to reduce demand on the Crown Court by keeping more 'either way' cases in the magistrates' courts.^{****} The overall result is that between 2010/11 and 2018/19 the total number of criminal cases that the Crown Court received fell by 32.4% (from 152,456 to 103,042). This decline followed six years of growing case numbers, a cumulative increase of 25.4% between 2004 and 2010.⁴

* The maximum custodial sentence that a magistrate can give is six months.

** We discuss below reforms that have resulted in summary cases imposing a smaller burden on magistrates' courts.

*** The increase in cases that the Crown Court received in 2013/14 was a result of the abolition of committal hearings. Committal hearings were a purely administrative process to transfer cases from the magistrates' courts to the Crown Court. Following the abolition, cases were passed from the magistrates' courts to the Crown Court more quickly, leading to a temporary increase in the number of cases that the Crown Court received.

**** This followed Sir Brian Leveson's *Review of Efficiency in Criminal Proceedings* (which reported in January 2015); see Leveson B Sir, *Review of Efficiency in Criminal Proceedings*, Judiciary of England and Wales, 2015. In 2018/19, 14.4% of completed 'either way' cases were tried in the Crown Court, down from 17.0% in 2015/16, although the number of cases committed for sentencing increased.

Box 10.1: The Crown Prosecution Service (CPS)

Spending on the CPS has been cut further than spending on the police and the courts, achieved through a reduction in staff numbers and legal fees. This has presented a challenge to the CPS, which has seen a rise in case complexity increasing the burdens on its work. But while questions have been raised about its performance, there is evidence that performance has improved on at least some measures.

The CPS is responsible for prosecuting cases – deciding which cases to prosecute, the charges brought, and preparing and presenting the case (or, in more complex cases, instructing a barrister to do so).

CPS spending fell by 28.0% in real terms between 2010/11 and 2018/19.⁵ This was a larger cut in spending than the police and courts experienced. As noted above, the cut in CPS spending has been achieved by reductions in both the number of staff employed and the amount paid to barristers. Staff numbers fell by 31.8% between 2010/11 and 2018/19,⁶ and prosecution lawyers have recently threatened to go on strike in protest at the remuneration they receive when taking on CPS work, which has been made less generous in real terms in recent years.⁷

Some of the major court reform programmes enacted in the past few years include elements designed to improve the efficiency of the CPS. For example, Transforming Summary Justice and Better Case Management are programmes meant to improve the information exchange between prosecutors, the judiciary and defence counsel.

But the complexity of cases has also increased burdens on the CPS. The rise of smartphones has generated large volumes of data that could be used as evidence – meaning that even previously routine cases now require a greater focus on detail, increasing workloads. The police submit a terabyte (the equivalent of 1,500 CD-ROMs) of data to the CPS every day, which takes time to process.⁸

Poor CPS performance affects the operation of the courts. In 2018/19, more than 5,000 cases in the magistrates' courts and more than 1,000 cases in the Crown Court had to be rearranged (the trial was deemed 'ineffective') because of problems with the prosecution. In 2017, Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI) carried out an in-depth review of the CPS and examined a sample of cases. It found that in almost 40% of cases the CPS failed to comply with its legal responsibility to provide the defence with details of the prosecution's case before the first hearing.⁹

In the past few years, the Criminal Cases Review Commission (the miscarriage of justice watchdog) has raised concerns over the disclosure of information by the CPS in sexual offence cases,¹⁰ and several trials have collapsed as a result.¹¹ The CPS conducted a review into its handling of sexual offence cases in 2018 and Alison Saunders, director of public prosecutions, conceded that "there are cases where we are falling short".¹²

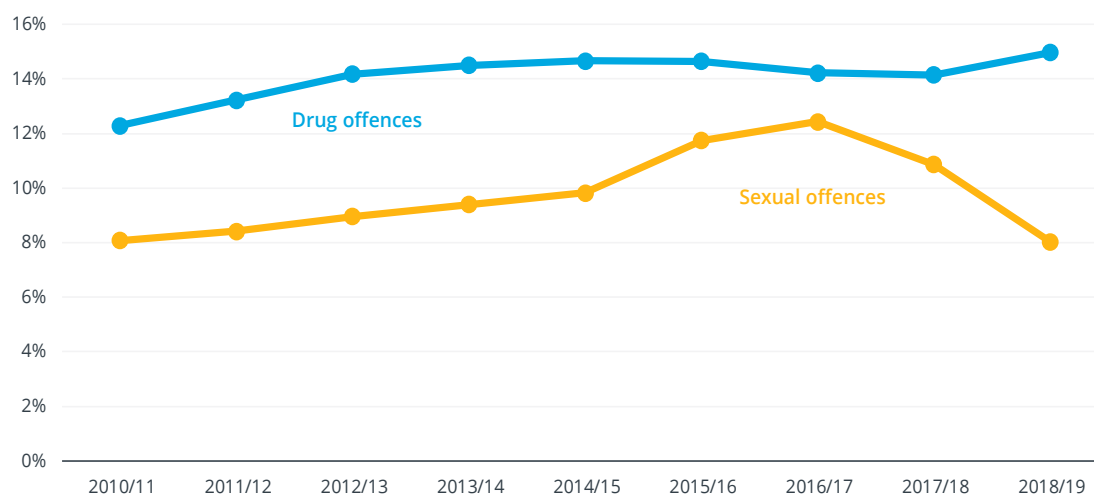
Despite these concerns, and longstanding problems with CPS performance, there are signs that it is operating more effectively in certain areas. The share of Crown Court trials that needed to be relisted for another day (again meaning the trial was 'ineffective') as a result of prosecution failings declined from 5.1% in 2010 to 4.2% in 2018.¹³ In its 2017 review, HMCSI identified improvements between autumn 2015 and early 2017 in the share of cases where the defence were provided with the relevant details, and the share of cases where the CPS carried out a proper and proportionate case review.^{14,*}

... but case complexity has increased since 2010

Looking only at the number of cases received does not fully reflect demand on the criminal courts, particularly for the Crown Court. This is because demand on the Crown Court system will be greater in cases that require longer hearings, for example if they are more complex or where the defendant pleads not guilty.

This latter reason accounts for why sexual offence cases take up so much court time (12.5% of trials completed in the Crown Court in 2018/19 were for sexual offences, but those cases took up more than 20% of the total hearing time).¹⁵ In 2018, only 35.5% of defendants at the Crown Court charged with sexual offences pleaded guilty, compared with 66.1% for all defendants.¹⁶

Figure 10.3 **Sexual and drug offences as a proportion of criminal cases received by the Crown Court**



Source: Ministry of Justice, 'Criminal Court Statistics', Crown Court Statistics Data Tool.

Sexual offences and drug offences, another more-complex-than-average case type, accounted for a growing share of Crown Court cases between 2010/11 and 2016/17 (increasing from 20.4% to 26.7%). In 2017, the lord chief justice concluded that "it appears that the reduction in the number of cases is counterbalanced by the increase in complexity and length".¹⁷

* Another measure of performance for the CPS is the prosecution rate – the share of cases that it chooses to prosecute where the defendant is found guilty. This has remained stable at around 83% to 84% since 2010/11.

Since then, the number of sexual offence case receipts has declined rapidly, linked to well-publicised issues of cases collapsing and the CPS charging a lower share of such cases referred to them.^{18,19} This means that the fall in caseload over the past couple of years has not been accompanied by the increase in average case complexity between 2010/11 and 2016/17.

The average complexity of Crown Court cases has also increased as a result of the Leveson reforms. Those reforms aimed to ensure that only the most serious triable 'either way' cases are referred to the Crown Court. The triable 'either way' cases that are still tried in the Crown Court now take an average of 3.9 hours to hear, compared with 3.2 hours in 2010/11, and a greater share of Crown Court cases are now 'indictable only', which take on average 9.0 hours to hear.²⁰

There is also some evidence that cuts to legal aid (see Box 10.2) have increased demand on the criminal courts because fewer defendants now receive publicly funded legal support. Cases with unrepresented defendants take longer to hear in the Crown Court,^{*} and a survey of magistrates in 2017 found that 94% believed that defendants being unrepresented led to problems in the effective running of the court at least some of the time.²¹

Difficulties in the courtroom were also documented in research commissioned by the MoJ, which involved in-depth interviews with legal professionals and was published in 2019.²² Only a small fraction of defendants are unrepresented in the Crown Court, but the share has increased since 2010.^{**} Official statistics are not provided for representation in magistrates' courts but a survey of magistrates found that 30% of defendants in court were unrepresented in 2017, up from 24% in 2014 (no earlier survey is available).²³

Overall, increases in complexity mean that demand has fallen by less than caseloads alone imply. Even with a sharp fall in caseloads over the past few years, and the decline in the number of complex sexual offences that the courts have received since 2016/17, demand has still fallen by less since 2010 than real-terms spending on the courts and tribunals system.

* In 2018, 10% of those with representation in the Crown Court had their case completed in one hearing, while for 16% it took six or more hearings. The equivalent shares for those without representation were 6% and 22% respectively. Part of this difference is likely explained by the fact that unrepresented defendants are more likely to plead not guilty, which tends to mean that trials take longer.

** In 2018, 7.7% of defendants in the Crown Court did not have an advocate at their first hearing, compared with 4.9% in 2010. Only 1.0% of defendants had no representation at any hearing throughout their case, compared with 0.6% in 2010. See Ministry of Justice, 'Criminal Court Statistics: January to March 2019', Table AC11.

Box 10.2: Cuts to legal aid have proved controversial

Cuts to legal aid have been one of the most well-publicised, and controversial, changes to the legal system in recent years. Spending fell by 34.4% in real terms between 2010/11 and 2018/19, with the number of recipients falling from 560,000 (130,000 in the Crown Court) to 295,000 (85,000 in the Crown Court) over the same period.* Part of the falls in both spending and numbers receiving support can be attributed to declining court caseloads, but they are mainly a result of wide-ranging cuts to legal aid introduced in 2012.

Legal aid provides means-tested financial support to people to instruct lawyers in court cases. It is provided in both civil and criminal cases. In civil cases, both sides can in principle be eligible for legal aid; in criminal cases (our focus in this chapter), the state directly funds the prosecution.

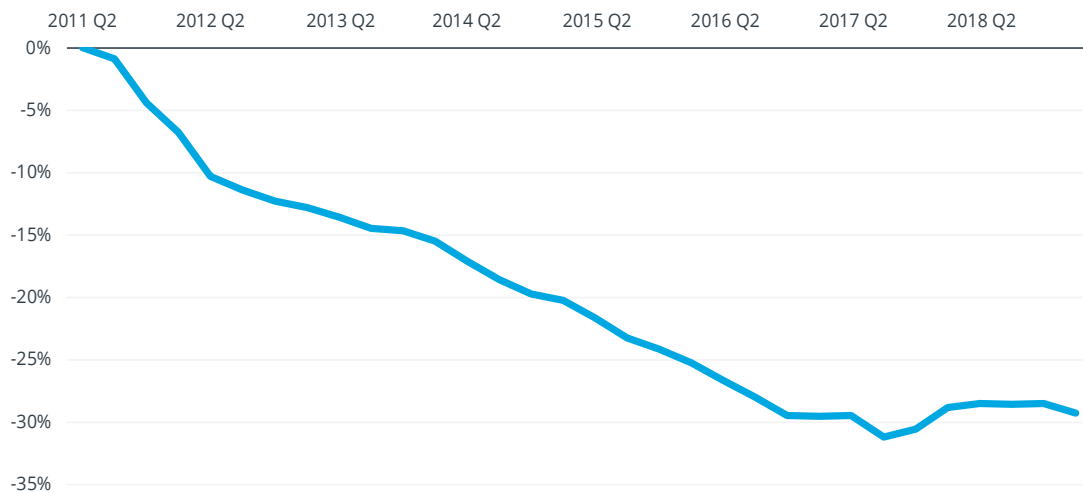
Commentators worry that removing legal aid has undermined 'equality of arms' in the courts as a fundamental principle because self-representing defendants usually cannot compete when coming up against experienced lawyers.²⁴ The fear is that, in the minority of cases where defendants are unrepresented, this may lead to unjust outcomes.

Another concern is that cuts to legal aid remuneration for lawyers have reduced the number and quality of criminal lawyers willing to undertake legal aid work, especially in some places where there are now barely any young defence practitioners.²⁵ In response to the post-implementation review of the legislation, the government has announced reviews into the means-testing of legal aid and the fees paid to criminal lawyers, both of which are due to report in summer 2020.²⁶

* The criminal legal aid reforms were originally intended to save £220m (approximately 20% of the 2010/11 criminal legal aid budget) by 2018/19, but are now judged to have saved somewhat less than this due to declining caseloads and the government not implementing all of the originally intended cuts. See Ministry of Justice, *Post-Implementation Review of Part 1 of LASPO*, Ministry of Justice, 2019, retrieved 15 October 2019, www.gov.uk/government/publications/post-implementation-review-of-part-1-of-laspo

The number of HMCTS staff has fallen by 30% and staff morale is below the civil service average

Figure 10.4 Change in HMCTS staff numbers since 2011 Q2



Note: All staff numbers are full-time equivalent.

Source: Office for National Statistics, 'Public Sector Employment Data', Table 9.

For many people, working for HMCTS does not seem to be a satisfactory experience. As spending on CPS staff has dropped over the past decade – with planned reforms set to see staff numbers continue to fall – staff morale, already at a lower level relative to much of the civil service, continues to fall further behind.

HMCTS staff are responsible for administering the courts and tribunals system in England and Wales.* More than two thirds of HMCTS staff are employed in administrative and clerical roles,²⁷ the main exception being legal advisers, who assist magistrates trying cases.

Staff costs made up 26.9% of total HMCTS spending in 2018/19. Between April 2011 (when HMCTS was formed out of a merger of Her Majesty's Courts Service and the Tribunals Service) and December 2016, staff numbers fell by 29.5%. They have since remained fairly stable at around 14,000 full-time equivalent employees. However, HMCTS intends to reduce staff numbers to around 10,000 by 2023 as part of its planned reforms.²⁸ This has not been a significant feature of the reforms enacted so far, with planned staff exits up to January 2019 deferred until the subsequent phase (February 2019 to March 2020).²⁹

Staff spending fell by 26.0% in real terms between 2010/11 and 2018/19, broadly matching the decline in staff numbers. But there has been a change in the composition of the workforce, with spending on permanent members of staff falling by more than a third (33.9%) in real terms and spending on agency staff increasing fourfold. Staff

* HMCTS staff do not undertake many of the activities in the criminal courts. The responsibility for preparing, managing and prosecuting cases lies with the CPS (see Box 10.1) and other prosecuting authorities, while unpaid magistrates or (in a small minority of cases) district judges judge cases in the magistrates' courts and the judiciary judges cases in the Crown Court.

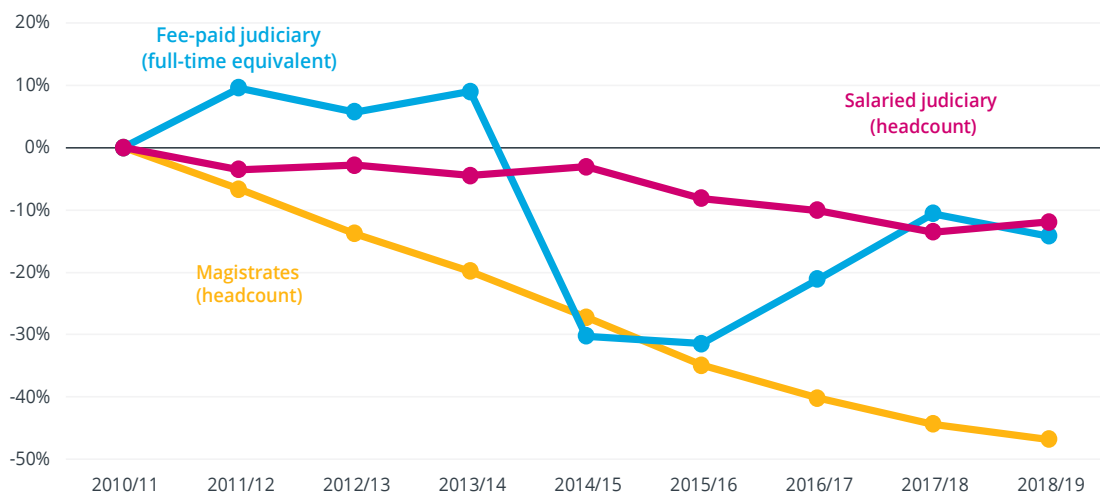
satisfaction data³⁰ suggests that staff morale in HMCTS, starting from a low base relative to the broader civil service, has fallen even further behind. The employee engagement score for HMCTS was the same in 2018 as it was in 2011 (49%).* Across the civil service as a whole over this period, engagement improved from 56% to 62%.

HMCTS scores especially badly on the perceived adequacy of pay and benefits: just 14% of HMCTS staff surveyed in 2018 agreed or strongly agreed that their pay and benefits were adequate, down from 21% in 2011; this compares to an increase from 31% to 38% over this period across the civil service as a whole. The gap in staff satisfaction has also widened over this period on questions relating to resources and workload. In 2011, 75% of HMCTS staff were satisfied with their resources and workload but this fell to 68% by 2018; across the civil service as a whole, the share of staff saying they were satisfied with this area stayed stable at around 73%.

This latter trend is consistent with concerns that the National Audit Office (NAO) raised in 2016: that cuts to staff numbers in HMCTS came before the necessary changes in working practices had been implemented.³¹

The number of magistrates has almost halved since 2010 and there are more than 10% fewer judges

Figure 10.5 Change in the number of magistrates and judges since 2010/11



Note: Magistrate numbers before 2012 are taken from each year's statistics on 'magistrates in post'; the number of magistrates is measured on 1 April at the end of each year.

Source: Magistrate numbers for 2012–19 come from Ministry of Justice, 'Judicial Diversity Statistics 2019'; judge numbers are derived from HMCTS 'Annual Reports' and refer to the average number of judges in post during the course of the financial year.

The total number of both magistrates and judges has fallen notably over the course of the past decade, with a combination of concerns over pay and workload leading to serious morale and recruitment problems across the judiciary.

* The Engagement Index is a composite measure based on employees' responses to five questions. These gauge the extent to which employees agree or strongly agree that: they are proud to tell others they are part of HMCTS; they would recommend HMCTS as a great place to work; they feel a strong personal attachment to HMCTS; HMCTS inspires them to do their best in their job; and HMCTS motivates them to achieve the organisation's objectives.

Magistrates are unpaid, are drawn from the local community and expected to sit for around 20 days a year. A panel of two or three magistrates supported by a legal adviser decides most trials in the magistrates' courts,³² although a district judge sitting alone hears a minority of cases.

However, most cases dealt with in the magistrates' courts now do not require a trial in a courtroom. This is a recent innovation; in 2015, the 'single justice procedure' was introduced to allow less serious summary cases to be tried by one magistrate assisted by a legal adviser outside of a courtroom and without the defendant being present. This reform has allowed magistrates to process more cases. The number of magistrates fell by 46.8% between April 2010 and April 2019 (from 26,960 to 14,348). But the average number of cases disposed of by each magistrate was 101.8 in 2018/19, up from 68.0 in 2012/13.

Crown Court trials, which must be overseen by a judge, are much more expensive per day than magistrates' court trials.* HMCTS spent 25.9% of its budget in 2018/19 on judges. Judges can be either 'salaried' (that is, employed full time) or 'fee-paid' (which means they are paid for each day they sit and hear cases). Salaried judges oversee around four fifths of criminal court cases,³³ while fee-paid judges take on most tribunal cases. In 2018/19, there were 1,777 salaried judges** – 8.7% fewer than the 1,947 in 2010.

The number of fee-paid judges tends to fluctuate more as they are used as required – for example, the sharp fall in the use of fee-paid judges in 2014/15 largely reflected a drop in demand from tribunals as a result of a fall in the number of employment cases, which has since reversed. In 2018/19, there were 1,171 full-time-equivalent fee-paid judges, 14.2% below the number in 2010/11.

There is evidence of low morale and recruitment problems among the judiciary

Transform Justice, a charity that aims to promote a better justice system, has suggested that the magistracy "faces a workforce crisis not of its own making",³⁴ amid the findings that in almost 15% of sittings in 2017/18 there were only two magistrates as opposed to the desired three. This shortfall of magistrates is mainly due to a lack of recruitment on the part of HMCTS – described in a June 2019 House of Commons Judiciary Committee report as being "as frustrating as it was foreseeable" – and the government has promised a three-year magistrates' recruitment strategy.³⁵

Though there appears to be no shortage of volunteers, there is some evidence of low morale – including a perceived lack of training and support – among existing magistrates.^{36,37}

* In 2016, the NAO estimated that a Crown Court trial costs an average of £1,900 a day for staff, judicial and juror costs, while a magistrates' court trial costs an average of £1,150 a day. See Comptroller and Auditor General, *Efficiency in the Criminal Justice System*, Session 2015–16, HC 852, National Audit Office, 2016, p. 10, retrieved 15 October 2019, www.nao.org.uk/wp-content/uploads/2016/03/Efficiency-in-the-criminal-justice-system.pdf

** The HMCTS budget only covers the salaries of 863 salaried judges, with the wider MoJ budget meeting a further 914 senior judges' salaries.

The recruitment and morale issues for judges appear to be more severe. The year 2014/15 was the first time that a recruitment drive to fill a High Court vacancy had ever failed (the High Court is a senior court in the UK justice system, and High Court judges will hear the most serious cases in the Crown Court).^{38,39} Since then, unfilled vacancies have become a regular occurrence at the High Court, with 14 out of 110 posts vacant as of September 2018;⁴⁰ similar problems are evident in the Crown Court.⁴¹

The Review Body on Senior Salaries believes that the principal cause of recruitment and retention problems is cuts that were made to remuneration following changes to judges' pension schemes and the tax treatment of private pensions.* The Review Body calculates that the net remuneration of a new High Court judge is £80,000 (36%) lower in real terms now than it was 10 years ago.⁴²

The falls are smaller, though still substantial, for other ranks of the judiciary. This is a significant deterrent for people who could otherwise be earning a high income as a practising barrister. The National Centre for Social Research has carried out survey research and found that most recently appointed judges took a pay cut when becoming a judge.⁴³

Acknowledging these problems, the government introduced a temporary 'recruitment and retention allowance' of up to 25% of salary (depending on judicial grade) from April 2019.⁴⁴ This replaces a pre-existing 11% allowance for High Court judges introduced in 2017. In announcing these interim measures, the government accepted that a longer-term solution to address recruitment and retention problems was necessary.⁴⁵

While pay is a significant deterrent, it is not the only reason for recruitment and retention problems. The Review Body also cites inadequate administrative and IT support, and a significant increase in both workload and the number of litigants in person (unrepresented defendants).⁴⁶

There is also evidence of low morale.⁴⁷ Of judges surveyed in the Judicial Attitudes Survey in 2016, 36% of respondents who were not due to retire were considering leaving the judiciary within five years. They identified stressful working conditions and increased workloads as the main reasons for this.

Unfortunately, 2016 was only the second time the survey was undertaken (the first being in 2014), and it has not been undertaken since, meaning that it is difficult to know how judge morale in 2016 compares to pre-2010 levels, or how morale has evolved since.

* These problems surrounding the taxation of pensions are the same as those that GPs face, discussed in Chapter 1.

HMCTS is using fewer buildings to hear cases

The closure of court buildings has proved controversial, with the past decade seeing a huge number being closed down and sold off. The government has given a number of justifications for these decisions.

In 2018/19, HMCTS spent £255m (12.8% of the operational budget) on accommodation, maintenance and utilities,⁴⁸ 6% less in real terms than in 2010/11. This covers the day-to-day running of the court estate, but excludes capital spending to upgrade it. In 2018/19, the court estate comprised 338 court and tribunal hearing centres,⁴⁹ including 161 magistrates' courts and 84 Crown Courts.⁵⁰

Half of the magistrates' courts open in 2010 have been closed (162 out of 323), the result of two major closure programmes. Many of the buildings that have been closed have been sold to contribute funds towards HMCTS's reform programmes.⁵¹ Fewer Crown Courts have been closed (eight out of 92),⁵² but the use of Crown Court buildings has fallen since 2010/11. The number of days that Crown Courts are used to hear cases (sitting days) has declined from 110,969 in 2010/11 to 101,689 in 2018/19.* The latest projections imply a further sharp reduction in the number of sitting days in 2019/20, reflecting continued low volumes of cases received from the CPS.⁵³

One justification for closures is that many court buildings are underused; in 2016/17, even after many of these closures had occurred, 41% of magistrates' courts were in use for less than half of the available time,^{54,**} meaning that transferring cases to other courts with spare capacity could increase efficiency. One concern with doing this is that the courts would need to be able to handle more cases if resource constraints on the police and CPS lift, as has now been announced for 2020/21⁵⁵ – and it is easier to close a court building than it is to open a new one.

Another justification for reducing the number of physical courtrooms has been that better use of IT, including the possibility of video hearings, will allow for a smaller court estate in future. Video hearings were piloted in the Tax Chamber in 2018 and further pilot programmes are planned this year in the civil and family courts, although there is no immediate plan to introduce them into trials in the criminal courts.^{56,***}

* Figures cited are for the number of days or part-days that each judge sits during the year (taken from Ministry of Justice, 'Royal Courts of Justice Annual Tables 2019', Table 5.2). These figures may include some double-counting if, for example, one judge sits in a courtroom in the morning and a different judge sits in the afternoon. Figures that HMCTS has compiled internally, which exclude this double-counting, suggest a slightly lower total but are not available for all years. HMCTS figures for some individual years were cited in: Public Accounts Committee, *Efficiency in the Criminal Justice System*, parliament.uk, 2016, retrieved 15 October 2019, www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2015/efficiency-criminal-justice-system-15-16

** While magistrates' caseloads have fallen by less than 7% since 2010/11, the demand for magistrates' court buildings has fallen significantly more, largely as a result of the introduction of the single justice procedure.

*** Video-enabled hearings are used for some remand hearings in the criminal courts.

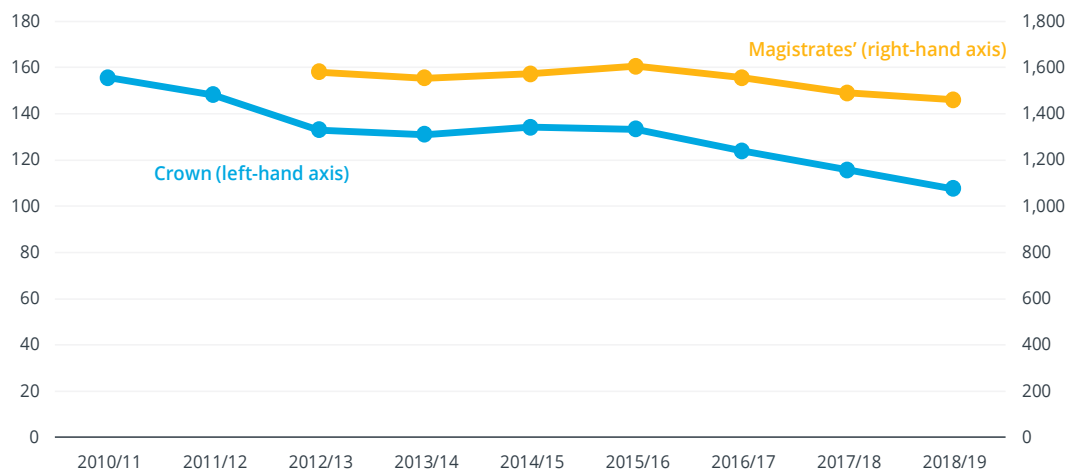
There have been persistent complaints that the remaining court buildings are run-down and outdated. In his 2018 annual report, the lord chief justice said:

The public should not be expected to visit dilapidated buildings and neither is it reasonable to expect staff or judges to work in conditions which would not be tolerated elsewhere... the backlog of urgent maintenance needed to ensure that all our buildings are in a decent condition will only be reduced by the injection of substantial funds.⁵⁷

The government provided an extra £15m of capital spending in the 2018 budget to spend on court estate improvements,⁵⁸ but HMCTS has indicated that there is more still to do, highlighting in its latest annual report that “we will be investing in larger-scale structural projects such as making sure that roofs aren’t leaking and lifts are being fixed”.⁵⁹

Criminal courts are dealing with fewer cases than in 2010/11

Figure 10.6 Number of criminal cases that the Crown and magistrates’ courts have dealt with (thousands)



Source: Ministry of Justice, 'Criminal Court Statistics Quarterly', Tables C1 and M1.

The number of cases disposed of – that is, where the case reaches a successful conclusion, is discontinued by prosecutors or is dismissed – by the magistrates’ courts fell by 7.6% between 2010/11 and 2018/19. This is smaller than the decline in the number of cases received, and consequently the number of cases outstanding has fallen – there were 318,917 cases outstanding in June 2012 and 293,412 in March 2019.

Cases are being dealt with in fewer hearings in the magistrates’ courts. On average, the number of hearings per case in the magistrates’ courts has fallen steadily, from 1.8 in 2010/11 to 1.5 in 2018/19, and there has been a significant increase in the proportion of cases completed at their first listing (from 69.0% to 78.3%).⁶⁰

Reforms explicitly intended to achieve this outcome have helped this reduction. The Transforming Summary Justice and the Better Case Management reforms aimed to simplify (and speed up) the process for dealing with summary cases. In addition, the abolition of committal hearings (purely administrative hearings in the magistrates’

courts before cases were referred to the Crown Court) in 2013 allowed cases to pass more quickly to the Crown Court, while a programme to ensure that the police, prosecutors and the courts use a common IT platform should improve the flow of information between them.

In line with a steeper decline in cases received, the number of cases disposed of by the Crown Court also fell faster than in magistrates' courts – by 30.8% between 2010/11 and 2018/19. Initially (between 2010/11 and 2015/16), disposals declined more quickly than Crown Court receipts, leading to a growing backlog of cases (peaking at 55,116 at the end of 2014). But since then, receipts have declined more quickly than disposals and in March 2019 there were only 31,916 cases outstanding, lower than at any point since 2000.⁶¹

But the fall in the number of cases that the Crown Court deals with has been accompanied by an increase in hearing times. The average hearing time for a Crown Court trial increased by 51.7%,⁶² from 4.2 hours for cases closed in 2010/11 to 6.3 hours in 2018/19.* We noted above that the complexity of cases that the Crown Court receives has increased since 2010/11, and this undoubtedly explains part, and possibly all, of the increase in hearing times.

However, we do not have a perfect measure of 'case complexity' that would allow us to separate the effectiveness of the Crown Court from the complexity of the cases it receives.

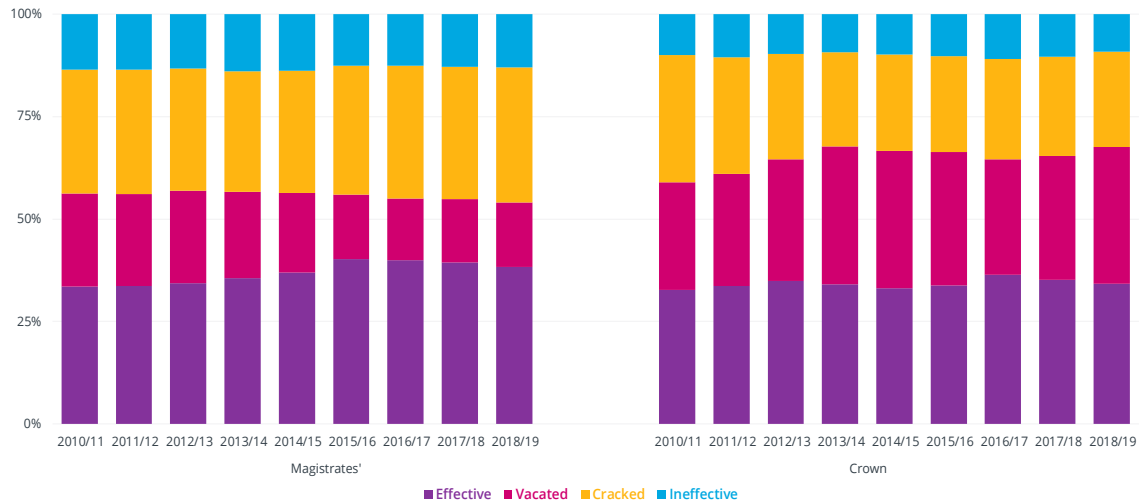
Avoidable delays undermine the smooth flow of court cases

The outcome of cases listed at the Crown Court and magistrates' courts is recorded, providing insight into how effectively cases are dealt with. There are four possible outcomes for a listed case. Broadly in order from worst to best, they are:

- **ineffective:** the case is not ready, or no courtroom is available, requiring the case to be relisted
- **cracked:** the case is withdrawn on the day and a trial is avoided (in more than four in five cases this is because the defendant pleads guilty)⁶³
- **vacated:** the case is withdrawn from the list in advance, possibly to be relisted later (though not necessarily, for example if the defendant changes their plea to guilty in advance) – this is preferable to a cracked or ineffective trial as it allows the court time to be reallocated
- **effective:** the case proceeds as intended, being heard on the originally scheduled date.

* Hearing times increased by almost 40% for both guilty and not-guilty pleas. There has also been an increase in the share of defendants pleading not guilty.

Figure 10.7 Percentage of magistrates' court and Crown Court trials that were effective, vacated, cracked and ineffective



Source: Ministry of Justice, 'Criminal Court Statistics Quarterly', Tables C2 and M2.

In both the magistrates' courts and Crown Court the share of effective trials has increased since 2010/11. In the magistrates' courts, the share increased from 33.6% in 2010/11 to 38.6% in 2018/19,^{*} although this share has fallen since 2015/16. In the Crown Court, the share of cases that were effective increased by less over the same period – from 32.8% to 34.2%. In both, the share of ineffective trials was stable over the period (at around 13% and 10% respectively).

The trends in cracked and vacated trials are different in the two systems. In the magistrates' courts, the share of trials vacated has fallen (from 22.7% to 15.7%), while the share of cracked trials has increased (from 30.3% to 32.9%). In the Crown Court, meanwhile, the share of vacated trials has increased (from 26.1% to 33.3%), while the share of cracked trials has declined (from 31.1% to 23.2%). The NAO concluded in a 2016 report that the increase in vacated trials at the Crown Court indicated that the courts were getting better at identifying cases that were likely to crack and removing them ahead of time.⁶⁴

The reason for ineffective trials is recorded and shows longstanding problems with court administration. In both the magistrates' courts and Crown Court, the share of trials that are ineffective as a result of court administration problems has grown. In magistrates' courts, the share of all cases that are ineffective due to problems with court administration or interpreter unavailability increased from 4.2% in 2010 to 5.0% in 2018; in the Crown Court the share increased from 3.1% to 3.5% over the same period.⁶⁵ Most commonly this is because courts list too many cases on a particular day, meaning defendants and witnesses have to come back another day.⁶⁶

* We follow the NAO's approach of expressing the proportion of effective trials as a share of all trials, including those that are ultimately vacated. In contrast, statistics that the MoJ publishes exclude vacated trials from the denominator. The NAO approach has the advantage of being able to show the relative importance of trial vacation, alongside the other outcomes for scheduled cases. But it does mean that more cases are likely to be counted multiple times (for example, if they are vacated one or more times and then have an effective hearing). See Comptroller and Auditor General, *Efficiency in the Criminal Justice System*, Session 2015–16, HC 852, National Audit Office, 2016, retrieved 15 October 2019, www.nao.org.uk/report/efficiency-in-the-criminal-justice-system

This is designed to allow for cases to fill the time that would be wasted if cases crack, but also leads to inconvenience for defendants and witnesses should the case not be heard.

In the magistrates' courts, improvements in trial effectiveness have been accompanied by a reduction in regional disparities. Variation in the proportion of effective trials across local criminal justice boards (LCJBs) was 40% smaller in 2018/19 than in 2010/11.^{*} However, in the Crown Court, variation across LCJBs was just as large in 2018/19 as it was in 2010/11.

There are many reasons why the share of effective trials might differ across the country – for example, the case mix may be different – but the catch-up by those LCJBs with below-average performance indicates that there are also differences in process efficiency. This suggests that those LCJBs that remain below average may find further efficiencies to increase the share of cases that take place on the originally scheduled date.

There are concerns that the quality of justice is being undermined

The analysis above exposes ongoing problems with court administration. Nonetheless, when looking at the numbers, court administration appears to have improved over time: a higher share of cases are going ahead as planned and the backlog of cases is historically low. But criminal courts do not, of course, exist solely to process cases efficiently; cases must also result in a just outcome.^{**} This is difficult to assess quantitatively – but is arguably the courts' fundamental purpose, and most important 'output'.

Some practitioners, commentators and researchers have expressed concern that spending cuts and efficiency measures are jeopardising the quality of justice,^{67,68} and yet in many cases we lack the data to verify or quantify these concerns. In a welcome step, HMCTS has announced the creation of an expert panel to review the impact of court reforms on users, court efficiency and outcomes, which has begun to commission research.⁶⁹

A recent Legal Education Foundation report has also set out data that the government should collect to monitor the effect of the reform programme on justice outcomes.⁷⁰ The rest of this chapter takes four prominent concerns, examines whether they are consistent with the available data and assesses what additional data, if any, would allow us – and HMCTS's expert panel – to come to a firmer judgment.

Pressure to expedite cases may undermine due process

This concern is best summarised by the Secret Barrister, a practising junior criminal barrister writing under a pseudonym: "There may well be fewer, quicker hearings. There may well be fewer adjourned trials. But to my mind, what is happening in these courts is not justice."⁷¹ This concern has been repeated elsewhere.⁷²

* Authors' calculations using Ministry of Justice, 'Criminal Court Statistics: January to March 2019', trial effectiveness at the criminal courts tool.

** The "overriding objective" of the criminal courts, stated in *The Criminal Procedure Rules*, is "that criminal cases be dealt with justly... acquitting the innocent and convicting the guilty". See Ministry of Justice, *The Criminal Procedure Rules*, 2019, retrieved 15 October 2019, www.justice.gov.uk/courts/procedure-rules/criminal/docs/2015/criminal-procedure-rules-practice-directions-april-2019.pdf

This is consistent with (though not necessarily the reason for) the decline in the number of hearings per case in the magistrates' courts,^{*} although hearing times have increased in the Crown Court. But other high-level data does not appear to corroborate the concern. A more hurried process that reached more incorrect decisions might be expected to lead to more decisions being appealed to the Crown Court, but the share of magistrates' disposals that result in an appeal has fallen.

Concerns have also been raised that increasing numbers of defendants are being pressured into submitting early guilty pleas, but the share of guilty pleas in both the magistrates' courts and Crown Court has declined since 2010/11.⁷³

However, this data is insufficient to validate or rule out the concerns raised. Evaluating the substance of these claims would require survey evidence of defendants' and legal practitioners' perceptions and attitudes, and/or external review of case outcomes.

Court closures undermine 'local justice'

Some commentators have raised concerns that people have to travel further to their nearest court, undermining the long-established principle of local justice. Concerns have also been raised that longer travel distances might harm the smooth operation of the courts if witnesses and defendants fail to attend.⁷⁴

It is not possible to say quantitatively whether a principle (local justice) is satisfied or not but court closures have led to a substantial increase in distances between magistrates' courts. Court closures mean that 35% of people now live further away from their nearest court than they did in 2010. Overall, between 2010 and 2018 the average distance to the nearest court increased from 3.6 to 6.3 miles. For those whose nearest court closed, the average distance increased from 3.7 to 11.3 miles, and for the 5% that experienced the largest increase, the distance they would be required to travel increased by more than 20 miles.^{**}

Since 2010, the share of trials that have been ineffective because witnesses did not turn up has declined.⁷⁵ Superficially, this suggests that court closures have not increased failures to attend. However, there are other factors that may have affected this, such as the effectiveness of court communication – the same trend is present in the Crown Court, for example. HMCTS has announced its intention to publish data on the number of failure-to-attend warrants issued, which will allow researchers to test the relationship between court closures and failure-to-attend warrants at a local level.⁷⁶

We cannot use data to judge whether local justice has been undermined. It is possible to show that distances to court have increased, and are now very substantial for some people, but it is a normative judgment to say whether they violate 'local justice'. In response to a consultation, HMCTS has restated its principles guiding its choice of court closures, with a greater focus on access to justice concerns, particularly on

* This could be a result of magistrates' courts' better case management and more efficient use of hearings.

** Authors' calculations using House of Commons Library, 'Constituency data: magistrates' court closures', House of Commons Library, 7 January 2019, retrieved 15 October 2019, <https://commonslibrary.parliament.uk/home-affairs/justice/courts/constituency-data-magistrates-court-closures>. Specifically, calculations are at the Output Area level, based on populations at the 2011 census, with distances calculated from the centre of the area to the nearest court.

ensuring 'reasonable' journey times.⁷⁷ It should be possible to quantify the practical effects of court closures on court operation by analysing the relationship between distances travelled to court and the rate of no-shows, and HMCTS has promised to publish data to enable this.⁷⁸

The use of video hearings could detrimentally affect case outcomes

HMCTS intends to extend the use of video hearings, whereby trials take place without participants being physically present. This may prove more efficient, but there are concerns that a 'virtual courtroom' may change the behaviour of magistrates, lawyers, juries and defendants. One prosecutor interviewed for a Transform Justice report in 2017 suggested that "psychologically, it is easier to do something negative to someone when they are not physically present".⁷⁹

There is also evidence that people value being 'listened to' in court, and those who interact with the court without being physically present are less likely to feel listened to.⁸⁰

As these concerns are about changes to come, rather than reforms implemented, there is no way to evaluate these claims using the available public data. There is little evidence of what impact a greater use of video hearings would have in the criminal courts.* The pilot schemes that HMCTS is rolling out in the civil and family courts are welcome, but further piloting and evaluation are necessary before digital changes are introduced wholesale into the criminal courts.

HMCTS should monitor the impact of virtual courts on outcomes closely as they are rolled out more broadly in the justice system, continuing with the pilot approach adopted in the tax tribunals and comparing outcomes across video and in-person trials.

Legal aid restrictions mean more unrepresented defendants and lower-quality criminal lawyers

The most widespread anecdotal problems concern cuts to legal aid (see Box 10.2). These cuts have precipitated two main concerns. First, that they have led to an increase in unrepresented defendants (although in the Crown Court it is important to acknowledge that this is still only a small minority of defendants), who are ill-equipped to access the justice they deserve. One prosecutor interviewed for a 2016 Transform Justice report said: "I have prosecuted trials against unrepresented defendants. It is a complete sham and a pale imitation of justice."⁸¹

Second, there is a view that cuts in lawyers' remuneration has reduced the quantity and quality of criminal barristers. In response to the government's review of the legal aid reforms, the Criminal Bar Association described a "recruitment and retention crisis", with only those from more privileged backgrounds able to become criminal barristers.⁸²

* There is some evidence on the impact of court participants appearing via video link from an experiment conducted in Australia, which found that there was little difference in juror perceptions in a video trial as opposed to a physical trial. See Tait D, McKimmie B, Sarre R, Jones D, McDonald LW and Gelb K, *Towards a Distributed Courtroom*, Western Sydney University, 2017, retrieved 15 October 2019, http://courtofthefuture.org/wp-content/uploads/2017/07/170710_TowardsADistributedCourtroom_Compressed.pdf

Cases where defendants are unrepresented often take longer to hear, but we do not have evidence on the extent to which case outcomes are affected by the lack of qualified legal representation, or evidence of people being deterred from accessing justice as a result of the less-generous legal aid means-test. It is difficult to assess this quantitatively, and at the very least would require survey evidence from defendants and practitioners as well as a review of case outcomes. It is notable that the government has acknowledged concerns and announced further resources to support unrepresented defendants.⁸³

There is also little evidence on the quantity and quality of criminal lawyers taking on legal aid work. The government's review of legal aid found that spending per legal aid provider was broadly flat while overall legal aid spending fell (with a fall of 14% in the number of legal aid providers between 2012/13 and 2017/18).⁸⁴

But this does not assess the quality of criminal lawyers or the sustainability of the sector. In 2018, The Law Society of England and Wales expressed concern that the advocates who undertake legal aid work are ageing – the average age was 47, and in certain areas of the country most were over 55. It also cited low morale among lawyers taking on legal aid work.⁸⁵ A previous study that interviewed 50 judges found that more than half commented on the impact of low pay on the quality of criminal advocacy.⁸⁶

Better data on the characteristics of new barristers and solicitors in legal aid chambers or firms, as well as the characteristics of those leaving the practice, would allow these claims to be tested. The MoJ should undertake analysis of this type as it reviews legal aid fees over the next year.

The quality of justice is of widespread concern, but the available data is not sufficient to evaluate it conclusively. To an extent this is inevitable, because some claims are difficult to quantify. But the MoJ could do more to assess, among other issues, defendants' and other court users' experiences and perceptions,* the impact of court travel distances on 'no-shows', and the quality and diversity of lawyers taking on criminal legal aid work.

The government has set up an expert panel to commission research on the effect of the court reforms and announced reviews into specific policy questions concerning legal aid,⁸⁷ which will report in 2020. These should provide opportunities to look at and address (where possible) many of these problems.

* In 2017, Kantar Public carried out a survey for HMCTS, but there is no consistent time series to benchmark these results over time. See HM Courts and Tribunals Service, *HM Courts and Tribunals Service: Citizen user experience research*, Ministry of Justice, 2018, retrieved 31 July 2019, www.gov.uk/government/publications/hmcts-citizen-user-experience-research

Have criminal courts become more efficient – and if so, can that be maintained?

Reforms to the criminal courts have resulted in a number of efficiency improvements. A move towards largely paperless courts and reforms to judicial processes have allowed for significant staff cuts. The public sector pay cap has also enabled HMCTS to hold down growth in staffing costs.

However, there are concerns that staff cuts and other reforms have damaged the quality of justice that the criminal courts dispense. The data needed to assess these claims robustly is not currently available – but it should be a priority for the MoJ to gather the evidence required to examine this.

Efficiency savings were needed to try to maintain the scope of the service while HMCTS spending was cut sharply – between 2010/11 and 2018/19, spending fell by 18.4% in real terms. From 2012/13, the number of cases that the magistrates' courts received fell by only 7.6% and – while the number of Crown Court cases fell by 30.8% – the increasing complexity of cases heard in the Crown Court means the demands on those courts did not fall as sharply as case numbers suggest.

A reduction in staff numbers has been a key component of the reform programmes implemented over the past decade: between 2010/11 and 2018/19, the number of full-time equivalent staff that HMCTS employed fell by 29.3%; the number of magistrates fell by 46.8%; and the number of salaried and full-time equivalent fee-paid judges fell by 11.9% and 14.2%, respectively.

HMCTS has enacted wide-ranging reforms that have facilitated changes to how cases are dealt with, including the criminal courts becoming almost paperless. Productivity increases are most evident in summary justice cases heard in the magistrates' courts (because magistrates are unpaid, the major expenses are court buildings and HMCTS staff). The introduction of the single justice procedure means that most cases are now handled by only one magistrate (plus a legal adviser) without using a courtroom.

The number of cases disposed of per magistrate has increased by more than 50% since 2012/13. At the same time, more than 150 (often underused) magistrates' courts have been closed, many of them sold to fund the reform programmes.*

The programme of reform has had less impact so far on the Crown Court, and it is harder to identify efficiencies here because it is difficult to disentangle whether hearing times are increasing because cases are more complex or because trials are being conducted less efficiently. Longstanding problems with court administration persist in both the magistrates' courts and Crown Court, but cases are administered more effectively now on average than they were at the start of the past decade, with more trials occurring on the originally scheduled date.

* As of January 2019, court sales had raised around £223m. See House of Commons Library, 'Constituency data: magistrates' courts', House of Commons Library, 7 January 2019, retrieved 15 October 2019, <https://commonslibrary.parliament.uk/home-affairs/justice/courts/constituency-data-magistrates-court-closures>

A further programme of reforms began in 2016, which was expected to cost £1bn and had the aim of saving £265m a year (or more than 10% of HMCTS's current annual operational spending) by 2023. But doubts remain about whether and when this can be delivered in full. In 2018, the Public Accounts Committee described the reforms as "hugely ambitious and on a scale that has never been attempted before".⁸⁸ In 2019, the timetable was pushed back by one year, though the stated cost remained unchanged.⁸⁹

But a recent NAO report suggests that courts are still behind even this revised schedule: only 78% of the milestones due to be completed under the new timetable had been completed by January 2019. Some progress has been made: HMCTS's latest estimates imply that by the end of 2018/19 the reforms cost £540m (including both operating expenditure and investment expenditure) and had generated total cumulative savings over the three years of £133m, even though many of the reforms have not yet been fully rolled out.^{90*}

Some of the reforms that have been implemented have transferred costs from the state to individuals. Greater means-testing of legal aid means that more people are representing themselves in court – a cost imposed on the defendants themselves and the courts where this affects their operation – and court closures mean that witnesses, defendants and jurors must travel further.

It has been widely acknowledged that the court system is in need of reform. Joshua Rozenberg QC (hon) set out the need for reform in a lecture in February 2019, when he pointed out that in some ways the courts system remained almost unchanged through much of the 20th century.⁹¹

However, it remains to be seen whether these reforms are too ambitious for HMCTS to implement successfully given its current resource constraints. This is a concern that the PAC has raised.⁹² On the criminal court reforms specifically, in January 2019 HMCTS rated its likelihood of meeting the planned timetable as 'amber-red', meaning:

Successful outcome versus plan is in doubt, with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to assess whether recovery is feasible.⁹³

While it remains to be seen whether these reforms can be successfully implemented on time and to budget, it is undoubtedly the case that the courts operate more efficiently in some ways now than they did in 2009/10. However, there are two areas where concerns have been raised, which suggest that recent improvements in the efficiency of the criminal courts system may not be as significant as they appear.

The first, outlined above, is that the quality of justice dispensed has declined. The second concern is staff morale. Where survey evidence is available, it indicates declining job satisfaction and morale among HMCTS staff, magistrates, judges and

* The NAO has recommended that HMCTS improves how it measures savings from reform and more clearly shows where those savings have come from. See Comptroller and Auditor General, *Transforming Courts and Tribunals – A Progress Update*, Session 2017–19, HC 2638, National Audit Office, 2019, p. 24, retrieved 12 October 2019, www.nao.org.uk/wp-content/uploads/2019/09/Transforming-Courts-and-Tribunals.pdf

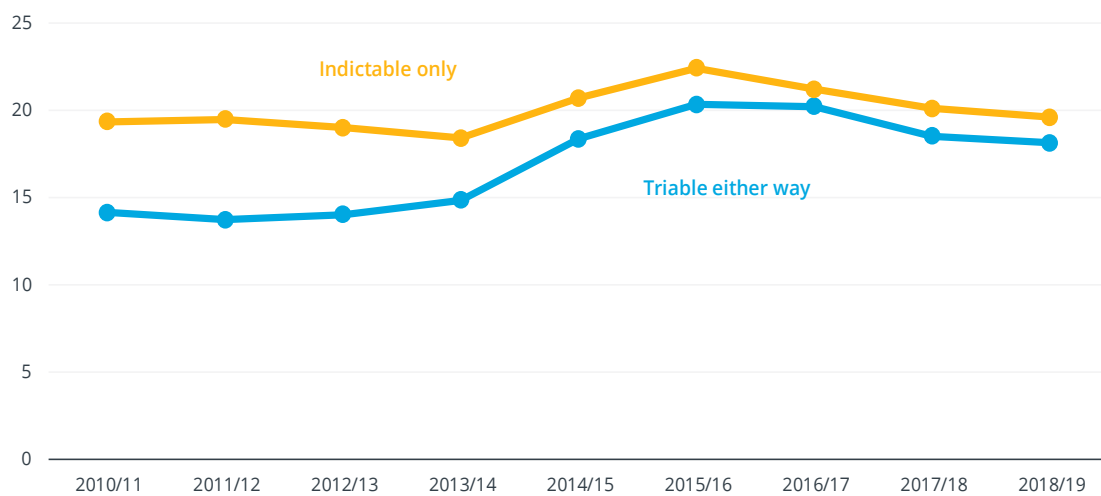
criminal lawyers. Where comprehensive survey evidence is lacking, anecdotal evidence of recruitment and retention difficulties abounds.

The criminal courts system relies on these groups to function, and many of the recent cost savings have been made by reducing spending on staff and judges, as well as legal aid cuts affecting private sector lawyers' remuneration. If morale does not improve, the efficiency savings achieved so far may not be sustainable.

The MoJ and HMCTS could and should do more, including through the work that their new advisory panel has commissioned, to collect new data – and analyse existing data – to evaluate the impact of the reforms.

Have efficiencies been enough to meet demand?

Figure 10.8 Average waiting time (weeks) for Crown Court trials



Source: Ministry of Justice, 'Criminal Court Statistics Quarterly', Table C6.

Focusing solely on the administrative processing of cases, the data suggests that the efficiency of the criminal courts did improve between 2010/11 and 2015/16 – but not enough to maintain waiting times in the face of deep spending cuts. Since then, waiting times have fallen, but this may have been as much about the cessation of cuts and a fall in demand as improved efficiency.

Waiting times at the Crown Court increased between 2010/11 and 2015/16 – from 14.1 weeks to 20.3 weeks for 'either way' cases and from 19.3 weeks to 22.4 weeks for 'indictable only' cases – leading to larger backlog of cases. In the magistrates' courts, waiting times also increased over that period, from 7.9 weeks to 8.8 weeks.⁹⁴ The spending cuts were steepest between 2010/11 and 2015/16, and courts struggled to meet demand over this period; the Crown Court appears to have prioritised dealing with the most urgent cases.*

* Waiting times increased less for the most urgent cases (those where defendants were on remand, who can only be held in custody for a limited period). Waiting times for defendants on remand increased by 37.5% – from 9.1 weeks in 2010/11 to 12.6 weeks in 2015/16 – while waiting times for defendants on bail rose more significantly – by 51.5%, from 15.6 weeks to 23.6 weeks – over the same period.

Since 2015/16, waiting times in both the Crown Court and the magistrates' courts have fallen. The Crown Court's backlog of cases has shrunk particularly quickly. Courts did not need to become more efficient to improve performance after 2015/16 because the number of cases continued to decline, the complexity of cases plateaued and HMCTS spending in real terms increased between 2015/16 and 2018/19. The available evidence suggests that demand will decline further in 2019/20, with a substantial reduction in court sitting days planned.⁹⁵

But criminal courts are an inherently 'downstream' public service. The government's pledge to increase police recruitment⁹⁶ and allocate more funding to the CPS⁹⁷ may increase demand for courts if these changes lead to more cases being prosecuted.

Across the whole period from 2010/11 to 2018/19, criminal courts have had to make efficiencies to meet demand, which has fallen by less than spending.

How will demand for the criminal courts change?

If the number of court cases (adjusted for case complexity) continues to fall in the way it has in recent years, current funding plans – which imply a small real-terms cut in HMCTS spending – will be sufficient to meet demand. But, in reality, the extra resources already promised to the police and the CPS are likely to increase demands on the criminal courts. If that happens, the courts will need more funding than current plans imply.

Court demand depends on the number and complexity of cases that the courts receive from the CPS and other prosecuting bodies; this will depend on the resources devoted to 'upstream' public services, most importantly the police and the CPS.

We measure demand for the Crown Court as the number of cases received, adjusted for average case complexity for different types of case (where we define complexity using the average hearing time). For the magistrates' courts, we measure demand simply using the number of cases received.*

If demand continued to decline year-on-year at the same annual rate as it has done on average since 2010/11, demand on the courts would fall by 5.4% between 2018/19 and 2023/24. This projection makes courts one of only two services (alongside prisons) where we project that demand could fall over the next five years.

* For a full explanation of how we project demand, see Chapter 13.

Table 10.1 **Projected spending and demand for criminal courts**

| Criminal courts | | | |
|--|---------------------------|-------------------|-------------|
| Projected increase in demand by 2023/24 | -5.4% | | |
| Spending scenario | Current government policy | Recent trajectory | Meet demand |
| Change in real-terms spending by 2023/24 | -1.6% | 6.5% | -5.4% |
| Spending in 2023/24 (2018/19 prices) | £2.0bn | £2.1bn | £1.9bn |
| Impact on unprotected government spending (2018/19 prices) | – | -£0.2bn | £0.1bn |
| Projected gap (2018/19 prices) | -£0.1bn | -£0.2bn | – |

Source: Institute for Government calculations. See Chapter 1, Methodology.

If this demand projection is correct (and if the criminal courts continue operating as efficiently as they did in 2018/19 and the costs of providing court services grow in line with economy-wide inflation), the government could reduce spending on courts by 5.4% in real terms by 2023/24 (as shown by the 'meet demand' scenario in Table 10.1), while still maintaining the scope and quality of the service. This equates to a reduction in court spending of £100m a year.

Any resumption of spending cuts would be a turnaround from recent years when HMCTS spending increased in real terms. If the government were to continue increasing HMCTS spending at the same rate as it has over the past three years, spending in 2023/24 would be 6.5% (or £100 a year) higher than it was in 2018/19 (as shown by the 'recent trajectory' scenario in Table 10.1).

The government's decision to increase courts' spending over recent years, even as budgets for other services have continued to be cut, suggests that it perceived a need to prioritise the courts, which it may continue to do. Another reason to think that court spending may need to increase (rather than fall) over the next few years is that, in practice, demand could well grow because spending 'upstream' – particularly on the police and CPS – is likely to increase by much more over the next five years than it has over the previous nine.

The government intends to increase police numbers by 20,000 by 2023/24⁹⁸ and provide additional resources for the CPS.⁹⁹ These additional investments 'upstream' are likely to increase the number of cases that criminal courts will hear in the next few years. A greater number of police officers and more funding for CPS prosecution lawyers are likely to increase arrests and charging rates, translating into a higher number of criminal court cases.

If the government wants to ensure that the criminal justice system can both manage these extra demands and maintain standards, then extra money in one part of the criminal justice system will need to be matched elsewhere.

The 2019 spending round awarded the MoJ (from which the HMCTS budget comes) among the biggest proportional budget increases for 2020/21, suggesting that the courts are likely to be provided with extra resources in that year. This is factored into our 'current government policy' scenario in Table 10.1.

But, as that scenario shows, if the government wishes to sustain that funding in later years, it would need to increase planned spending on currently unprotected services – or cut unprotected services outside the justice system more deeply – because current plans imply that real-terms spending on unprotected services will fall after 2020/21. This would leave HMCTS spending 1.6% lower in real terms by 2023/24 than it was in 2018/19, despite planned increases in 2019/20 and 2020/21.

11. Prisons

There has been a dramatic deterioration in standards across prisons since 2009/10. The sharp rise in deaths, violence, self-harm, poor behaviour and drug use – as well as a drop-off in efforts to rehabilitate prisoners – can all be linked to the cuts in government spending on prisons, and a fall in the number of prison officers between 2009/10 and 2015/16.

These disappointing, and worrying, results have prompted the government to act. However, despite starting to reverse the reductions in spending on prisons and the number of prison officers, both remain below 2009/10 levels and prison performance continues to deteriorate.

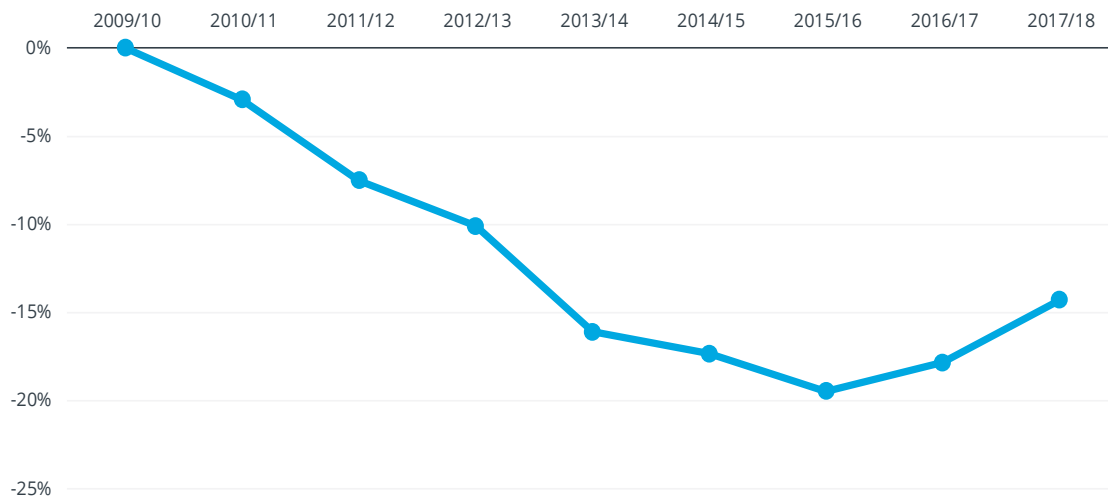
The size of the prison population is due to fall in future years, but spending is planned to fall faster. The gap between spending and demand in 2023/24 will be even larger if the Johnson government implements its proposals on police numbers, Crown Prosecution Service spending and sentencing reform.

There are 117 prisons in England and Wales. Her Majesty's Prison and Probation Service (HMPPS) runs most of these (104) while three private companies operate 13: G4S and Sodexo manage four prisons each, and Serco manages five. Private prisons are newer than those operated by the public sector and tend to be larger.

This chapter covers all of these prisons, though less data on private prisons is available, particularly with regards to their workforce.

Spending on prisons is 14% lower in real terms than in 2009/10

Figure 11.1 Change in spending on prisons in England and Wales since 2009/10 (real terms)



Source: Ministry of Justice, 'Costs Per Place and Per Prisoner Per Individual Prison Establishment' (overall resource expenditure).

Government spending on prisons has fallen considerably since 2009/10. Recent investment has only just begun to reverse this trend. In 2017/18, the government spent £3.2 billion (bn) on prisons. On a like-for-like basis, * taking into account economy-wide inflation, spending was 14% lower than eight years earlier, having reached its lowest point in 2015/16, when it was 19% below 2009/10 levels in real terms.¹

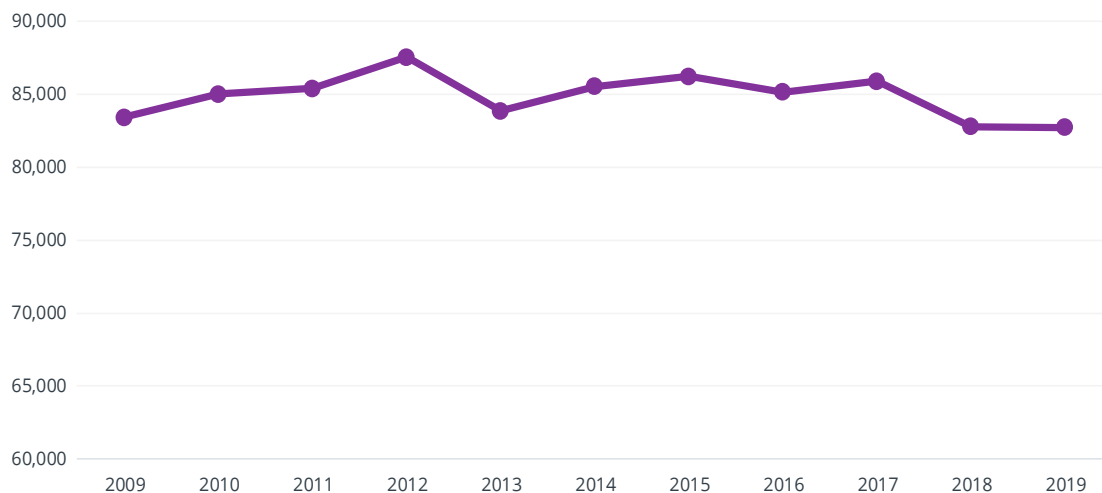
The increase in spending in 2016/17 and 2017/18 followed an announcement in the 2016 autumn statement of £291 million (m) of additional funding over three years to recruit 2,500 additional prison officers to improve prison safety.² In the 2018 budget, the government committed a further £30m for 2018/19 to enhance prison security.³

On top of additional funding to increase prison officer numbers and boost security, the Cameron government announced £1.3bn more capital funding in the 2015 autumn statement to invest in reforming and modernising the prison estate, and committed in 2016 to build 10,000 new prison places.⁴ The Johnson government has since announced that up to £2.5bn will be spent, re-committing to creating 10,000 new prison places in addition to the two new prisons already announced at Glen Parva and Wellingborough.⁵ Unlike the funding mentioned above, this is intended primarily to boost prison capacity and will not target pressures in existing prisons.

* In some years, there are small adjustments in recorded spending due to changes in what is accounted for in Ministry of Justice spending on prisons. In these cases, we have adjusted previous years' prison spending numbers such that annual percentage changes in prison spending are unaffected by these adjustments and are always based on a like-for-like comparison.

Prisoner numbers have fallen – but demands on prisons have risen overall

Figure 11.2 The prison population in England and Wales



Note: Figures are from 30 June of each year.

Source: Ministry of Justice, 'Offender Management Statistics Quarterly', Table 1.1.

The total prison population is largely unchanged from 2009/10 levels, but the demands on prisons and their staff appear to have become more complicated over the 10-year period.

The proportion of the prison population accounted for by men and women has changed dramatically over the years. In 1900, 17% were women. This fell to a low of 2% in the late 1960s but then rose again slowly, reaching 6% in 2001, before falling slightly to 5% in 2007; since then the population mix has remained steady.⁶

As of June 2019, the prison population in England and Wales was 82,710. This was the lowest population at this time of the year of the past 10 years. The prison population peaked at 88,167 in November 2011.⁷ While the number of prisoners has fallen slightly over the past two years, the evidence suggests that the overall needs of the prison population have increased, with more older prisoners, and a greater prevalence of drugs, alcohol and weapons in prisons.

Between June 2011 and June 2019, the number of prisoners aged 60 and over rose by 69%, from 3,015 to 5,082. Since June 2016, the first year for which figures are available, there has also been a particularly sharp increase in the number of prisoners aged 70 and over (25%). At the same time, the number of young prisoners has declined, with 27% fewer prisoners aged under 30 in 2019 than in 2011.⁸

Older prisoners can put additional strain on prisons. This age group has higher levels of illness and many will need additional support to access activities or outside space. Prisons may need to provide physical adaptations and specialist training for staff. In a joint report, Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission found gaps in the provision of services for older prisoners, wide

variations across the prison estate and little evidence that prisons were adequately prepared for the continued growth in the older prison population.⁹

Increased use of drugs has made prisons more challenging to manage. According to the Ministry of Justice (MoJ), “the prisons with the highest rates of positive random drug tests are the prisons that are the least stable”.¹⁰ Unfortunately, the percentage of drugs tests with positive results for ‘traditional drugs’ such as cannabis and opiates rose from a low of 7.0% in 2011/12 to 10.0% in 2018/19, though this is down from a peak of 10.6% in 2017/18.

Higher apparent use of traditional drugs has been accompanied by an influx of synthetically produced drugs collectively known as ‘psychoactive substances’, which appear to be at least as prevalent as traditional drugs. In 2016, HMPPS became the first prison service in the world to introduce mandatory tests for these drugs.¹¹ The two years of data available show that psychoactive substances are used widely. In 2017/18, 21.3% of inmates tested positive for either psychoactive substances or more traditional drugs. This fell to 17.7% in 2018/19.¹²

However, HMIP found that in 2017/18 the mandatory drug testing programme was not running effectively in 18 of the 39 men’s prisons it inspected (46% of those prisons) – mainly due to staff shortages.¹³ Official figures may therefore underestimate the true scale of drug use in prisons.

The quantity of drugs and drug equipment found in prisons has increased over the past few years. Between 2016/17, the first year for which figures are available, and 2018/19, discoveries of drugs and drug equipment increased by 73% and 157% respectively. There has also been a large rise in the number of other illicit items found. Most notably, finds of alcohol and distilling equipment rose by 100% and 125% respectively between 2016/17 and 2018/19, while 105% more weapons were found over the same period.¹⁴

It is possible that these figures reflect better detection rather than increased prevalence. For example, since 2016/17, HMPPS has trained more than 300 drug dogs to detect psychoactive substances, which will have increased the frequency with which these drugs are found. However, it is likely that at least some of the rise in finds reflects increased availability of these items in prisons, with the government’s prison drugs strategy acknowledging that the “scale of the problem is significant and has become more challenging in recent years”.¹⁵ Increased availability of drugs, alcohol and weapons will increase the complexity of supervising the prison population.

Fewer, larger prisons

The number of prisons in England and Wales fell from 137 in 2009/10 to 117 in 2018/19. But, despite more prisons closing or merging than opening, the total capacity of the prison system has stayed broadly the same because the new prisons that have opened are larger than the ones they have replaced and new accommodation blocks have been built at existing prisons. The total operational capacity of prisons has fallen only slightly, from 87,090 in March 2011 to 86,473 in March 2019.

Government plans to increase prison capacity have proceeded more slowly than originally intended. Berwyn prison, which opened in 2017, is the only brand-new prison that has been initiated and built since 2009/10. Two years later, the prison was still 40% empty because of delays to building work, including the completion of workshops, and currently remains around a third below its intended capacity of 2,100 places.¹⁶

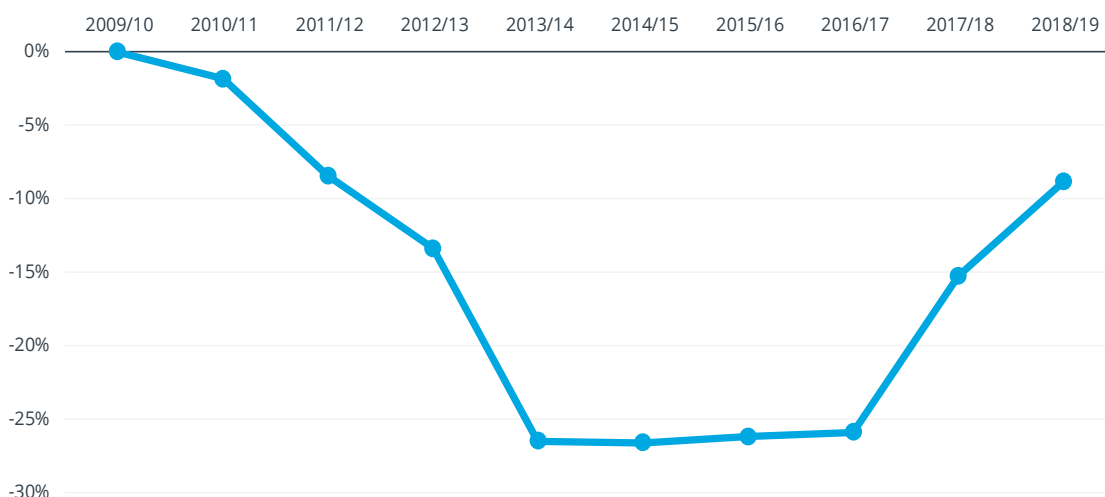
Under the Prison Estate Transformation Programme (PETP), the Cameron government committed to create 10,000 new prison places. The programme included two new prisons – in Port Talbot and Full Sutton – and the rebuilding of existing prisons in Glen Parva, Hindley, Rochester and Wellingborough.¹⁷ The first to be built as part of this programme was the former HMP Wellingborough.¹⁸ Construction of the new prison commenced in May 2019 and it is due to open in 2021. The former HMP Glen Parva has also been demolished in preparation for construction in summer 2020, with work due to be completed by summer 2023.

It was decided in July 2017 that the closures of both Hindley and Rochester prisons should be postponed. Cells at these sites are to be kept in use for now, as part of forward-planning for the estate. In September 2019, planning permission was granted to build the new 1,017-place prison at Full Sutton.*

The House of Commons Justice Committee has concluded that while the PETP has made some progress, “sites for new prisons have proven difficult to obtain, older and decrepit prisons have been forced to remain open owing to population pressures and receipts from the sale of existing sites do not cover the cost of building new prisons.”¹⁹

Staff numbers in public prisons have increased, following deep cuts

Figure 11.3 **Change in the total number of core operational staff (bands 3–5) in public prisons since 2009/10**



Note: All staff numbers are full-time equivalent, as of 31 March.

Source: Her Majesty's Prison and Probation Service, 'Workforce Statistics Bulletin', Table 3.

* Plans for the new prison in Port Talbot have been scrapped following objections from the local community.

The analysis in this section is focused on the workforce in publicly run prisons because the MoJ does not collect workforce data from private prison providers. Given the increase in violence across the prison estate, we believe that the department should start to collect and publish this data immediately to assess whether private prisons have safe staffing levels.

In 2017/18, payroll accounted for 39% of spending on prisons, down from 47% in 2012/13 (the first year for which comparable figures are available). Total spending on payroll fell by 17% in real terms between 2012/13 and 2016/17, before growing by 5% in 2017/18.²⁰

Between March 2017 and March 2019, the number of full-time-equivalent prison officers rose by 4,228 (23%). As a result, at the end of the 2018/19 financial year, there were 22,630 band 3–5 prison officers in public prisons in England and Wales. The government has, therefore, comfortably exceeded its target, set three years ago, to recruit 2,500 additional prison officers, though it has only partially reversed the large decline – of 27%, or 6,609 prison officers – that occurred between 2009/10 and 2014/15.

While prison officer numbers are nearly at the same level as they were seven years ago, the workforce is now much less experienced. In March 2019, 50% of prison officers had less than five years' experience, compared with 22% in March 2010 and just 6% in March 2014. Just under half (46%) had at least 10 years' experience or more, down from 56% in 2010 and a high of 66% in 2014.²¹

This change in staff composition is due to a large number of prison officers leaving each year, many of whom had been with the service for more than five years. More than 1,500 prison officers left through voluntary early departure schemes between March 2013 and March 2014, with 720 leaving in September 2013 alone. The average length of service of staff who left through these schemes ranged from 17.2 years to 24.5 years in each month over this period during which there were departures.²²

The loss of experienced staff can damage the quality of support and supervision within prisons. HMIP noted in its 2018/19 annual report that "some prisons had a large proportion of new and very inexperienced staff who sometimes struggled to challenge poor prisoner behaviour" and cited staff inexperience as a contributing factor to the poor performance of HMP Birmingham.²³

Standards in prisons have declined on almost all measures

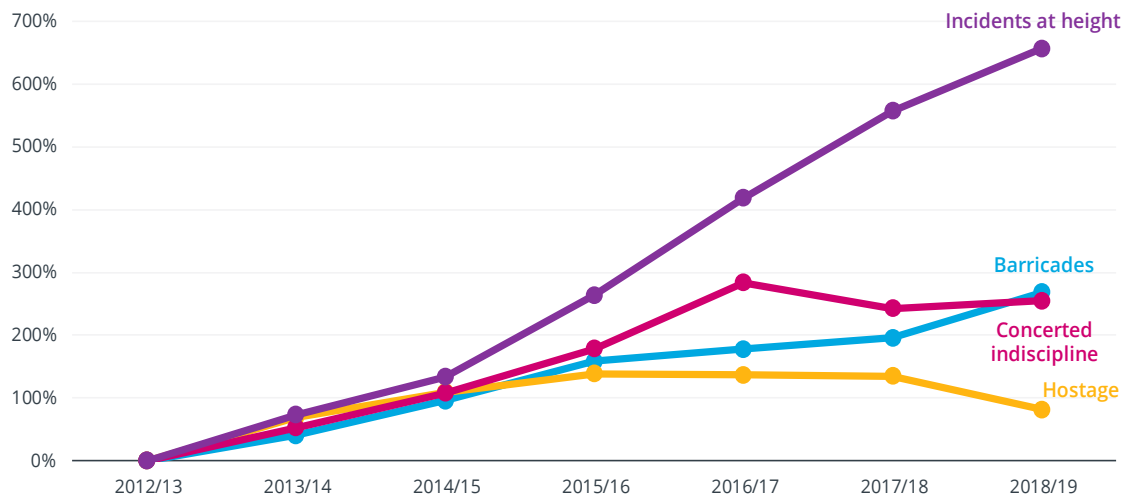
On every key measure, prison performance has declined in recent years. Prisoner misbehaviour, violence and self-harm have all become more prevalent, while rehabilitative activities have become less widely available.

Only on their most basic responsibility – keeping prisoners in custody – have prisons maintained good performance, with no more than two escapes* a year between 2009/10 and 2018/19, apart from in 2016/17 when four prisoners escaped. Similarly, the number of prisoners who absconded from open prisons fell from 269 in 2009/10 to 120 in 2018/19, with a low of 86 in 2016/17.²⁴

* Where a prisoner has to physically overcome some restraint or barrier to go out of the control of the staff.

Incidents of poor prisoner behaviour have increased

Figure 11.4 Change in the number of incidents of protesting behaviour in prisons in England and Wales since 2012/13



Source: Her Majesty's Prison and Probation Service, 'Annual Digest', Table 8.1.

There has been a massive rise in incidents of poor prisoner conduct over the past six years. Incidents of 'protesting behaviour' are categorised in four ways:

- **barricades/prevention of access:** prisoners use a physical barrier to deny access to all or part of a prison
- **hostage incidents:** prisoners hold people against their will
- **concerted indiscipline:** two or more prisoners refuse to comply with instructions/rules
- **incidents at height:** any incidents taking place above or below ground level,^{*} including climbing over bars, on the roof or on netting.

Between 2012/13 – the earliest year for which there are consistent figures – and 2018/19, there was a more than fivefold increase in the total number of incidents per year, from 1,366 to 7,781. The majority of these (and the fastest-growing category) were incidents at height. There were 5,583 such incidents in 2018/19, an increase of 657% since 2012/13. The number of barricades – the second-largest category – also grew consistently over this period, from 475 to 1,749, a rise of 268%.

Incidents of hostage taking and concerted indiscipline have also grown but are both below their peak. Hostage incidents rose from 54 in 2012/13 to 129 in 2015/16, before falling to 98 in 2018/19 – an overall rise of 81% over the period. Incidents of concerted indiscipline rose from 99 in 2012/13 to a high of 380 in 2016/17. This fell to 339 in 2017/18 before rising again to 351 in 2018/19 – a total increase of 255% over the past seven years.²⁵

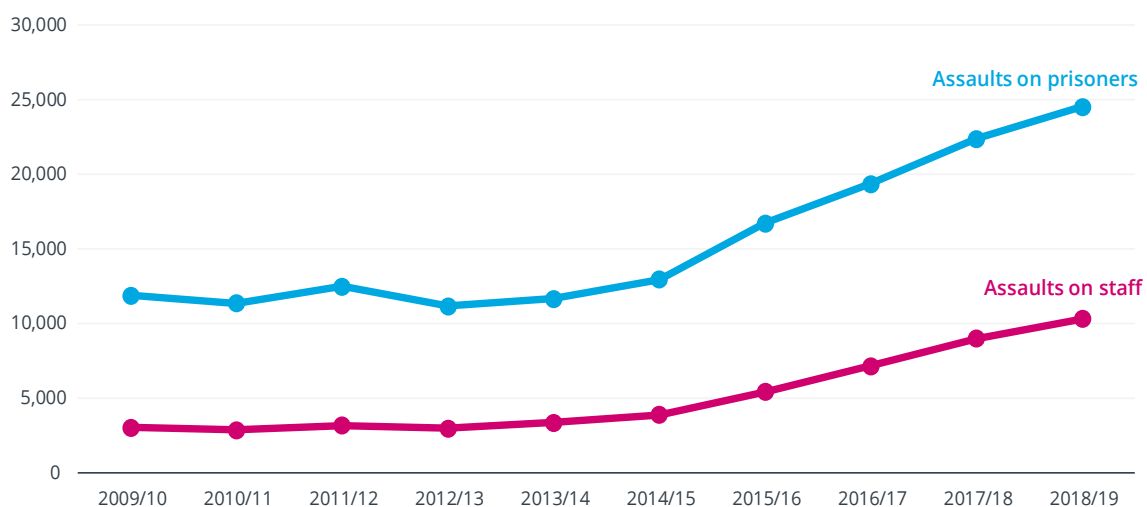
^{*} Incidents below ground level would include those that take place in the basement. They would not include tunnelling, as this would be classed as an escape or attempted escape.

Prisoners involved in these sorts of incidents, plus those alleged to have committed other (substantially more common) offences in prison, are put through a process known as adjudication, where the allegations are assessed.* Alongside the large increase in incidents, there has been an increase in the number of adjudications. Between 2011 and 2018, the number rose by 71%, from 119,678 to 204,715.

Proven adjudications have also increased, but only by 52% over the same period. As a result, the share of allegations that are proven has fallen from 73% to 65%. The reason for this drop is unclear but the MoJ has stated that it “may reflect a change in the types of offences adjudicated against”²⁶

Prison violence continues to worsen and prisoners are self-harming more often

Figure 11.5 Number of assaults in prisons in England and Wales



Source: Ministry of Justice, 'Safety in Custody Statistics', Table 4.

In August 2018, Rory Stewart, then prisons minister, pledged that he would resign if levels of violence and drug use did not decline in 10 selected prisons over the following year. The pledge was supported by an investment of £10m.²⁷ Stewart did not stay in post long enough to realise this pledge – he was appointed international development secretary in May 2019 and then stood down from the government in July 2019.

He would not have had to resign had he remained prisons minister: across the 10 prisons there was a 15% decline in the number of assaults per 1,000 prisoners compared with a 5% decline in comparable category B and C prisons.²⁸ Concerns have been raised, however, that this has been achieved by diverting resources from other prisons²⁹ and violence levels across the wider prison estate remain very high.

Prisoner-on-prisoner assaults more than doubled from 11,892 in 2009/10 to 24,541 in 2018/19, with serious assaults rising even more quickly – from 1,087 to 3,017 over the same period – though they fell slightly in the past year. Assaults on staff

* The recording of incidents of protesting behaviour is not dependent on whether the allegation is upheld at a subsequent adjudication. Rather, prison officers record incidents when they judge that it is likely, beyond reasonable doubt, that the incident occurred.

have grown at an even faster rate, with 10,311 in 2018/19, more than three times the number in 2009/10.

There has also been an increase in the number of self-harm incidents in prisons. These rose from 24,964 in 2009/10 to 57,968 in 2018/19 – an increase of 132%. In the past year alone there has been a rise of 24%. Self-harm incidents are far higher in women's prisons, with 2,828 for every 1,000 female prisoners, compared with 596 for every 1,000 male prisoners. The rate of self-harm incidents in women's prisons fell from 2,624 per 1,000 prisoners in 2009/10 to 1,552 per 1,000 prisoners in 2012/13, before rising again to the current level.

In 2018/19, roughly three out of every 10 female prisoners self-harmed at least once.³⁰

Self-inflicted deaths in prison fell from a peak of 108 in the 12 months to June 2016, to 86 in the 12 months to June 2019. However, the number rose slightly in the past year and is still 46% higher than the figure recorded in 2009/10.³¹

According to analysis by the MoJ, the figures for both assaults and self-harm are likely to be underestimates, with around 10% of assaults and 11% of self-harm incidents going unreported in the 2017/18 official statistics.³²

Prisoners have less access to rehabilitative activity

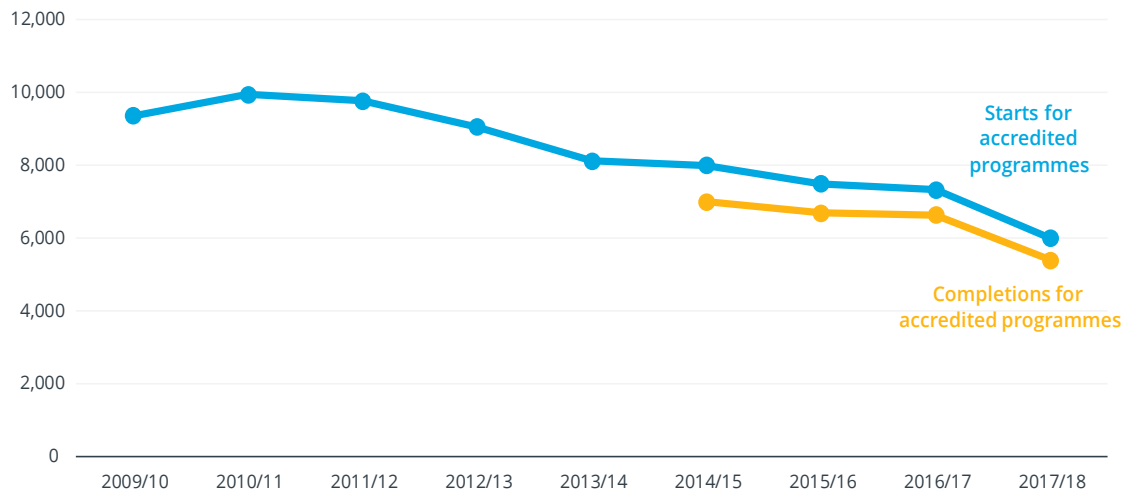
If prisoners spend more time in their cells, they will spend less time engaged in retraining and education. But the evidence suggests that this is exactly what is happening. This is at odds with HMPPS's mission statement to "reduce re-offending by delivering the punishment and orders of the courts and supporting rehabilitation by helping offenders to reform their lives".³³

Information on the extent to which prisons are supporting rehabilitation comes largely from inspection reports, rather than comprehensive data on all prisons. Although conclusions must therefore be more tentative, it does appear that prisoners now have less access to rehabilitative activities than they did in the past.

HMIP provides inspected prisons with a grade for purposeful activity – the extent to which "prisoners are able, and expected, to engage in activity that is likely to benefit them". In 2018/19, 42% of inspected prisons were considered 'good' or 'reasonably good', with 26% marked as 'poor'. Figures are not directly comparable from year to year because the survey takes place only in inspected prisons, but the proportion of prisons being graded as 'good' or 'reasonably good' in 2018/19 was the second lowest – and the proportion marked as 'poor' was the highest – since 2010/11 (when the figures were 69% and 8% respectively).

Extra time spent in cells has further consequences, with prisoners having reduced access to exercise, and resettlement and healthcare services. It can also lead to greater boredom, frustration and use of drugs.³⁴ In its 2018/19 survey, HMIP found that only 10% of prisoners were unlocked for the recommended 10 hours a day and 24% spent less than two hours a day out of their cells. As above, these figures are not directly comparable to previous years, but it is notable that these are the worst figures since 2010/11.

Figure 11.6 **Number of offenders starting and completing accredited programmes while in custody**



Source: Her Majesty's Prison and Probation Service, 'Annual Digest', Tables 6.1 and 6.2.

With prisoners spending more time in their cells, it is not surprising that fewer are starting and completing accredited courses and qualifications that may support them on their release from prison.

The number of prisoners starting accredited programmes to reduce domestic violence, offending, sexual offending and violence fell by 36% between 2009/10 and 2017/18 (from 9,362 to 6,001).^{*} The methodology for calculating completions of accredited programmes has only been consistent since 2014/15; since then completions have fallen by 23%.³⁵

Similarly, there has been a decline in the number of prisoners gaining academic qualifications. In 2017/18, 40% fewer prisoners achieved a level 1 or 2 (pre-GCSE and GCSE-level) qualification in Maths than in 2010/11 (6,520 versus 10,950) and 47% fewer achieved a level 1 or 2 qualification in English (6,260 versus 11,760).³⁶

Have prisons become more efficient – and if so, can that be maintained?

The past decade has seen a major decline in the quality of the prison service. While this might seem an inevitable outcome of budgetary cuts, the cuts to the MoJ budget proposed in the 2010 spending review were originally due to be achieved partly through sentencing reform and a subsequently smaller prison population. But that never happened. Following criticism of the plans to increase sentencing discounts for early guilty pleas, then Prime Minister David Cameron said in 2011 that "money that would have been saved through this proposal will be saved through greater efficiency in other parts of the Ministry of Justice budget".^{37,**}

* These figures exclude substance misuse programmes as responsibility for these transferred from HMPPS to the NHS in 2011.

** For a full explanation, see Thornton D, Pearson J and Andrews E, *Managing with Less: The 2015 Spending Review*, Institute for Government, 2015, retrieved 14 October 2019, www.instituteforgovernment.org.uk/sites/default/files/publications/Managing_With_Less_WEB_0.pdf

In practice, the government cut prison spending by holding down pay and cutting staff numbers up to 2016/17. Pay was frozen between 2011/12 and 2012/13, and then capped at 1% a year until 2016/17. As a result, real-terms spending on payroll (which now makes up 39% of total prisons spending) fell by 22% between 2012/13 and 2016/17.

Prisoner numbers rose by 2% between June 2009 and June 2016, but the number of prison officers fell steeply (by 26%). The sharpest fall was in 2013/14, when prison officer numbers were cut by 15%. However, it was inefficient to allow so many experienced prison officers to leave through voluntary early departure schemes in 2013/14, as new staff had to be recruited and the loss of experience likely played a role in declining performance.

Widespread evidence of worsening standards suggests that there were no efficiency savings in prisons alongside the cuts. The government acknowledged in the 2016 autumn statement and 2018 budget that prisons required more money to improve standards.³⁸

Since 2015/16, spending on prisons has increased but prisoner numbers have fallen, and standards have continued to worsen. On the face of it, this suggests there has been a marked decline in the productivity and efficiency of public prisons over recent years. It is harder to reach firm conclusions about what has happened in privately operated prisons, as the MoJ does not collect information on the number and type of staff in private prisons.

It is possible that it will take time for standards in prisons to recover following the increase in staff numbers. A large number of inexperienced officers have been recruited over the past three years and it may take time for them to manage prisoners effectively.

However, retention has become increasingly difficult. If this continues, the prison service could face an ongoing challenge to train large numbers of new officers each year and to manage the prison population with a relatively inexperienced workforce.

There has been a notable change in the reasons why prison officers leave their jobs. In 2009/10, 34% of staff left due to retirement and 34% resigned. In 2018/19, just 12% of leaving officers retired, while 62% resigned.³⁹ The rising number of resignations suggests that the workforce are increasingly unhappy. There has been a particularly large increase in the number of new staff quitting. In 2009/10, just 150 officers with less than two years' experience left the service. In 2018/19, 1,428 – nearly 10 times as many – did so.⁴⁰ For the past two years, the government has been able to recruit more staff than have left, but it is inefficient to recruit and train staff only for them to leave within two years.

* The other categories are voluntary exit, death, dismissal and other (which includes transfers to other parts of the public sector).

The government may also be storing up problems for the future by using its capital budget to meet demand pressures. In both 2017/18 and 2018/19, the MoJ, with HM Treasury agreement, redirected money from its capital budget towards day-to-day spending in order to manage wider pressures driven by increased demand on the justice system and lower-than-anticipated fee income. In 2017/18, £235m was moved⁴¹ and in 2018/19 a further £150m was transferred across.

However, it is unclear how much of this money was used for prisons specifically, as opposed to other areas of MoJ spending, such as courts.⁴²

The government has set out plans for saving £16m a year from 2019/20 by reducing the overtime bill and other workforce reforms. It intends to save a further £7m a year by reducing use of agency staff and of 'detached duty', whereby staff from one prison are sent to another prison to ease a staff shortage.⁴³

There is limited information available on non-staff prison spending. Small reform programmes such as the digital prison pilots⁴⁴ and 'send money to someone in prison' online service⁴⁵ may create efficiencies but larger programmes have run into difficulties. Delays to the PETP mean that planned savings – by replacing older prisons that are more expensive to run with newer, more efficient prisons – have not been fully realised. The collapse of Carillion has also required the MoJ to spend an additional £15m a year on the maintenance contracts that the firm previously managed.⁴⁶

Any savings that can be found are unlikely to offset the additional spending on prisons now that the size of the workforce is growing and the pay cap has been eased. In the past two years, the number of prisons officers increased by 23%. Staff received a 1.7% pay rise in 2017/18, a 2.75% increase in 2018/19 and a 2.2% increase for 2019/20 (with a 3% rise for more junior officers).⁴⁷

Considering the major decline in the quality of prisons – with increased prisoner protests, adjudications, violence and self-harm, and reduced rehabilitative activity – it is clear that the service has become less efficient. Attempts to improve quality through the recruitment of additional staff in the past two years have had no impact so far. But, earlier staff reductions took a while to show up in the data and it may be that reversing these cuts will have a similar 'lagged' effect.

Have efficiencies been enough to meet demand?

Prisons have not made genuine efficiencies since 2009/10 but demand has grown. The total number of prisoners has fallen in recent years and levels of overcrowding were relatively steady from 2009/10 until 2017/18, with between 23.9% and 25.5% of prisoners being held in crowded accommodation. In 2018/19, the proportion fell to 22.5%, the lowest level since 2002.⁴⁸ However, the evidence suggests that overall demand has grown, with an ageing prison population and increased availability of weapons, alcohol and drugs in prisons.

Prisons have also faced a sizeable funding gap. In evidence to the House of Commons Justice Committee in 2018, Mike Driver, chief financial officer at the MoJ, said that the department faced a funding gap of £1.2bn across 2018/19 and 2019/20.⁴⁹ Following a renegotiation with the Treasury before 2019/20 budgets were agreed, the gap has narrowed,⁵⁰ but this shows that the department has not been able to meet demand through efficiencies.

In recent years, the government has failed to sufficiently maintain the prison estate, contributing to a growing maintenance backlog. The size of the current backlog for major works to improve the fabric of the prison estate stands at around £900m.⁵¹ This is up from £716m in August 2018. In 2018/19, MoJ Estates only had funding of £90m to deliver major maintenance/investment schemes.⁵²

How will demand for prisons change?

Government spending on prisons is due to fall faster than the number of prisoners. However, the prison population may in fact grow due to government policy and spending decisions.

The MoJ estimates that the number of prisoners will fall by 1.3% between 2018/19 and 2023/24.* On the face of it, this suggests that the government could reduce real-terms spending on prisons by 1.3% (or £41m a year by 2023/24) while still maintaining their current scope and quality.

The level of prison spending implied by current government plans would fall slightly short of these demands – that is, assuming that prison spending rises in line with the MoJ’s budget between 2018/19 and 2020/21, and then falls at the same average rate as other unprotected areas after 2020/21. Current plans imply prison spending being £50m (or 1.6%) lower in 2023/24 than in 2018/19, which would reduce funding available per prisoner by 0.3%.

Table 11.1 **Projected spending and demand for prisons**

| Prisons | | | |
|--|---------------------------|-------------------|-------------|
| Projected increase in demand by 2023/24 | -1.3% | | |
| Spending scenario | Current government policy | Recent trajectory | Meet demand |
| Change in real-terms spending by 2023/24 | -1.6% | 18.7% | -1.3% |
| Spending in 2023/24 (2018/19 prices) | £3.1bn | £3.8bn | £3.1bn |
| Impact on unprotected government spending (2018/19 prices) | – | -£0.6bn | – |
| Projected gap (2018/19 prices) | – | -£0.6bn | – |

Source: Institute for Government calculations. See Chapter 13, Methodology.

* See Chapter 13, Methodology.

However, this projection of the gap between spending and demand may be overoptimistic. The Johnson government's plans to increase the number of police officers (see Police, in this chapter), increase funding for the Crown Prosecution Service⁵³ and review sentencing policy⁵⁴ could push up the size of the prison population and thus the spending required to maintain current standards.

Government spending would also need to increase faster than growth in the prison population if the government wants to meet its ambition – set out in the MoJ single departmental plan – to reduce prison violence and self-harm.⁵⁵ The government's 10 Prisons Project, where Rory Stewart pledged to reduce levels of violence and drug use in 10 selected prisons between August 2018 and August 2019, showed that boosting the resources available to prisons can reduce levels of violence.

But it may take a few years for the performance of the wider prison system to benefit from increased spending and growing numbers of prison officers.

Since the 2015 spending review, spending on prisons has grown by an average of 3.5% in real terms each year. If this rate of growth were to continue, prisons spending would be 18.7% (£600m a year) higher by 2023/24 than it was in 2018/19 – implying that the government would have to either increase its overall spending plans or find £600m cuts elsewhere.

12. Concern ratings: Our assessment of public service performance

As the preceding chapters show, most of the public services covered in this report have made some efficiencies over the past 10 years. The public sector pay cap played a big role in this, and staff are working more productively.

However, public services are now struggling to maintain the efficiencies they have made and pressures are growing – particularly in recruiting and retaining staff. There are no public services that we are confident have met all the demands placed on them in the last 10 years, or will be able to keep operating as efficiently as they have. There are trade-offs to be made between spending and service performance but any government would have to spend more than is currently planned to improve services.

In this chapter, we outline risks to performance of each of the nine public services, including which public services face the largest increases in demand and in which the government has a credible spending plan in place.

We are most concerned about prisons and adult social care, where performance has declined furthest and neither service will be able to keep operating at its current level of efficiency. Adult social care, alongside general practice and hospitals will also face a steep increase in demand over the next five years.

How we made our judgements

We summarise our conclusions from the preceding chapters in a 'concern rating' – with a coloured rating for three different elements of past performance and future risks. In most categories, public data is not adequate to allow hard boundaries between the different ratings. Instead, we made qualitative judgements – the basis of which is outlined in Table 12.1 – informed by quantitative analysis.

Table 12.1: Methodology for concern ratings

| Category | Criteria |
|---|--|
| 2009/10 to 2018/19 | |
| Has demand risen faster than spending? | <p>Green Spending has risen in real-terms at the same rate or faster than demand</p> <p>Amber Demand has risen somewhat faster than spending (0–10%)</p> <p>Red Demand has risen significantly faster than spending (10+%)</p> <p>Grey Insufficient information to make a clear judgement</p> |
| Has the service made efficiencies? | <p>Green Clear evidence of efficiency improvements in the service</p> <p>Amber Mixed evidence of efficiency improvements</p> <p>Red No efficiencies made - or efficiency has declined</p> |
| Were those efficiencies enough to bridge the gap between spending and demand? | <p>Green No signs of unmet demand, queueing or overspending</p> <p>Amber Some evidence of unmet demand, queueing or overspending</p> <p>Red Widespread evidence of unmet demand, queueing or overspending</p> <p>Grey Insufficient information to make a clear judgement</p> |
| 2018/19 to 2023/24 | |
| How will demand change? | <p>Green At or below the rate of population growth (2.9% <)</p> <p>Amber Somewhat faster than population growth (2.9–10%)</p> <p>Red Significantly faster than population growth (>10%)</p> <p>Grey Insufficient information to make a clear judgement</p> |
| Can the service keep operating as efficiently as it is? | <p>Green No clear pressure as a result of efficiencies</p> <p>Amber Moderate pressure as a result of efficiencies</p> <p>Red Widespread pressures as a result of efficiencies</p> <p>Grey Insufficient information to make a clear judgement</p> |
| Are there credible plans in place to meet demand, make efficiencies, or reduce scope? | <p>Green Plans in place to meet demand by increasing spending or making efficiencies, with clear indications that this will be achieved and/or existing efficiency strategies have further to go</p> <p>Amber Plans in place to meet demand by increasing spending or making efficiencies, with some indication that they will achieve their aims</p> <p>Red No plans in place to meet demand by increasing spending or making efficiencies; or a plan in place with evidence that it will not achieve its aims – or no evidence that it will achieve its aims. Existing efficiency strategies cannot be pushed further</p> <p>Grey Insufficient information to make a clear judgement</p> |

Table 12.2 Concern rating for nine public services

| Category | The NHS | | Local authorities | | | Education Schools | Law and order | | |
|--|------------------|-----------|-------------------|------------------------|------------------------|----------------------|---------------|-----------------|---------|
| | General practice | Hospitals | Adult social care | Children's social care | Neighbourhood services | | Police | Criminal courts | Prisons |
| 2009/10 to 2018/19 | | | | | | | | | |
| Has spending risen faster than demand? | Yellow | Yellow | Red | Yellow | Red | Yellow | Grey | Yellow | Red |
| Have efficiencies been made? | Green | Green | Green | Yellow | Green | Green | Green | Green | Red |
| Were those efficiencies enough to bridge the gap between spending and demand? | Yellow | Red | Red | Yellow | Grey | Yellow | Yellow | Grey | Red |
| 2018/19 to 2023/24 | | | | | | | | | |
| How will demand change? | Red | Red | Red | Yellow | Green | Yellow | Yellow | Green | Green |
| Can the service keep operating as efficiently as it is? | Yellow | Yellow | Red | Yellow | Grey | Yellow | Yellow | Grey | Red |
| Are there credible plans in place to meet demand, make efficiencies or reduce scope? | Green | Yellow | Red | Yellow | Grey | Green | Yellow | Yellow | Yellow |

Source: Institute for Government analysis.

13. Methodology

In *Performance Tracker*, we go beyond the question of how much money is spent on public services and ask what the government – and the public – is getting for that money. We do this by examining key datasets across nine different public services to analyse how efficiently public money is turned into public services, and how this has changed over time.

This report also includes projections for how demand is likely to change in the coming years and assesses whether government spending plans are sufficient to meet that demand.

What we measure when assessing past performance

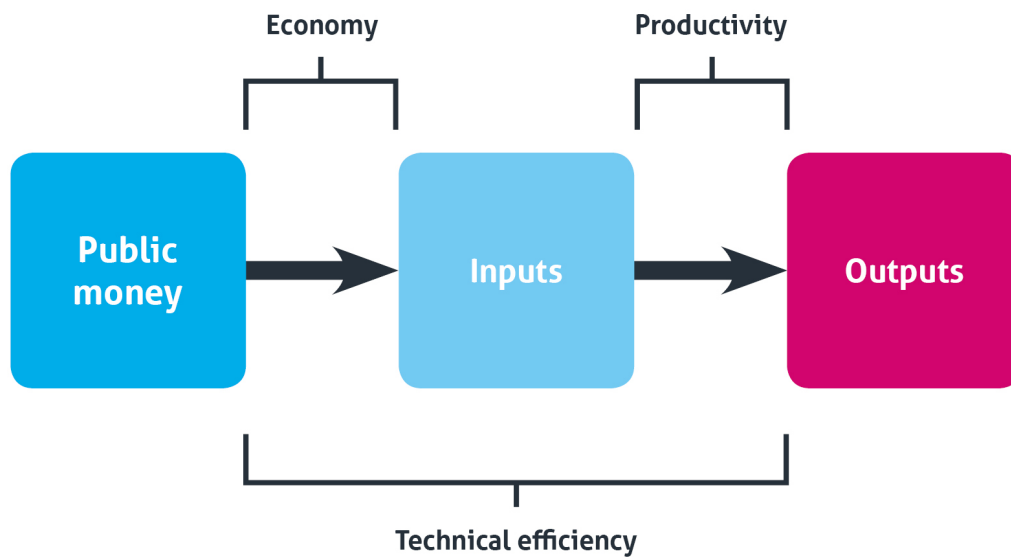
We define the efficiency of each public service in terms of the amount of 'output' produced for each pound spent. This is sometimes referred to as technical efficiency.* Outputs are the things that a service produces – for example, the number of people having a consultation with a GP. We analyse both the amount and quality of outputs.

The efficiency of a public service therefore depends on two things:

- How much did the service inputs (such as staff, equipment and buildings) cost? If the government or the people running services manage to drive down the costs of these – by renegotiating maintenance contracts, for example, or limiting pay increases for staff – we say that they have made economies.
- How many (and what sorts of) inputs were needed to produce each output? If the government or the people running services manage to get more output (of the same or better quality) for each input – for example, by increasing the number of cases disposed of per magistrate – we say that they have made productivity improvements.

* Technical efficiency – how money is translated into outputs, such as the number of hospital appointments – is distinct from allocative efficiency, which looks at how public money is turned into outcomes for the public. Outcomes include, for example, levels of public health and crime rates. *Performance Tracker* focuses on outputs, rather than outcomes, because there are many factors beyond the performance of public services which can affect outcomes. In this report, the term 'efficiency' is used to mean technical efficiency.

Figure 13.1 **Technical efficiency**



Source: Institute for Government analysis.

The efficiency of a service can, therefore, be boosted either by buying inputs more cheaply or by using them more productively to do more with less. This is a widely used framework for defining public service efficiency – the same basic approach has been used, for example, by the civil service’s Public Sector Efficiency Group.¹

It is also important to understand whether the outputs produced by different services are consistent with government aspirations. *Performance Tracker* therefore also examines how demand for each public service has changed over time, and whether new government policies have limited or increased these demands.

For each service, we look only at the parts of the UK where responsibilities have not been devolved. As most public services are devolved to the nations of the UK, most of the chapters in this report only cover England. The exceptions are the chapters on the police, criminal courts, and prisons, which cover England and Wales.

How we measure past performance

The analysis in this report is drawn from more than 200 datasets – mostly produced by the government itself – alongside other information gathered from inside and outside government. The exact information presented varies depending on data availability and the nature of the service. For each service, our analysis follows the same basic structure:

- How day-to-day (current) spending has changed since 2009/10* – throughout this report we describe spending in real terms, deflating cash figures using the GDP deflator, which measures economy-wide inflation.**

* For some services, consistent spending figures are not available as far back as 2009/10. In these cases, our analysis covers a shorter time period.

** For some services, the price of the inputs used may have risen more or less quickly than economy-wide inflation. Where this is relevant and alternative measures of service-specific inflation are available, we discuss these in the text. For consistency and ease of comparison between services, we present all the headline spending figures deflated by economy-wide inflation.

-
- How demand for the service has changed since 2009/10 – where possible, we try to identify how underlying demand for a service among the population has changed.
 - The type and quantity of inputs that each service uses and how this has changed over time – we focus in particular on the number of staff employed, as staff costs make up the single largest component of spending in most of the public services we consider.
 - The volume and type of outputs that have been produced by each service and – where possible – the quality of these.

Based on information about spending, inputs and outputs, we analyse whether each service has become more efficient over time – that is, has it produced more outputs with the same or less spending. Where possible, we also point out whether this has been made possible because of an economy drive (reducing the cost of inputs) or through productivity improvements (producing more output with every input, either by introducing new ways of working or by making existing inputs work harder).

Based on information about demand, we analyse whether these efficiency improvements have been sufficient to make up for any gap that has emerged between spending and demand. If there are signs that some demand is going unmet – if people are waiting longer to access a service, more people are not receiving services or actual spending is consistently higher than budgeted spending – it indicates that spending has not been enough to meet demand.

How we project future spending

In this report, we also project how spending on and demand for public services are likely to change between 2018/19 and 2023/24, to set out the choices any government will face if they wish to maintain the performance of public services.

Our projections include up to three spending scenarios for each service area:

- Current government policy: spending in 2023/24 based on the government's existing spending plans.
- Recent trajectory: spending in 2023/24, assuming that the rate of spending growth since the 2015 spending review continues.
- Meet demand: spending in 2023/24 needed to meet projected demand.

For three of the nine public services covered in *Performance Tracker* – hospitals, GPs and schools – the government has already set out longer-term spending plans. We therefore do not include a recent trajectory scenario for these services.

Current government policy

In this scenario, we illustrate how spending on each service might evolve given the government's existing spending plans.

For hospitals, GPs and schools, this is based on the multi-year settlements that have already been announced by the government. For the other public services, the government has so far only set out departmental spending plans for 2019/20 and new totals for 2020/21. Beyond that, there are no firm departmental spending plans; the government has simply set out provisional figures (most recently in the March 2019 spring statement) for overall current and capital departmental spending.

We describe below the assumptions made for each service in each spending scenario. The spending figures are set out in the relevant chapters.

General practice

Our figures for planned growth in spending on general practice are based on the announcements set out in the 2019 GP contract. That set out core funding for general practice – to cover for the costs of running a practice, clinical and public health services and 'enhanced services' to meet a local population's health care needs – in each year from 2019/20 to 2023/24. This is a slightly narrower measure of spending than the measure of total spending on general practice that we use in the chapter because it excludes reimbursement for drugs used in general practice, funding for GP systems and out of hours services.² The core funding allocation set out in the five-year framework for GP contract reform makes up just over three quarters of our measure of total general practice spending. Accordingly, we create two spending scenarios for general practice.

The GP contract and NHS long-term plan spending scenario assumes that core spending on general practice rises in line with the plans set out in the 2019 GP contract. The remaining quarter of GP spending is assumed to grow slightly more slowly – in line with the overall settlement for NHS England, set out in the March 2019 spring statement (described in full detail below).

The GP contract scenario assumes instead that the wider measure of GP spending described grows at the same rate in real terms as is planned under the contract.³

Hospitals

In the hospitals chapter, we focus on acute and specialist trusts, but exclude ambulance, community and mental health trusts. The government announced a four-year spending settlement for NHS England in June 2018 and the figures were updated in the March 2019 spring statement. We assume that spending on acute and specialist trusts increases at the same rate as the overall NHS England budget, after removing funding that has already been confirmed for general practice as described above – that is, we apply the rate of funding growth for the NHS England budget (excluding primary care) to acute and specialist trusts' income in 2018/19.

This may somewhat overstate spending growth for acute and specialist trusts because NHS England has promised that funding for community and mental health services will rise faster than other services. The final split of spending between ambulance, acute, community, mental health and specialist trusts will depend on how Clinical Commissioning Groups (CCG) allocate money between services – but the CCG allocations for the next five years⁴ do not provide information on the future spending breakdown between services.

Schools

In the schools chapter, we focus on spending on mainstream schools – excluding spending on pupils in state special schools, pupil referral units and sixth forms. In order to calculate likely future spending up to 2023/24, we first assume that spending on mainstream schools will grow between 2018/19 and 2022/23 at the same rate as set out for spending on all schools in the 2019 spending round.⁵

Since the government has not yet set out plans for schools spending in 2023/24, we then assume that the government will hold the level of per-pupil funding constant in real terms between 2022/23 and 2023/24. Because pupil numbers are expected to rise over this period, total schools spending will need to increase by a further 0.3% in real terms to ensure per-pupil funding remains the same.

Police, criminal courts and prisons

For the police, criminal courts and prisons, we construct implied current government policy in two parts.

In 2019/20 and 2020/21, we assume that spending on each public service grows in line with the spending of their parent department (the Home Office for the police, the Ministry of Justice for criminal courts and prisons) as set out in the September 2019 spending round.

Beyond 2020/21, we assume that spending on these services grows in line with the implied path for unprotected services, which we define as all services outside of the NHS, schools, defence and overseas aid (for the first two of these, the government has set out a long-term spending plan, for the latter two it has a stated target to maintain spending as a share of national income).

To calculate the implied path for unprotected spending, we first take the path for resource departmental expenditure limits (RDEL, or day-to-day spending) set out in the spring statement in March.⁶ We then assume that the extra money added for 2020/21 in the 2019 spending round will be maintained in real terms from 2021/22 onwards, which gives us a new path for total RDEL between 2020/21 and 2023/24. This path is set out in Figure 13.2.

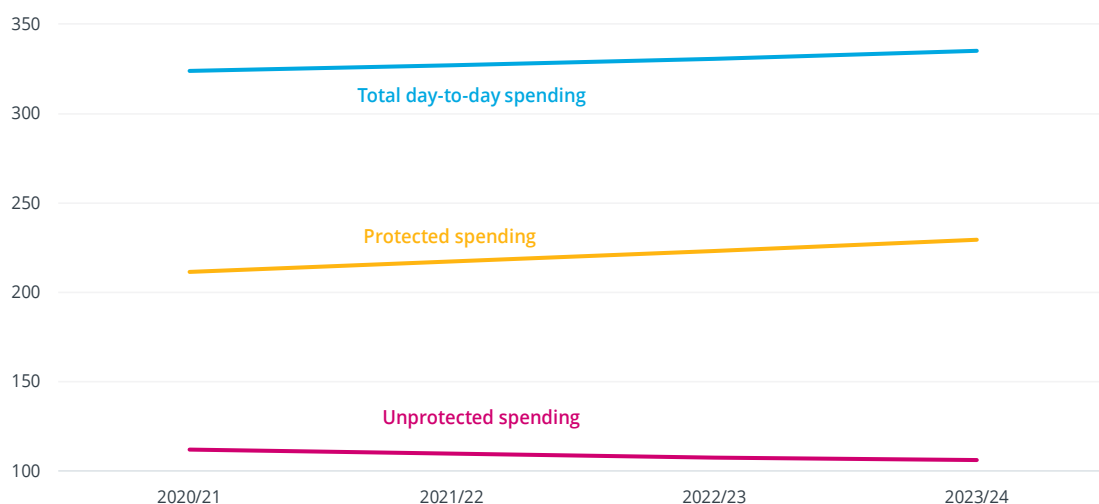
Next, we calculate the amount of spending already committed for protected areas – the NHS, schools, defence and overseas aid:

- For the NHS and schools,^{7,8} we take the totals set out in their long-term plans (as well as subsequent policy announcements in the case of the NHS).

- For defence and overseas aid, for which the government’s targets (2% of GDP and 0.7% of GNI respectively) refer to total spending, rather than just day-to-day spending, we assume that:
 - capital spending in defence and overseas aid continues to increase in line with the total capital departmental expenditure limit (CDEL), adjusting Office for Budget Responsibility (OBR) figures published in its March 2019 *Economic and Fiscal Outlook*⁹ to account for the extra money committed for 2020/21 at the 2019 spending round
 - RDEL increases such that the overall spending target is met.

We deduct this protected spending from calculated total RDEL, which leaves us with an implied path for unprotected spending, which covers day-to-day spending on all central government-funded public services apart from the NHS, schools, defence and overseas aid. This path is set out in Figure 13.2.

Figure 13.2 **Implied path for total day-to-day spending, protected spending and unprotected spending, 2018/19 £bn**



Note: Total day-to-day spending calculated as public sector current expenditure in Resource DEL plus extra RDEL committed for 2020/21 at the 2019 spending round. Protected spending includes the NHS, schools, defence and overseas aid.

Source: Institute for Government calculations using Office for Budget Responsibility, *Economic and Fiscal Outlook*, March 2019 and HM Treasury, *Spending Round 2019*, CP 170, 2019, p.6.

Between 2020/21 and 2023/24, unprotected spending would need to fall by 5.3% if the government were to stick to its existing plans for overall spending and meet its commitments to protected areas. We assume that spending on the police, criminal courts and prisons evolve in line with the average for unprotected spending between 2020/21 and 2023/24.

Adult social care, children’s social care and neighbourhood services

In order to construct current government policy for services funded by local government – adult social care, children’s social care and neighbourhood services – we separately project the three components that make up local authorities’ spending

power separately.* These are council tax, retained business rates and central government grants.

We assume that local authorities' income from council tax grows in line with forecast total Great Britain** council tax and that business rate revenue follows the OBR's March 2019 forecast.¹⁰ We assume that grants from central government grow in line with planned Ministry of Housing, Communities and Local Government (MHCLG) grants to local government between 2018/19 and 2020/21, and then in line with unprotected spending (as described above) thereafter.

Recent trajectory

An alternative scenario that we consider for services without a long-term spending plan is one in which spending changes over the next few years as it has done since the last spending review, in 2015. Specifically, we calculate average annual spending growth for each service between 2015/16 and 2018/19 and assume that the service sees the same annual spending increase (or decrease) up to 2023/24.

Meet demand

For this scenario, we assume that spending on each public service increases at the same rate as projected growth in demand for that public service. The rates of growth for the nine different public services are detailed below.

How we project future demand

The following projections only cover growth in demand. We assume that the cost of providing the following nine public services will increase in line with the rate of economy-wide inflation. We do, however, note where there are good reasons to think that demand or cost pressures will rise faster or slower than our projections, for example:

- where policy changes, such as the addition of 20,000 new police officers and allocation of more money for the Crown Prosecution Service, could increase demand on other public services
- where cost pressures, such as confirmed NHS pay settlements, could raise staff pay faster than economy-wide inflation.

General practice

To project likely growth in demand for general practice, we use analysis from the health think tank The Health Foundation. Its main published analysis, undertaken with the Institute for Fiscal Studies (IFS),¹¹ provides an estimate of the rate of growth of spending needed to meet growing demand for primary care (excluding prescriptions), while maintaining the scope and quality of the service (i.e. to maintain the status quo).

* Local authorities' spending power is local government spending excluding grants for police and schools that are passed on directly to police forces and schools. Specifically, we take total local government revenues in England from various Ministry of Housing, Communities and Local Government *Revenue Outturn Summaries*, www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing. The grants we exclude are the police grant (code 856) and the dedicated schools grant (code 102).

** We use Great Britain forecasts because the OBR does not produce separate forecasts for England, Wales and Scotland.

General practice excludes some services that are included in The Health Foundation's measure of primary care but includes others (such as drugs dispensed in general practice) that it excludes. However, we nonetheless assume that demand for general practice services changes in the same way as demand for primary care.

Joint Health Foundation and IFS analysis assumes that pay costs in primary care will rise faster than economy-wide inflation, and that primary care will become more productive. But to ensure comparability with the demand projections shown for other services (for which we do not include service-specific cost pressures or possible productivity gains) we have stripped out its assumptions about pay and drug cost inflation and productivity changes. We are grateful to The Health Foundation for providing us with a breakdown of their assumptions to allow us to do this.

This projection probably underestimates the cost of providing care in general practice. Higher NHS staff pay, expected over the next few years, could further increase the cost of providing general practice services. The latest 2019 pay deal provides a pay rise of 2% a year for all general practice staff between 2019/20 and 2020/21.^{12,*} Thereafter, The King's Fund, Nuffield Trust and The Health Foundation project that pay will have to increase further in order to recruit and retain enough staff: in a joint 2019 report they suggest that pay will need to rise by 1.2% above consumer price inflation each year after 2020/21.¹³

If these recommendations are followed, then pay will be 14.3% higher (in cash terms) by 2023/24 than in 2018/19. This compares with forecast growth in economy-wide prices over the same period of 10.1%. As a result, general practice spending may need to increase faster than the figures presented above suggest if it is to meet future growth in demand.

Hospitals

To project likely growth in demand, we again draw on analysis from The Health Foundation. Its analysis provides an estimate of the rate of growth needed to meet growing demand for acute care, while maintaining its scope and quality. We assume that demand for acute and specialist trusts (our focus in this chapter) changes in the same way as demand for acute care.**

The Health Foundation's published analysis assumes that pay costs in acute care will rise faster than economy-wide inflation but that this will be partially offset by acute providers becoming more productive.¹⁴ However, to ensure comparability with the demand projections we show for other services – where we do not include service-specific cost pressures or possible productivity gains – here we use a version of The Health Foundation's projections that strips out these elements.

* This will not apply to GP partners, as they receive a profit share from the practice, rather than a salary.

** The Health Foundation estimates that acute and specialist trusts accounted for roughly four fifths of NHS provider operating costs in 2016/17. We assume that the remaining fifth of hospital spending accounted for by other hospital trusts will grow at the same rate.

The Health Foundation kindly provided us with a breakdown of its model to allow us to focus on how demand is projected to change based only on demographic effects (the size and age of the population) and the prevalence of chronic conditions.

By assuming that the costs of the (staff and non-staff) inputs used in hospitals rises in line with economy-wide inflation, we may underestimate the future cost of providing care in hospitals. Health inflation has been higher than economy-wide inflation since 2010: between 2009/10 and 2015/16, health inflation was 17.3%, compared with economy-wide inflation of 8.7%.¹⁵

The government's decision to lift the public sector pay cap means that staff costs will rise more quickly over the next few years than they have over the last nine. The pay settlement agreed in spring 2018 states that the value of top pay points for Bands 2–8c will increase by 3% in 2018/19; by 1.7% in 2019/20 and by 1.7% in 2020/21 – giving a cumulative increase for each band of 6.4% over the three-year period.¹⁶ The government's commitment to increase the national living wage (NLW) to £10.50 an hour by 2024, announced in October 2019, could further raise the wages of some NHS staff, as 15 pay points on the NHS pay scales currently pay less than that.¹⁷

For years beyond these existing commitments, a joint report by The King's Fund, Nuffield Trust and The Health Foundation concluded that pay would have to increase by 1.2% a year above the consumer price index (CPI) measure of inflation to improve staff recruitment and retention enough to deliver the long-term plan.¹⁸ If these recommendations are followed, then pay will be 14.3% higher (in cash terms) by 2023/24 than in 2018/19. This compares to forecast economy-wide inflation over the same period of 10.1%.

There may be other areas where costs fall or rise less quickly than economy-wide inflation, such as the technology used in hospitals.¹⁹ But, if costs overall rise faster than economy-wide inflation, hospitals are not able to increase their productivity and the NHS is not able to rein in demand for hospital care, then spending would need to increase faster than the figures presented in this report suggest if hospitals are to meet future growth in demand.

Adult social care

In order to project demand, we break down adult social care spending into seven categories, based on the 2018/19 NHS Digital *Adult Social Care Activity and Finance Report*.²⁰ We make the following assumptions about rates of growth for each of these seven service areas:

| Service category | Gross spending 2018/19 ^{***} | Growth rate assumptions | Projected growth between 2018/19 and 2023/24 |
|--|---------------------------------------|---|--|
| People aged 65 and over receiving a long-term community care package | £2.6bn | Number of users increases in line with Personal Social Services Research Unit (PSSRU) projections for publicly funded community care users | 11.5% |
| People aged 65 and over receiving a nursing, residential or supported accommodation package | £4.7bn | Number of users increases in line with PSSRU projections for publicly funded residential care users | 9.8% |
| Working-age adults receiving care for learning disability support | £5.2bn | Number of users increases in line with Centre for Disability Research (CDR) projections for the number of users of social care with learning disabilities with critical or substantial need | 12.3% |
| Working-age adults receiving care for physical support | £1.3bn | Number of users increases in line with CDR projections for the number of users of social care with physical disabilities with critical or substantial need | 11.9% |
| People aged 65 and over receiving a short-term care package | £0.4bn | Number of users increases in line with PSSRU projections for publicly funded community and residential care users | 10.8% |
| Working-age adults receiving care for sensory, memory and cognition, and mental health support | £0.9bn | Number of users increases in line with CDR projections for the number of users of social care with physical and learning disabilities with critical or substantial needs | 12.3% |
| Other expenditure | £3.5bn | Spending rises in line with the average increase in the six other categories | 11.3% |

^{***} Gross spending included £2.9bn income from client contributions in 2018/19. To capture just public spending on adult social care, we should exclude client contributions, but we are not able to because income is not reported by service category.

These demand projections implicitly assume that the costs of providing adult social care rise in line with economy-wide inflation. In line with our projections for other service areas, we do not allow for service-specific cost pressures. These figures may well underestimate future growth in the cost of providing adult social care because they do not account for announced above-inflation increases in the NLW. Over the past four years (since the NLW was introduced), the cost of care has risen faster than economy-wide inflation.

Between 2015/16 and 2018/19, the price of an hour of homecare commissioned by local authorities from the private sector increased by 16.6%, while a week of residential and nursing care for older people rose by 16.0% and 20.3% respectively.²¹ The economy-wide price level rose by only 6.2% over the same period. Local authorities report that providers have passed on the higher wage costs following increases in the NLW.²²

Children's social care

In order to project demand, we break down children's social care spending into three categories. These are based on the data returns that local authorities make to the Department for Education under Section 251 of the Apprenticeships, Skills, Children and Learning Act 2009. For each category, we make the following assumptions about rates of growth:

| Service category | Gross spending 2018/19 ^{****,23} | Growth rate assumptions | Projected growth between 2018/19 and 2023/24 |
|------------------------------------|---|---|--|
| Foster placements | £1.7bn | Prevalence of foster placements increases in line with the growth in the rate of foster placements per child between 2007/08 and 2017/18 | 14.9% |
| Residential care ^{****} | £1.3bn | Prevalence of residential care placements in England increases in line with the growth in the prevalence of residential care placements for children in England between 2007/08 and 2017/18 | 12.3% |
| Other expenditure ^{*****} | £4.9bn | Assumed to increase in line with the growth in the prevalence of episodes of need per child in England between 2012/13 and 2017/18 | 3.6% |

^{****} The 2018/19 figures for children's social care spending were not available when this report was produced. To estimate spending in 2018/19, we assume that spending increased at the same rate in cash terms between 2017/18 and 2018/19 as it did between 2016/17 and 2017/18 (4.4%). This equates to a real-terms increase of 2.5%, as spending growth was faster than economy-wide inflation. This rate of growth is faster than local authority spending power grew in real terms between 2017/18 and 2018/19 (1.8%) but is slower than local authorities planned to increase spending on children's social care between 2017/18 and 2018/19 in real-terms (5.5%).

^{*****} This includes children placed in secure units, children's homes, semi-independent living accommodation, residential schools and other residential settings.

^{*****} This includes services for safeguarding children and young people, family support services, children placed for adoption, placement with parents and other placements.

In common with the assumptions made for other service areas, to project demand growth we assume that the service remains as efficient as it was in 2018/19 and that the cost of providing each service grows in line with economy-wide inflation.

Neighbourhood services

We assume that demand for neighbourhood services grows in line with the population of England, using the Office for National Statistics' central projection.

Demand for neighbourhood services varies by service. Some services, such as parks and green spaces, are to an extent non-rivalrous (one person's use or enjoyment of them is not much affected by others') and so will not rise as fast as the population. Others, such as road maintenance, will depend on the volume of traffic and so may rise faster than the population.

In the absence of a better overall indicator, we therefore assume that demand for neighbourhood services will change in line with the size of the population in England, which is projected to increase by 2.9% between 2018/19* and 2023/24.²⁴

Schools

To project demand for schools, we separate primary and secondary schools because:

- on average, the government spends slightly more on each secondary school pupil than on each primary school pupil²⁵
- the Department for Education (DfE) projects that the number of primary school pupils will fall over the next five years while the number of secondary school pupils will increase.²⁶

To calculate the spending required to meet demand – to maintain the scope and quality of state school education as it was in 2018/19 – we multiply the 2018/19 level of spending per pupil in primary and secondary schools by expected growth in pupil numbers between 2018/19 and 2023/24 and add together the implied figures for spending on primary and secondary schools. We assume that the costs of the inputs used in providing school services rise in line with economy-wide inflation.

* The 2018/19 figures for local authority spending on the seven neighbourhood services covered were not available when this report was produced. To estimate spending on neighbourhood services in 2018/19, we assume that spending increased at the same rate in cash terms between 2017/18 and 2018/19 as it did between 2016/17 and 2017/18 (0.6%). This equates to a real-terms cut, as spending growth was slower than economy-wide inflation over the same period. Local authority spending power changed at a similar rate between 2016/17 and 2017/18 (1.3%) and 2017/18 and 2018/19 (1.8%), so it is reasonable to assume that spending on neighbourhood services changed at the same rate between 2016/17 and 2017/18. See: Ministry of Housing, Communities and Local Government, *Core Spending Power: final local government finance settlement 2019 to 2020*, 2019, GOV.UK, www.gov.uk/government/publications/core-spending-power-final-local-government-finance-settlement-2019-to-2020

| Category | Gross spending 2018/19 | Growth rate assumptions | Projected growth between 2018/19 and 2023/24 |
|---------------------------------|------------------------|---|--|
| Primary schools | £19.3bn | Number of pupils grows in line with DfE projections for the numbers of primary school children aged 5–10 and 10–15 between 2018/19 and 2022/23 Between 2022/23 ²⁷ and 2023/24, we assume that the numbers of primary school children aged 5–10 and 10–15 change in line with DfE central projection for all pupils aged 5–10 and 10–15 respectively | -2.0% |
| Secondary schools ²⁸ | £18.3bn | The number of pupils grows in line with DfE projections for the numbers of secondary school children aged 5–10 and 10–15 between 2018/19 and 2022/23 Between 2022/23 ²⁹ and 2023/24, we assume that the numbers of secondary school children aged 5–10 and 10–15 change in line with DfE central projection for all pupils aged 5–10 and 10–15 respectively | 11.1% |

This may underestimate the true cost pressures that schools will face. If the government continues to increase teacher salaries faster than economy-wide inflation, as it did in both 2018/19³⁰ and 2019/20,³¹ schools will have to pay teachers more in real terms. Schools will also have to contribute more to teachers' pensions after September 2019; the government has said that the announced spending settlement includes ringfenced funding to compensate schools for higher pension costs. Excluding this money, school funding will grow by 10.8% in real terms between 2018/19 and 2022/23 – but this is still faster than the expected increase in the number of pupils.

This projection also assumes that the only factor that will affect demands on schools over the next few years is a change in the number of pupils. This may understate increases in demand. As detailed in the chapter, there is some evidence that teachers have taken on additional pastoral responsibilities, such as referring more pupils to children's social care; the share of pupils receiving support for special educational needs also increased over the last three years. If teachers continue to do more and the share of pupils receiving support for special educational needs continues to rise, then schools may have to spend more than we project.

Police

In order to project demand, we broke demand for the police down into four components, namely:

- public demand relating to crimes (such as robbery, fraud or weapons offences)
- public demand that does not relate to crime (mental health incidents or anti-social behaviour, among others)
- protective demand (including prevention, intelligence-gathering or safeguarding through co-operation with other agencies)
- internal demands on police time, such as administrative tasks.

This distinction between different components of demand is based on recent analysis.^{32,33,34}

To calculate overall demand for the police, we weighed these different elements based on the estimated volume of incidents and cost of incidents to the police (this is detailed in the table overleaf). We then assumed that crime demand on the police could either grow in line with the population of England or in line with police-recorded crime. This gives us an estimate of future demand ranging from 2.9–34.2% between 2018/19 and 2023/24.

Our assumptions for the costs and rate of growth for each category of demand are detailed overleaf.

| Demand category ³⁵ | Estimated volume of incidents [*] | Average cost per incident | Gross spending 2018/19 ^{**} | Cost assumptions | Projected growth between 2018/19 and 2023/24 | Growth rate assumptions |
|--|--|---------------------------|--------------------------------------|--|--|---|
| Public demand: crime (where Home Office cost data is available) | 16.3% | £2,313 | £8.9bn | We have derived the average weighted cost per crime (£, in 2015/16 prices) using Home Office cost data. ^{***} | 2.9% – 37% ³⁶ | The lower estimate was derived by assuming demand grows in line with the population of England (2.9% between 2018/19 and 2023/24). The higher estimate assumes the volume of crimes continues to grow at the same rate as the volume of crimes recorded by the police between 2017/18 and 2018/19 (37% for crimes where cost data is available, and 49.1% for crimes where no cost data is available). ^{****} |
| Public demand: crime (where there is no Home Office data on costs) | 9.7% | £254 | £579m | We have assumed costs for each crime based on crimes for which cost data is available. | 2.9% – 49.1% | |
| Public demand (non-crime) | 39% | £248 | £2.3bn | We have attributed the same weight/cost to non-crime, protective and internal demand. Although the police respond to more non-crime related incidents, we assumed these activities are less costly for the police to undertake than responding to crime. | 2.9% | We have assumed that non-crime demand will grow at the same rate as the population of England (2.9% between 2018/19 and 2023/24). |
| Protective demand | 23% | £248 | £1.3bn | | 2.9% | |
| Internal demand | 13% | £248 | £730m | | 0% | We have assumed that internal/administrative demand would not increase (0%). |

* To calculate this, we attributed the different types of incident identified in Hadjipavlou S, Redgrave H and Desroches C, *Rethinking Police Demand*, Crest Advisory, 2018, p. 22 to the four components of demand discussed above.

** This figure is calculated by estimating the share of demand accounted for by this type of incidents, and applying this share to total police spending for 2018/19.

*** We derived the average weighted cost per crime (£) based on police recorded-crime data on crime volume and applied the necessary multipliers to derive the cost per reported crime.

**** We chose these two years under the assumption that the data was less likely to be affected by changes caused by improvements in police recording after Her Majesty's Inspectorate of Constabulary (HMIC) and Public Affairs Committee (PAC) shed light on problems in 2014. We recognise that police-recorded crime figures are influenced by improvements in data recording by the police after 2014, greater willingness of victims to report certain crimes, and that not all crimes are reported to the police. The large annual increase in stalking and harassment between 2017/18 and 2018/19 could be explained in part by the greater willingness of victims to come forward; to correct this, we have therefore assumed the increase for this crime was the same as the average of other crimes for which no Home Office cost data is available. See House of Commons Public Administration Select Committee (PASC), *Caught Red-handed: why we can't count on police recorded crime statistics, thirteenth report of session 2013-14*, HC 760, 2014; Office for National Statistics, '2., Crime in England and Wales: year ending March 2019 - Latest figures, 18 July 2019', retrieved 8 October 2019, www.ons.gov.uk/releases/crimeinenglandandwalesyearendingmarch2019

As is the case for the other services, we assume that the cost of inputs used in policing grows in line with economy-wide inflation – that is, we do not project cost pressures. However, police pay may rise more quickly than this: officers were given a 2.5% pay rise in July 2019, above economy-wide inflation (which stands at 2.0%).³⁷ If the government continues to award pay rises above inflation, the police would have to spend more to meet demand.

Criminal courts

We project demand separately for the Crown Court and magistrates' courts.

For the Crown Court, we calculate demand as the number of cases received each year, weighted by the average hearing time for cases completed in each year. We do this separately for triable either way and indictable only cases.³⁸ We assume that:

- longer hearing times are a result of cases being more complex, rather than because the court is operating inefficiently
- the cases received would have had similar hearing times to the ones disposed of, within case-type (triable either way and indictable only), in the year in question.

For magistrates' courts, where the data we have is less detailed, we measure demand simply as the number of cases received in each year.³⁹

We weight magistrates' courts and Crown Court demand to come to an overall measure of court demand. We do this using two components. First, we use the number of sitting days in the Crown Court and magistrates' courts in 2018.⁴⁰ Second, we use the average cost per sitting day in both courts, which the National Audit Office reported in 2016.⁴¹ This implies that 61% of court demand comes from the Crown Court and around 39% from magistrates' courts.

We then project future demand separately for the Crown Court and magistrates' courts, assuming that the annual change in demand is the same as the average annual change since 2010/11 for the Crown Court, and since 2012/13 for the magistrates' courts. We start in 2012/13 for magistrates' courts because data is not available before then.

| Service category | Share of demand in 2018/19 | Growth rate assumptions | Projected growth between 2018/19 and 2023/24 |
|---------------------------------|----------------------------|--|--|
| Crown Court: triable either way | 24.7% | Same growth rate as the annual average since 2010/11 | -7.8% |
| Crown Court: indictable only | 36.0% | Same growth rate as the annual average since 2010/11 | -3.5% |
| Magistrates' courts | 39.3% | Same growth rate as the annual average since 2012/13 | -5.5% |

Note: Share of demand calculated by weighting sitting days in the Crown Court and magistrates' courts in 2018 by the average cost of a trial day in the Crown Court and magistrates' courts in 2015/16.

Prisons

In order to project demand for prisons, we use the Ministry of Justice's central estimate for prisoner numbers over the next five years, which was published in August 2019.⁴²

The government's central estimate is that the prisoner population will fall by 1.3% between 2018/19* and 2023/24. This projection only accounted for government policies that had passed their first reading in the House of Commons at the time the projection was made in summer 2019. As such, it incorporates the estimated impacts of the Criminal Justice and Courts Act 2015, the Serious Crime Act 2015, the Offensive Weapons Act 2019, and Sentencing Council guidelines on reduced sentences for early guilty pleas.

But it does not include the potential impact of the government's commitment to recruit 20,000 new police officers by 2023/24, the increase in funding for the Crown Prosecution Service announced at the 2019 spending round or the review of sentencing for the most serious offenders.⁴³ If implemented, these policies are likely to increase the prison population.

* The 2018/19 figures for prison spending were not available when this report was produced. To estimate spending on prisons in 2018/19, we assume that spending on prisons increased at the same rate in cash terms between 2017/18 and 2018/19 as it did between 2016/17 and 2017/18 (6.1%). This equates to a real-terms increase of 4.2%, as spending growth was faster than economy-wide inflation. See: Ministry of Justice, 'Prison cost per place and cost per prisoner: 2018 to 2019', GOV.UK, 2019, retrieved 11 October 2019.

List of abbreviations

| Abbreviation | Description |
|---------------------|--|
| ADASS | Association of Directors of Adult Social Services |
| ADCS | Association of Directors of Children's Services |
| BIS | Department for Business, Innovation and Skills |
| BSA | British Social Attitudes survey |
| CCG | Clinical commissioning group |
| CDEL | Capital departmental expenditure limits (government investment spending) |
| CDR | Centre for Disability Research |
| CMA | Competition and Markets Authority |
| CPS | Crown Prosecution Service |
| CQC | Care Quality Commission |
| CSEW | Crime Survey for England and Wales |
| DfE | Department for Education |
| DH | Department of Health |
| DVLA | Driver and Vehicle Licensing Agency |
| EHC | Education, Health and Care plan |
| EPI | Education Policy Institute |
| FMS | Force Management Statement |
| FOI | Freedom of Information |
| FSA | Food Standards Agency |
| FTE | Full-time equivalent |
| GCSE | General Certificate of Secondary Education |
| GDP | Gross Domestic Product |
| GP | General practitioner |
| HCHS | Hospital and Community Health Service (the NHS workforce in England) |
| HMCPsi | Her Majesty's Crown Prosecution Service Inspectorate |
| HMCTS | Her Majesty's Courts and Tribunals Service |
| HMICFRS | Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services |
| HMIP | Her Majesty's Inspectorate of Prisons |
| HMPPS | Her Majesty's Prison and Probation Service |
| ICHA | Independent Care Homes Association |
| IFS | Institute for Fiscal Studies |
| ILACS | Inspections of Local Authorities' Children's Services |

| | |
|--------------|---|
| LCJB | Local Criminal Justice Board |
| LGA | Local Government Association |
| MHCLG | Ministry of Housing, Communities, and Local Government |
| MoJ | Ministry of Justice |
| MRSA | Methicillin-resistant Staphylococcus aureus |
| NAO | National Audit Office |
| NfER | National Foundation for Educational Research |
| NHS | National Health Service |
| NLW | National Living Wage |
| OBR | Office for Budget Responsibility |
| OECD | Organisation for Economic Co-operation and Development |
| ONS | Office for National Statistics |
| PASC | Public Administration Select Committee |
| PCN | Primary Care Network |
| PCSO | Police Community Support Officer |
| PEEL | Police Effectiveness, Efficiency and Legitimacy reports |
| PESA | Public Expenditure Statistical Analysis |
| PETP | Prison Estate Transformation Programme |
| PISA | Programme for International Student Assessment |
| PSSRU | Personal Social Services Research Unit |
| QOF | Quality and Outcomes Framework |
| RDEL | Resource departmental expenditure limits (day-to-day government spending) |
| RTPI | Royal Town Planning Institute |
| SEND | Special Educational Needs and Disabilities |
| SIF | Single Inspection Framework |
| UKHCA | UK Home Care Association |

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About the authors

Graham Atkins is the senior researcher on the *Performance Tracker* team. Before joining the Institute in November 2016, he worked as a researcher at DragonGate, a public sector consultancy, working on a range of projects related to local government and the broader public sector.

Nick Davies is the programme director leading the Institute's work on public services, outsourcing and infrastructure. Before joining the Institute, Nick was public services manager at the National Council for Voluntary Organisations. He has also worked at Children England, London Youth and as a parliamentary researcher for an MP.

Frederick Wilkinson was a research assistant working on the Institute's *Performance Tracker* project, where his main focus was analysing the performance of hospitals and general practice.

Thomas Pope is the senior economist and works across the Institute's programme areas. He was previously an economist at the Institute for Fiscal Studies, working on tax and the public finances.

Benoit Guerin is a senior researcher at the Institute, working on law and order, accountability in government and specialist skills in the civil service. Prior to that, he worked on cross-government reviews at the National Audit Office. He has also advised governments as part of the performance evaluation team at RAND.

Dr Gemma Tetlow is chief economist at the Institute for Government, working across the Institute's programme areas. She joined the organisation in April 2018.

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Institute for Government
2 Carlton Gardens, London SW1Y 5AA
United Kingdom
 **+44 (0) 20 7747 0400**

 **enquiries@instituteforgovernment.org.uk**

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