Performance Tracker 2018

A data-driven analysis of the performance of public services

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About Performance Tracker

Performance Tracker brings together more than 150 data series to provide a comprehensive picture of the performance of key public services. This third edition expands on our 2017 analysis. This report focuses on general practice, hospitals, adult social care, children's social care, schools, neighbourhood services, the police, criminal courts and prisons.

This analysis – produced in partnership by the Institute for Government and the Chartered Institute for Public Finance and Accountancy – reveals the key decision points that the Chancellor faces in the run-up to the Budget, and the proposed 2019 Spending Review.

Find out more: www.instituteforgovernment.org.uk/ performance-tracker

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Forewords

I am delighted to introduce the 2018 edition of *Performance Tracker*, the third in the series. We created this report to do something we felt government should do – but does not: to look at the money that goes into public services and their performance. At the Institute for Government we have argued in our work on the Treasury that there is too much focus on the sums allocated for spending without enough attention being paid to the results.

In this year's report, we have added a new public service – children's social care – to our analysis in previous editions. We have examined changes in efficiency and productivity more explicitly than in the past, showing more clearly that there have indeed been improvements on many fronts since the squeeze on budgets began in 2010. We have also added a chapter rating all the services by the level of our concern about their likely future performance, and explained why. Where the Government – and we – lack data, we have said so, and called for improvements to enable the Government to manage better its spending and the performance of public services that have such an impact on the lives of people in the UK.

This report has taken a tremendous amount of hard work. I would like to thank those involved in the delivery of public services who have talked to us in detail and with frankness.

Bronwen Maddox, Director, Institute for Government

In the absence of a seismic shift in political and public attitudes to tax and spend, the productivity of public services will remain critical: delivering the same services at the same level and quality for less money. Overall government spending has fallen by just 0.3% since 2009/10 – but that masks sizeable reductions, and even growth, in certain areas. Real-terms spending changes for the services examined in this report range from a 39% cut (in libraries) to a 15% increase (in hospitals).

There are a number of different ways the Government, and those running services, can go about controlling spending. They could reduce the level of service they provide: by raising entitlement thresholds for social care, for example, or shrinking the number of subjects taught in schools. They could also allow the quality or quantum of services to fall. They could find ways of delivering services more efficiently by paying less for the resources, predominantly staff, that are used to run the services. Or they could try to find ways to get more out of each unit of those resources that they buy – for example, finding new ways of working that allow fewer staff to deal with the same number of service users.

The gains will become increasingly marginal and, whatever the choices, our tracker will continue to monitor the impact they have on outcomes for citizens.

Rob Whiteman, Chief Executive, CIPFA

Summary and conclusions

In this report we show that public services have become distinctly more efficient since the Government's drive to reduce the deficit began in 2010. Much of this is due to the cap on annual public sector pay rises.

But we now have serious concerns about the quality of prisons, adult social care and neighbourhood services (such as bin collections and libraries). There are also problems in the recruitment and retention of staff, often due to rising workloads. The Government has now lifted the pay cap. While this will add to costs, it may not solve staffing problems.

In local areas, the costs of social care are crowding out spending on other services. Nationally, spending on health care is crowding out other public spending. Under these pressures, the Government and local authorities are quietly transferring the costs of services to people where they can, such as by removing legal aid or introducing charges for garden waste collection.

Our analysis also shows that there are many important gaps in official data. We call on the Government to improve these. Doing so would improve the Government's ability to manage its own spending and navigate the difficult choices facing the UK and it would improve people's ability to hold the Government to account.

1. Public sector efficiency has risen since 2010, helped by the public sector pay cap.

Public services have become more efficient since the Coalition Government in 2010 began its 'austerity' drive to reduce the deficit. That is, public services are managing to deliver services at lower cost in real terms than they did eight years ago. Sometimes there has been a reduction in quality, but in almost every case it has not been on the scale that might have been expected given that the money allocated to the services has not matched the growth in demand. Prisons are the exception, where there has been a marked fall in quality.

A large part of the improvement in efficiency has been due to the public sector pay cap, which kept the wage bill down. This year the Government has loosened the cap, announcing pay rises of between 1.5% and 3.5% for the police, prison officers, doctors, nurses and teachers. That means that it will have to focus on productivity alone to keep up quality while keeping budgets tight. That is, public service managers will have to work out how to get more out of each member of staff employed and every other input used – from school buildings and courtrooms to drugs, machines and other technology – rather than just keeping the cost of these inputs down.

2. Productivity has gone up by doing 'more of the same' rather than through reform.

Public services have become more productive since 2010. In a few cases, this has been the result of changes to working practices, such as introducing telephone consultations with general practitioners (GPs), or digitising processes in criminal courts (to reduce the amount of clerical input needed and to avoid duplication).

But these reforms have been the exception. Mainly, the aim has been to try to get staff to do 'more of the same' without reforms to reduce the burden of the extra work that reforms would involve.

3. Loosening the pay cap may not solve the problems of staff recruitment and retention.

Schools and hospitals are facing increasing challenges in recruiting staff; staff leaving rates in schools and prisons suggest problems with retention too. There are growing vacancy rates in adult social care, children's social care and hospitals. The number of GPs is falling despite the Government's desire for a big increase.

Evidence suggests that rising workloads are playing a big part in this. Teachers are leaving the profession for lower-paid work, and the number of NHS leavers citing 'work–life balance' as the reason for their departure has doubled since 2010/11.

This means that further attempts to get more out of staff without changing the way they work are likely to add to, rather than solve, performance problems.

4. We have serious concerns about prisons, adult social care and neighbourhood services.

Of the nine public services we have analysed for this report, three stand out as of particular concern: prisons, adult social care and neighbourhood services.

There are clear signs that neither prisons nor adult social care can continue to operate at their current level of efficiency. Any attempt to try to maintain or increase the level of output without increasing spending is likely to lead to a further deterioration in service quality.

Neighbourhood services have sustained the deepest cuts to spending of all the nine services we have considered. It is impossible to say whether local authorities can keep operating them at their current level of efficiency, as there is not enough data available on the consequences of the spending cuts so far. Given the lack of data to judge the state of these services, if the Government gives local authorities a very tight financial settlement in the next spending review, it risks a serious deterioration of quality – and a call then to inject emergency, unplanned cash.

Schools have seen the smallest overall squeeze since 2010, but their budgets have started to be squeezed more tightly over the past three years and may be a target for future savings. GPs, conversely, faced serious financial constraint throughout most of this period, but have been boosted by new investment in recent years.

This year, our report contains a new 'concern rating' (Chapter 5) summarising the levels of pressure that the different services face.

5. Locally, spending on social care is crowding out spending on other public services, such as environmental services. Nationally, it is spending on health care that is crowding out spending on other public services.

Social care – for both children and adults – is the most costly element of local government activity. As demand for both has risen, spending on other services that local government runs – such as libraries, waste collection and trading standards – has been consistently squeezed. Non-social care spending now makes up only 46% of all local government spending, down from 55% in 2010/11.

This creates obvious potential for public resentment. People paying local taxes think that they are paying for services available to everyone in the area, such as waste collection and libraries. But those universal services are being squeezed by social care, used only by a minority.

Nationally, the Government's commitment to increase health care spending while maintaining targets for reducing the deficit is crowding out other public spending. Many have pointed out that the Prime Minister's present to the NHS on its 70th anniversary – £20 billion a year by 2023 – was not matched by clarity on social care. A green paper on social care has been much delayed. The danger is that without more spending on social care, the new money for the NHS will be lost through, for instance, keeping older people in hospital because they lack adequate care if they go home. We would like to see this green paper published at the time of the Autumn Budget and for the Government to make clear its preferred options for the long-term funding of both health and social care.

6. No government can maintain public services of the current scope and nature without a large rise in tax.

Projections from the Office for Budget Responsibility published in July 2018 show that if current spending and tax take were simply projected forward, spending on health, long-term care and pensions and pensioner benefits alone (along with debt interest payments) would equal tax receipts within 50 years. That is, if the Government chose to keep those commitments on health, long-term care and payments to pensioners, it would have nothing left for any other form of public spending.

There might be more scope for reform than has yet been explored. But experience of big government transformation programmes shows that while they can improve the nature of services, they do not always deliver big savings.

It is clear that demographic pressures and other trends (such as the cost of new medical treatments) will prove unsustainable without a significant change in the scope or nature of public services, a change in the degree to which people pay directly for those services, or a much higher level of taxation.

7. The Government is quietly shifting costs onto individuals.

Nationally and locally, where government can get people to pay directly for services, it is often doing so. Local authorities are introducing new charges for garden waste collection, while using more volunteers and community groups to run services such as libraries.

Cuts to legal aid mean that more defendants now have to pay for their own defence – or defend themselves, adding to judges' frustrations. Less obviously, court closures mean longer distances to travel for many involved in criminal trials.

There are signs of increased reliance on informal care for adults with care needs. State-funded social care within care homes is often cross-subsidised by fees from private clients – essentially pushing some of the cost of state-funded social care onto those people.

These moves represent political choices – the trade-offs that any government must make. But they have not been prominently discussed, nor has the broader question of the line between public and individual responsibilities and costs.

8. The Government should gather and publish better data.

We have noted throughout this report the questions we cannot answer because of the lack of official data or analysis. For instance, there is no data on staffing in private prisons. Data on contracted-out services is very poor, making it hard for us – or the Government – to judge productivity. Data that would reveal more about the quality of justice is lacking, including information on the number of unrepresented defendants in magistrates' courts and a thorough evaluation of the impact of being unrepresented on verdicts reached and sentences received. Local government figures – particularly on the cost and quantity of neighbourhood services – are very patchy. The same is true of data on GPs and the police.

Some of this data may be held in pockets of government. Contract managers, for example, may know how many staff that a private prison employs. Each local authority will know exactly how much street cleaning takes place in its area. But the figures are not aggregated and analysed nationally and in many cases locally collected data will not be directly comparable.

The Government should focus more on the performance of services, not just their cost.

The Government should construct its own performance tracker, making clear the targets and plans that lie behind its decisions on where to spend public money and keeping track of the results. Without this, it cannot know how much more efficient austerity has made public services, whether there is more room for improvement, or whether services are now at risk of a sharp deterioration in quality.

The Government should produce detailed plans for the way that services will spend the money allocated to them. We expect to see the publication of a new NHS plan this autumn, to accompany the funding settlement announced in June, as well as more clarity on local government finances.

This report shows that governments cannot continue for long to provide the same services by simply muddling through, with dollops of emergency cash. Tough decisions will have to be made: whether tax increases, or lower expectations of services, or more individual contributions, or radical service changes. The Government needs to openly address the big-picture questions about the future of public services.

The Prime Minister and the Chancellor must start making explicit the realities facing the country in terms of what public services cost and how that money can be raised. They need to begin telling people clearly that they face a national choice.

Our assessment of public service performance

In Table 0.1, we have summarised our analysis into a 'concern rating' for each of the nine public services analysed in this report (see Chapter 5 for a full explanation of these ratings).

Table 0.1: Concern ratings for nine public services

Category	Health and social care			Children and young people		Neighbourhood services	Law and order		
	General practice	Hospitals	Adult social care	Children's social care	Schools		The police	Criminal courts	Prisons
2009/10 to 2017/18									
Has spending risen faster than demand?	Amber	Amber	Red	Amber	Green	Red	Grey	Amber	Red
Have efficiencies been made?	Green	Green	Grey	Green	Green	Green	Green	Green	Amber
Were those efficiencies enough to bridge the gap between growth in spending and demand?	Amber	Red	Red	Amber	Amber	Grey	Amber	Grey	Red
Beyond 2018									
How is demand likely to grow?	Amber	Amber	Red	Grey	Green	Green	Grey	Red	Red
Can the service keep operating as efficiently as it did last year?	Amber	Amber	Red	Amber	Amber	Grey	Amber	Grey	Red
Are there credible plans in place to control spending?	Amber	Grey	Red	Amber	Amber	Grey	Red	Amber	Red

KEY **Green** = no significant concerns **Amber** = some concern **Red** = significant concern **Grey** = insufficient data

Methodology

In this report, 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 services that people use, and how this has changed over time.

What we measure

We define the efficiency of each public service in terms of the amount of 'output' the service produced for each pound spent. Outputs are essentially 'the things that a service produces' – for example, the number of pupils achieving certain exam grades or the number of people having a consultation with a GP. As these examples suggest, we are interested in both the *amount* of output a service provides and the *quality* of that output. This is sometimes referred to as 'technical efficiency'.*

The efficiency of a 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 inputs – 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 ratio of pupils to teachers – we say that they have made **productivity** improvements.

The efficiency of a service can, therefore, be boosted either by buying inputs more cheaply or by using inputs more productively to produce 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]

Understanding the performance of public services depends not only on understanding how efficiently a service converts money into outputs but also on whether the outputs produced are consistent with the aspirations that the Government has for the service and sufficient to meet the demands placed on them. *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 the Westminster Government is responsible. As most public services are devolved to the nations of the UK, this means that most of the chapters in this report only cover England. The exception is Chapter 4 on law and order, which includes the police, criminal courts and prisons, and which covers England and Wales.

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* Technical efficiency – how money is translated into outputs, such as the number of hospital appointments – is distinct from 'allocative efficiency', which goes one step further – covering the process of converting money into outcomes for the public. Outcomes include, for example, levels of public health, crime rates or the rule of law. *Performance Tracker* focuses on outputs, rather than outcomes, because there are many factors (aside from the performance of one particular public service) that can affect outcomes. In the remainder of this report, the term 'efficiency' is used to mean technical efficiency.

How we do it

The analysis in this report is drawn from more than 150 data series – mostly produced by government itself – alongside other information gathered from inside and outside government. The exact information presented varies between different services, depending on what data is available and the nature of the service. But the analysis for each service follows the same basic structure.

For each service described in this report, we examine:

- 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 Gross Domestic Product (GDP) deflator, which is a measure of economy-wide inflation[†]
- how **demand** for the service has changed since 2009/10 – where possible, we have tried to identify how the *underlying* demand for a service among the population has changed, not just the demand that arrives at the door of the service
- 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
- what volume and type of **outputs** have been produced by each service and – where possible – the quality of these.

Based on this information about spending, demand, inputs and outputs, we draw conclusions about whether each service has become more **efficient** over time – that is, producing 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 (that is, reducing the cost of inputs) or through productivity improvements (that is, producing more output with every input, either by introducing new ways of working or by making existing inputs work harder).

We also ask whether these efficiency improvements have been **sufficient** to make up for any gap that has emerged between growth in spending and demand. If there are signs that some demand is going unmet, that people are waiting longer to access a service or that actual spending is consistently higher than budgeted spending, it indicates that the service is struggling to manage within its budgets. In these cases, initiatives to improve efficiency, divert demand away from the service or increase spending are likely to be needed.

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*   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 they use may have risen markedly more or less quickly than economy-wide inflation. Where this is relevant and alternative measures of service-specific inflation are available, we mention these in the text. However, for consistency and ease of comparison between services, we present all the headline spending figures deflated by economy-wide inflation.

# 1 Health and social care

General practice

Spending on general practice in England has grown in the past four years, following a slight decline. Estimates suggest that GPs' workload has risen faster than spending and, therefore, that they have become more efficient. They have done this by pooling resources between practices and making more use of telephone consultations, among other ways. But lengthening waits for appointments suggest that these techniques have not been enough to keep up with demand.

General practice – the 'front door' of the health system – is responsible for treating common medical conditions. Most of the workload in GP practices is made up of patient consultations, but practices also run clinics, provide vaccinations and carry out simple operations. As of March 2018 there were 7,271 practices in England.[1]

The GPs and other health professionals within general practice work closely with wider community professionals (such as health visitors and midwives), social services and voluntary sector providers. Where necessary, patients are referred on to hospitals or specialist units for specialist or urgent treatment.

Spending on general practice has increased by nearly 17% since 2010/11

Figure 1.1 **Change in current and capital spending in general practice in England (real terms), since 2010/11**
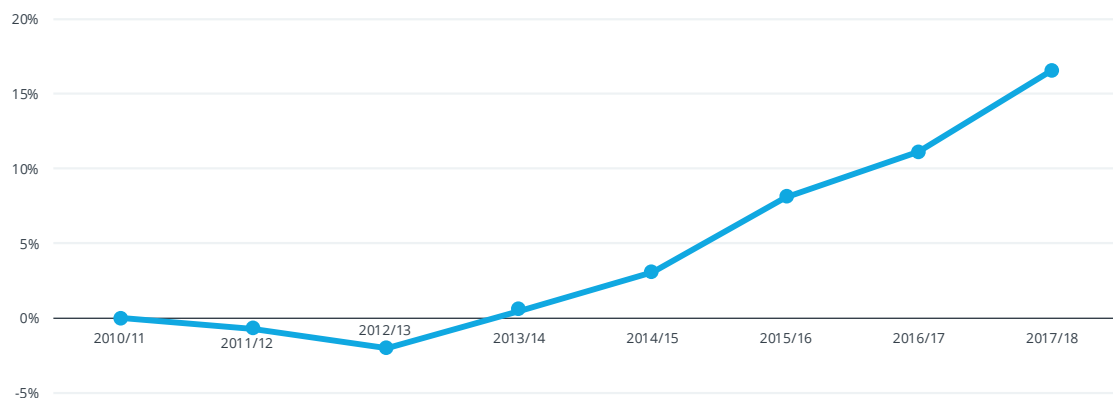

Source: NHS Digital, 'Investment in General Practice', Annex A1

Between 2010/11 and 2017/18, annual current and capital spending ('investment') in general practice increased by 16.6% in real terms overall. Although there was initially a 2% real-terms drop in spending up to 2012/13, it began to rise in 2013/14. This has been supported since 2016 by the *General Practice Forward View*, which, alongside a range of reforms, included a commitment to an additional £2.4 billion (bn) a year of public spending on general practice by 2020/21.[2] Simon Stevens, Chief Executive of NHS England, has emphasised the importance of this increase in spending, writing that "if general practice fails, the whole NHS fails".[3] However in 2017/18 only 7.2% of NHS commissioning funds were allocated to general practice.[4]

Demand for general practice services has continued to grow

Demand for general practice services is likely to have risen faster than the population is growing. The population of England grew by 5.7% between 2010 and 2017.[5] However, there has been more rapid growth among groups that use GP services more intensively.[6] For example, the population over the age of 65 has increased by 17% over this same period.[7]

Figure 1.2 **Change in estimated demand for general practice consultations, since 2010**
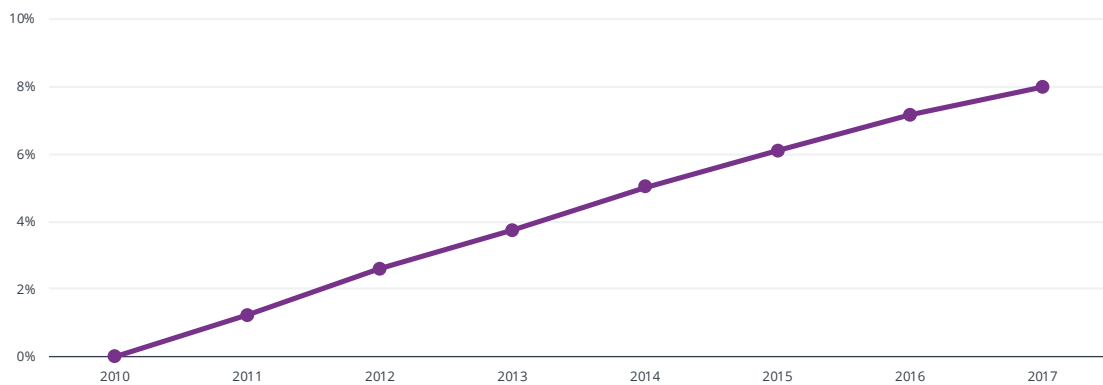
Source: Office for National Statistics, 'Mid-year Population Estimates', 2010–17; Department of Health, 'Resource Allocation: Weighted Capitation Formula', 2011

We can model the changing demand for general practice consultations by applying an estimate of the consultation needs of men and women of different ages, produced by the Department of Health in 2011, to the changing demographic profile of England.[8] This suggests that population-level demand for consultations grew by 8% between 2010 and 2017.

However, this is likely to underestimate the actual increase in demand, due to increases in the rate of multi-morbidity – people who have more than one chronic illness. In 2012 the Government projected that the number of people with multi-morbidity (which is estimated to account for half of general practice consultations) would increase from 1.9 million (m) in 2008 to 2.9m in 2018.[9]

Input: GP numbers are declining, but the overall workforce is growing

Most general practice spending goes on staff. The overall number of staff working in practices rose by 6.6% between September 2010 and September 2014, and then by 2.6% between September 2015 and March 2018.

Figure 1.3 **Number of general practitioners (excluding locums), nurses and other staff involved in direct patient care within general practice (full-time equivalent), since 2010**
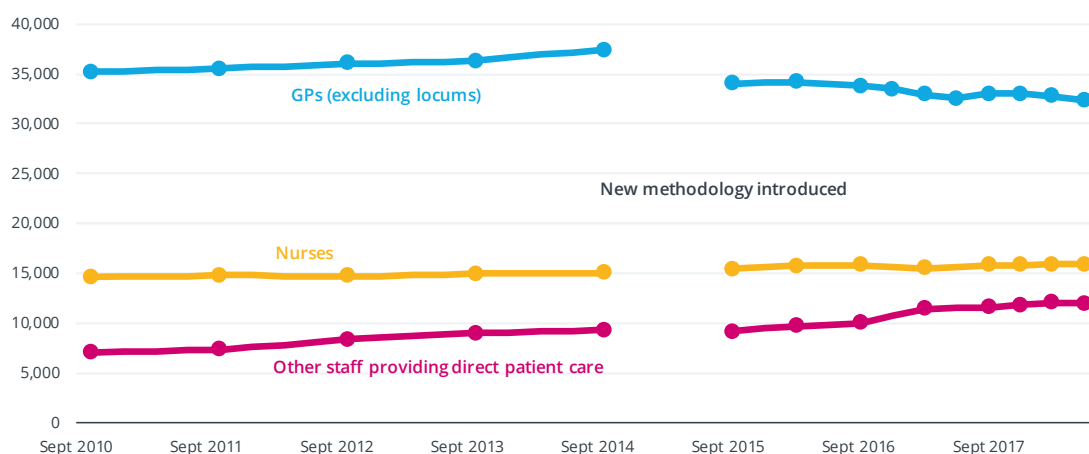
Source: NHS Digital, 'General and Personal Medical Services'

The number of full-time equivalent GPs (excluding locums) has been falling since 2015.* After growing by 6.2% between September 2010 and September 2014, the number subsequently declined by 4.9% between September 2015 and June 2018 (to 32,370).† While the number of locums has increased, it has not been enough to compensate for the loss of other GPs; furthermore, locum numbers have also begun to decline (from a high of 1,029 in September 2017). As a result, the total number of practitioners fell by 4.1% between September 2015 and March 2018.

This is despite the Government's commitment to a net increase of 5,000 GPs by 2020 (compared with 2015 figures). As part of this plan, the Government committed itself to training 3,250 new GPs each year.[10] This target has not yet been met, although the proportion of places filled has been increasing year on year (with 97% filled in 2017/18, compared with 85% in 2015/16).‡ The Chief Executive of Health Education England has also said that the organisation is on track to meet the target in 2018/19.[11]

However, *Pulse* (the British magazine on primary care) found in its annual vacancy survey this year that 15.3% of GP posts were vacant, compared with 11.7% in 2016.[12] Also this year, The King's Fund (an independent health think tank) carried out a survey of 729 trainee GPs and found that only 22% intended to work full time in general practice one year after qualification (compared with 31% of the 318 trainees surveyed in 2016).[13]

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*   All staff numbers in this chapter refer to full-time equivalent staff unless otherwise noted.

†   Workforce figures for June 2018 are currently provisional and will be finalised in November 2018.

‡   These figures do not include first-year trainees.

Meanwhile, the morale of existing staff is low. Between 2010 and 2017, the GP Worklife Survey reported a rise in all the stress factors it surveyed and a 13% drop in overall job satisfaction. The factors cited as causing the most stress were increasing workloads, insufficient time to perform work, and paperwork.[14] 'Hours of work' was the area of work where GPs had the lowest mean satisfaction rating – 3.57 on a scale of 1 (lowest) to 7 (highest) – down from 4.39 in 2010. Satisfaction with pay was at 4.22 in 2017, down from 4.87 in 2010.[15] This suggests that workload is the key driver of GP recruitment and retention issues, with pay a close second.

The limited availability of GPs has encouraged primary care teams to expand, so that patients see the professional most suitable for their needs. The *General Practice Forward View* committed more than £150m by 2020 to support this.[16] In 2017/18, The King's Fund's *Quarterly Monitoring Report* found that the most common strategy that practices used to increase capacity to manage demand was diversifying the skills mix of staff.[17]

The highest rate of growth in the GP workforce has been among other professionals who are neither doctors nor nurses, but still deliver patient care, such as health care assistants, physiotherapists and phlebotomists. In June 2018 there were 11,980 of these types of workers – up from 9,149 in September 2015 (a 31% increase).[18]

Nurses have had a much more longstanding presence in general practice, and their numbers have also grown in recent years: from 15,398 in September 2015 to 15,925 in June 2018 (a 3% increase). Administrative staff numbers have also grown in this period, from 63,728 to 64,945 (a 2% increase). Within this growth there has been a 6.3% decline in GP practice managers, likely driven by the trend towards fewer, larger practices (see below).[19]

Staff working hours have also changed. Although the GP Worklife Survey suggests that there has only been a limited increase in a GP's average weekly hours (from 41.4 in 2010 to 41.8 in 2017), the Government's commitment to a 'seven-day NHS' has meant that the timing of those hours have changed.[20] Between October 2016 and March 2018 the percentage of practices with 'full extended access' – meaning the offer of pre-bookable appointments outside of core contractual hours (such as in the evening or at weekends)* – more than doubled, from 18% to 39%.[21]

Medicines make up another big chunk of GP practice spending, although we do not know the precise proportion because we only have listed prices, not the final agreed prices. When products do not satisfy their cost-effectiveness requirement, the NHS tries to negotiate discounts with manufacturers. Known as 'patient schemes', these can range from simple discounts to complex reimbursement mechanisms, and remain confidential due to their commercial sensitivity.[22]

The evidence suggests that GPs are prescribing more medicines, but also that they are getting them cheaper. The number of items prescribed in the community increased from 0.9bn to 1.1bn between 2010 and 2017. However, over this same period, the net ingredient cost (meaning the basic cost of the drug) of all community-prescribed drugs only increased from £8.8bn to £9.2bn (which in real terms is a decline of about 7%).[23]

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*   The precise definition of 'extended access' is access to pre-bookable appointments on Saturdays and Sundays, and on each weekday for at least one-and-a-half hours before 8am or after 6.30pm.

Output: estimates suggest that the workload has risen faster than spending

The most common activity within general practice is consultations. We know that, before 2008, there had been a steady growth in the number of consultations: a large longitudinal study of trends in consultations between 1995 and 2008 found that the number had increased by 38%, from 217m to 300m. That means there was also an increase in the number of consultations per person, per year – from around 3.9 to 5.5.[24] However, there is no longer any nationally collected data on consultations, so we cannot say for sure what has happened since 2008.

Smaller studies suggest that this rate of growth has been maintained or has even accelerated in more recent years. For example, an analysis of 100m consultations between 2007 and 2014 estimated that general practice workload had increased by 16%.[25] Similarly, The King's Fund has estimated that there was a 15% increase in consultations between 2010/11 and 2014/15.[26]

Putting this together, the workload of GPs appears to have increased more than the demographic pressures predicted by our model of population-level demand. One explanation for this is the increasing complexity of needs among patients. The Health Foundation (an independent health think tank) analysed one practice in 2017 and found that, of frequent GP attendees (meaning attending twice a week), 53% had attended Accident & Emergency (A&E) more than twice in the previous year, 69% had a long-term condition, 43% had been diagnosed with depression and 33% were over the age of 60.[27]

GPs' workload might also have increased as a consequence of reduced activity in other parts of the health system that have seen deeper cuts. For example, The Health Foundation has estimated a real-terms decline of 17% spending on public health per person between 2014/15 and 2018/19.[28] Meanwhile, there was a 15% decline in the number of community nurses between September 2009 and May 2018, to 35,221.[29]

Finally, these increases may be the result of supply-induced demand (where an increase in the services available leads to an increase in patients using those services, even if it is not necessary). There are concerns that better access to general practice services, such as through extended opening times, might prevent people from accessing expensive, unnecessary care, but it may also increase demand for GP services, as people seek assurance for complaints they may otherwise have dealt with without medical intervention.[30]

In addition to changing levels of activity in general practice, there is evidence that the nature of activity is changing as well. For example, the proportion of respondents to the GP Patient Survey who reported that they had had a telephone consultation has increased, from 5.5% in 2012 to 9.3% in 2018.*

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* The GP Patient Survey was redesigned in 2018, with changes to the wording of this question. Results between 2012 and 2017 are the combined proportion of respondents who reported: 'I got an appointment to speak to a GP on the phone' and 'I got an appointment to speak to a nurse on the phone'. The 2018 result is the proportion of respondents who reported: 'I got an appointment to speak to someone on the phone.'

Figure 1.4 **Percentage of GP Patient Survey respondents who reported having an appointment over the phone with a member of a general practice surgery, since 2012**

New methodology introduced in 2016 and 2018
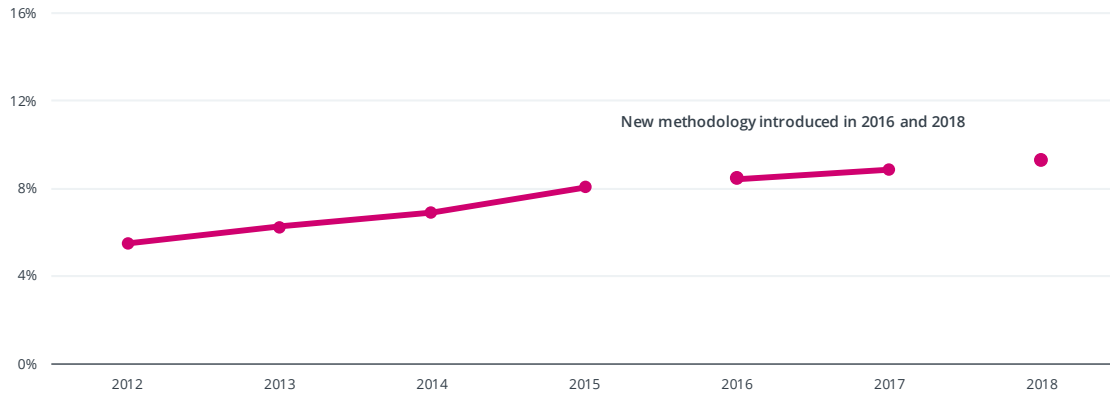
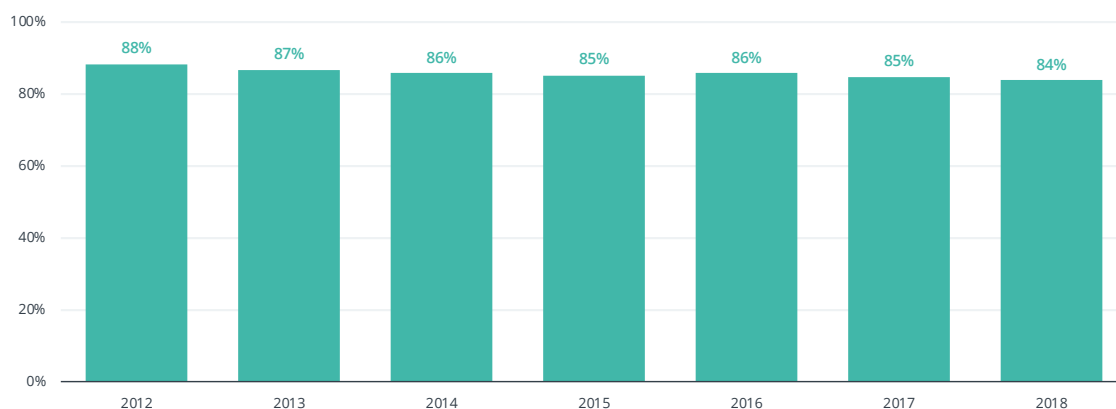Source: NHS Digital, 'GP Patient Survey'

There is also evidence that GPs are increasingly connecting with patients online. Between 2015 and 2017 the proportion of respondents to the GP Patient Survey who had booked an appointment online in the previous six months increased from 6.8% to 8.9%. The 2018 survey (asking a slightly different question) found that 12.9% of respondents had booked an appointment online in the previous year.[31]

Output: patient satisfaction is slipping but care quality is still high

Historically, general practice has been the most popular element of the NHS. But satisfaction with the service has declined over recent years. In the 2017 British Social Attitudes survey, nearly two-thirds (65%) of respondents were satisfied with the service, compared with 77% in 2010, making it drop from the most popular part of the NHS, to the second most popular (behind outpatient treatment). Meanwhile, the rate of dissatisfaction has increased, from 14% in 2010 to an all-time high of 23% in 2017.[32]

In the GP Patient Survey, the percentage of respondents who described their overall experience of their doctor's surgery as good or very good decreased slightly from 88% to 84% between 2012 and 2018, reflecting the trend of high but slipping patient satisfaction. Concerns about ease of access to general practice services appear to be driving dissatisfaction. People describing their experience making an appointment as good declined between 2012 and 2018, from 79% to 69%. However, patients continue to report high levels of trust and confidence in the care they have received, and 94.8% reported in 2018 that their needs were met to some extent during their last appointment.[33]

Figure 1.5 **Percentage of GP patients rating their experience as 'good' or 'very good', since 2012**

Source: NHS Digital, 'GP Patient Survey'

As of May 2017 the Care Quality Commission (CQC) rated 90% of practices as 'good' or 'outstanding' (although only 85% of practices achieved these ratings for 'being safe').[34] Out-of-hours GP services were also reported to be of high quality, with the CQC in March 2018 rating none as inadequate, and 89% as 'good' or 'outstanding'.[35]

Indicator scores from the Quality and Outcomes Framework (QOF) also suggest that the quality of GP services has been maintained, or has slightly improved. The QOF is a voluntary annual reward and incentive programme for all GP surgeries, which provides additional funding for good practice in clinical and public health services. The requirements vary, from maintaining registers of patients in need, to regular reviews of patients' conditions (for example, an asthma review every year).[36]

Has general practice become more efficient and can that be maintained?

The absence of national activity data makes it difficult to determine with any precision how much more efficient general practice has become since 2010, but the estimates we have suggest that GPs' workload has increased more than spending.

General practices have made savings in spending on medicines. According to listed figures, there has been a 22% real-terms decline in the average net ingredient cost per item prescribed in the community, supported by the NHS Medicines Optimisation Programme.[37] These cost reductions are likely the result of efforts to increase the prescribing of generic drugs – driving both productivities (when generic brands are able to perform the same function as named brands) and economies (as named brands seek to compete). Listed figures may overestimate the price the NHS actually pays for drugs, which is confidential; it is likely that the NHS has negotiated lower prices, meaning greater actual efficiencies.[38]

The public sector pay cap has also been a major source of savings for the service overall.[39] However, the announcement of a consolidated 2% pay increase for GPs in July 2018 means that future efficiencies will have to come from elsewhere.[40] Some practices have also had to increase their use of more costly locum staff, which will have increased spending per input.

Health and social care

In delivery and organisation, general practice is beginning to adopt new ways of working to meet demand more productively. Practices are increasingly using telephone consultations, for example, as an alternative to the traditional and still-dominant consultation face to face with the patient (although the efficiencies of this approach are still debated, with concerns that it encourages patients to contact their general practice more).[41] Another change is the greater use of technology, such as the ability to book appointments or order repeat prescriptions online.

There has also been a gradual shift away from traditional, smaller practices, with larger practices emerging to pool resources and finances. Between 2010 and 2018, the share of GP practices with only one GP fell from 15% to 11%, while the proportion with five or more GPs increased from 41% to 47%. Overall practice numbers also fell by 13%, to 7,271.[42] Beyond this, individual practices are also collaborating more – on training, for example, or sharing back-office functions. The Nuffield Trust (an independent health think tank) estimated in a survey in 2017 that 81% of practices were part of a collaboration (contractual or more informal), up from 73% in 2015. Of those not in collaborations, a third were considering it.[43] It is difficult to calculate what the implications of larger practices are for running costs but there are likely to have been some savings.

The increasing use of larger, mixed teams, with more patients per GP, has implications for the continuity of care – whether a patient can see the same GP. This has dropped substantially: in the GP Patient Survey, the percentage of patients with a preferred GP who saw them 'always, or almost always, or a lot of the time' fell from 65.3% to 50.2% between 2012 and 2018.[44]* The *British Journal of General Practice* has reported a 27.5% decline in the continuity of care between 2012 and 2017.[45] This is not necessarily a bad thing in all cases: there has also been a decline in the number of patients who say they have a preferred GP, indicating that some patient groups prioritise accessibility over continuity. However, there is evidence that continuity of care can contribute to improved outcomes, such as reduced emergency admissions for conditions that are better treated in the community (such as asthma, diabetes and hypertension).[46]

Any attempts to further increase productivity without comparable changes to working practices – thereby increasing GP workload – risk exacerbating existing recruitment and retention issues, and undermining this progress. In the 2017 GP Worklife Survey, 39% of GPs expressed an intention to leave direct patient care within five years, up from 22% in 2010.[47]

Furthermore, the Government's extended access policy may put further pressures on GPs. The National Audit Office has said that the Government has "not fully considered the consequences and cost-effectiveness of their commitment to extend access".[48]

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* The GP Patient Survey was redesigned in 2018, with changes to the wording of this question. Results between 2012 and 2017 are the proportion of respondents who reported 'always, or almost always, or a lot of the time' when asked: 'How often do you see or speak to the GP you prefer?' The 2018 result is the proportion of respondents who reported 'always, or almost always, or a lot of the time' when asked: 'How often do you see or speak to your preferred GP when you would like to?'

Have efficiencies been enough to meet demand?

The data suggests that these efficiency measures have not been sufficient to allow general practice staff to hold consultations as quickly as they once did in the face of rising demand.

Figure 1.6 **Patient waiting times for an appointment with a GP or general practice nurse, since 2012**
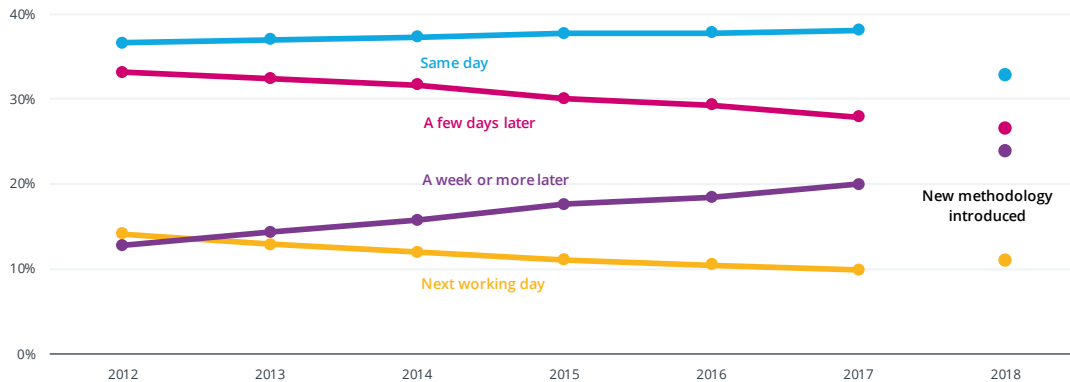
Source: NHS Digital, 'GP Patient Survey'

In 2010, the Government scrapped a controversial target, which required all consultations to take place within 48 hours of an appointment request (which practices were already struggling to meet).[49] Since then the proportion of patients in the GP Patient Survey who report being seen a week or more after they have requested an appointment has increased, from 13% in 2012 to 20% in 2017.[50] The proportion of patients receiving an appointment on the same day as requested was initially broadly flat, but rose very slightly to 38% in 2017.[51] Given increases in demand, this implies that GPs were seeing more patients on the same day and prioritising those with the most urgent needs (the trade-off being that others would have to wait longer).

In the 2018 GP Patient Survey the reported figure for same-day appointments had dropped to 33%.[52] This may be due to changes in the way the question was worded in the 2018 survey.* But it may indicate an intensification of GPs' struggles to keep up with demand. Due to the methodological change in the survey, we do not know.

Of course, if there is no clinical need for a patient to be seen in two days rather than eight, then we can interpret this increase in waiting times as an efficient use of resources, rather than a problem. However, this is at odds with the Government's intention to increase – not limit – access to GPs.

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* The GP Patient Survey was redesigned in 2018, with changes to the wording of this question. Between 2012 and 2017 the question was: 'How long after initially contacting the surgery did you actually see or speak to [the professional you had an appointment with]?' In 2018 the question was: 'How long after initially trying to book the appointment did the appointment take place?'

Another sign of the struggles that GPs are facing in keeping up with demand is the apparent rise in the number of 'list closures'. Under the GP contract, practices can apply to NHS England to temporarily refuse to accept new patients (referred to as 'closing their lists') with the permission of their clinical commissioning group. *Pulse* has estimated from Freedom of Information requests that the number of practices closing their lists, and the number of closures being refused, have increased. In 2012 there were 40 applications, with 20% refused.[53] In 2016/17 there were 230 applications, with 37% refused.[54]
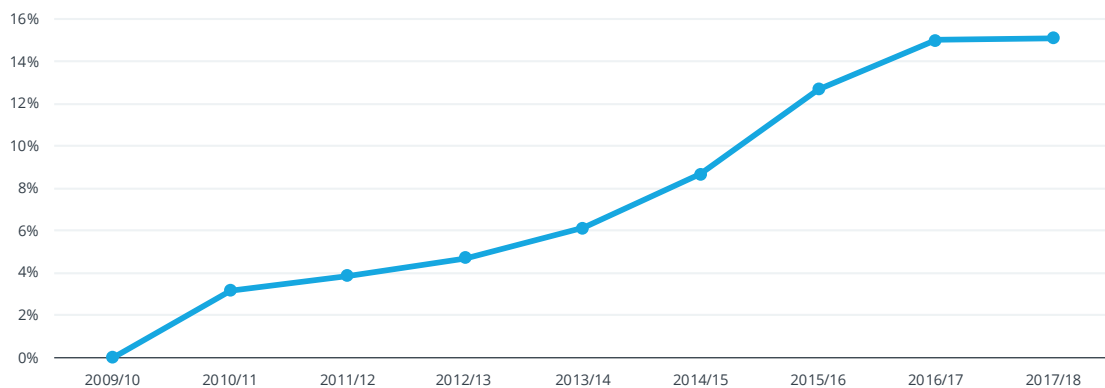
Hospitals

Spending on hospitals has risen since 2009/10, as has the size of the workforce. But the amount of work that hospitals are doing has risen faster. Hospitals have made efficiencies – maintaining the clinical standard of care in the face of growing workloads – but these have not been enough to keep up with the growing cost of, and demand for, care. This has resulted in large financial deficits and longer waiting times for treatment.

There are several different types of hospitals that provide different types of care, such as community, mental health and acute hospitals. These are run by trusts and are paid to provide a certain type of treatment within a given geographical area. Most hospitals are defined as being 'acute' – meaning they provide active, but short-term and specific treatment. This involves emergency treatment for those with moderate to serious need, surgery, and specialist diagnostic and treatment services for a wide variety of conditions. It is these hospitals that this chapter focuses on. As health care is devolved to the individual nations, this chapter looks at England.

Spending on NHS providers has increased by 15% since 2009/10

Figure 1.7 **Change in spending on NHS providers in England (real terms), since 2009/10**

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

Spending on hospitals appears to have risen over the past eight years – although we cannot isolate spending on acute trusts across this period. In real terms, spending on NHS providers rose by 15% between 2009/10 and 2017/18 (reaching £82.4bn), although there was only 0.1% growth between 2016/17 and 2017/18. These figures include day-to-day spending on mental health, ambulance, community and specialist care NHS providers, as well as acute trusts.[1]

Unfortunately, Department of Health accounts do not separately identify what spending is specifically for hospitals. However, we do know that acute providers account for the majority of all NHS provider spending. NHS Improvement (which oversees trusts) has carried out some analysis, which shows that of the £72.7 million (m) income from patient care activities across all providers in 2017/18, £53.0m (about 73%) was income for acute services.[2] There is also evidence that spending on acute providers has been growing more than spending on other types of providers. The King's Fund has estimated that the percentage increase in acute funding has been three times greater than the rate of growth of mental health funding since 2012/13.[3]

Despite spending increasing, the entire NHS is experiencing the slowest decade of spending growth of its existence. During the Coalition Government, the average annual growth rate of NHS spending was 1.1%; this increased to 2.3% between 2014/15 and 2016/17, but was still below the average of 3.7% throughout the history of the NHS.[4]

Demand for hospital services has continued to grow

An analysis of demographic change suggests that demand for hospital services is rising. The number of people living in England grew by 6.6% between 2009 and 2017.[5] But demand for hospital services is likely to have risen more than this because of the ageing population: the number of people over the age of 65 grew by over 19.4% in this same period.[6] The over-65s make up a greater proportion of health spending; for example, in 2016/17 more than 40% of finished consultant episodes were for patients aged over 65, despite representing 18% of the population.[7]

Meanwhile, long-term health conditions have remained prevalent, with 41% of the population estimated to have a longstanding illness in 2016.[8] Since 2009, life expectancy has grown more than healthy life expectancy and disability-free life expectancy, meaning that people are living longer in poor health.[9] Treating patients with multiple chronic conditions is estimated to account for over 70% of the health budget.[10]

Figure 1.8 **Change in estimated demand for acute care, since 2009**
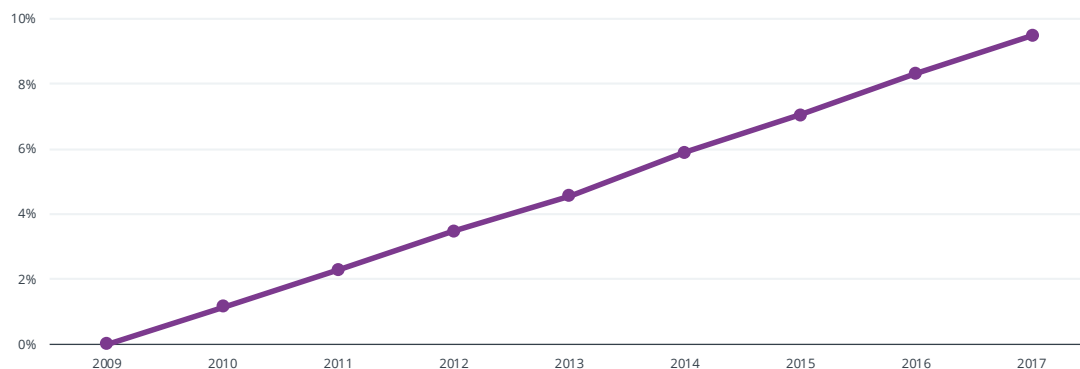
Source: Office for National Statistics, 'Mid-year Population Estimates', 2009–17; Department of Health, 'Resource Allocation: Weighted Capitation Formula', 2011

We can model the changing demand for hospital services by applying an estimate of the need for acute services in different parts of the population, produced by the Department of Health in 2011, to the changing demographic profile of England.[11] This suggests that population-level demand for acute care grew by 9.5% between 2009 and 2017.

Input: the number of clinical staff working in hospitals is rising

Figure 1.9 **Change in the total number of doctors and nurses (full-time equivalent) in NHS trusts and clinical commissioning groups, since September 2009**
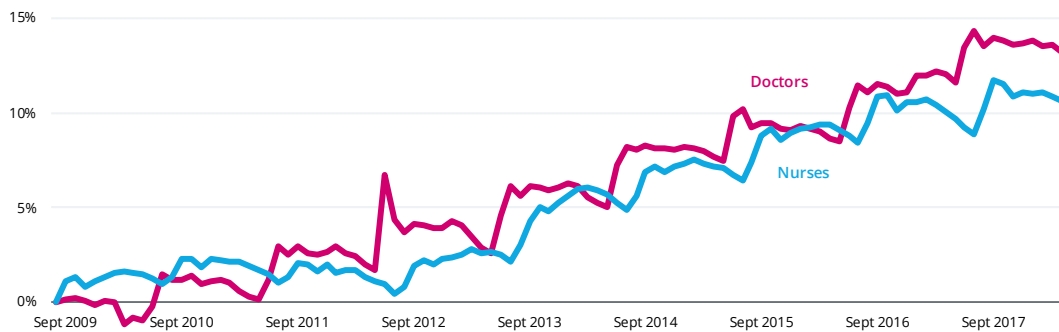
Source: NHS Digital, NHS Hospital and Community Health Service, monthly 'NHS Workforce Statistics'

Staff costs make up the majority of NHS providers' expenditure. In 2018, £52.0bn of the total £82.4bn of their spending was on staff.[12] Between September 2009 and May 2018, the size of the NHS workforce in hospital and community health services (measured as full-time equivalents) rose by 6.0%, comparable to England's population increase. However, there was significant variation in the growth rate of different groups of workers over different time periods (for example, the number of managers and senior managers dropped by 13.0% over this period).

Since 2009 there have been greater increases in the clinical workforce than the overall workforce. Generally these increases did not take place before 2012, but rising demand and new guidance from the National Institute for Health and Care Excellence (after the Francis Review into Mid Staffordshire NHS Foundation Trust found that inadequate staffing compromised patient safety)[13] encouraged hospitals to maintain a steady pace of clinical recruitment from that time. Between September 2009 and May 2018, the number of doctors and nurses increased by 13.2% and 10.6% respectively, well ahead of our calculated rate of growth of demand (although this growth rate appears to have slowed in recent years).*

Efforts to recruit enough staff quickly to meet rising demand safely also led to the increased use of expensive agency workers, the cost of which reached a peak of £3.6bn in 2015/16. Following a concerted effort by NHS Improvement, this spending has begun to decline: between 2016/17 and 2017/18, spending on agency staff fell from £2.9bn to £2.4bn (a real-terms fall of nearly 20% and a return to 2009/10 spending levels).[14]

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*   We have tried to isolate staff working in acute settings from the data, but these figures will contain some staff working in other types of hospital. The 'doctors' category consists of consultants (including directors of public health), associate specialists, specialty doctors, staff grades, specialty registrars, foundation doctors and hospital practitioners/clinical assistants. The 'nurses' category consists of nurses (adults) and nurses (children).

However, there are signs that hospitals are struggling to maintain the size of workforce that they need. According to NHS Digital, full-time equivalent vacancies within acute trusts increased from 53,236 between July and September 2015, to 59,609 between July and September 2017, a 12.0% increase. Vacancies for medical and dental staff rose by 16.3%, and those for nursing and midwifery staff by 23.4%.[15]*

Much attention has been given to issues with recruiting nurses, after nurse training bursaries were scrapped in 2017 and replaced with loans (with the Government arguing that this would allow it to save around £800m a year, and increase the number of training places).[16] Between 2016 and 2017, the number of applicants for UK nursing courses dropped significantly, by 19.6%. However, the number of applicants accepted on courses fell far less: acceptances were 3.8% lower 15 days after A-Level results were announced, and just 0.9% lower by the end of the recruitment cycles. A similar pattern has occurred in 2018, where the number of applicants was 27.6% lower than in 2016, but the number accepted 15 days after A-Level results was just 5.8% lower.[17] The decline in nurse trainees is therefore not as dramatic as one might expect, but it is still the case that the Government is failing to increase the number of student nurses – one of the stated purposes of scrapping the bursaries.

There are also concerns about the implications of new language requirements and Brexit for international recruitment. The number of workers registering with the Nursing & Midwifery Council for the first time decreased by 12.3% between 2016/17 and 2017/18. While there was a 13.4% increase in those registering from overseas countries that are not part of the European Union (EU), there was an 87.4% decrease in those registering from the EU/European Economic Area.[18]

Staff are also leaving the NHS in increasing numbers: voluntary resignations in the NHS rose from 74,285 in 2011/12 to 114,870 in 2017/18. Workload appears to have been a key driver of this. The number of people resigning and citing work-life balance as the reason more than doubled in this period, from 6,699 to 18,013.[19] The NHS Staff Survey has also found that the percentage of staff in acute trusts reporting feeling unwell because of work-related stress rose from 27.9% to 37.0% between 2010 and 2017.[20] At the same time, throughout this period, hospitals have been able to hold down spending on staff through the public sector pay cap.

The rest of the money that hospitals spend goes on items like medicines, equipment, catering and maintaining buildings. It is less clear what has happened to these other individual items – whether the cost of buying them has risen or fallen, placing or relieving pressure on hospital budgets.

The NHS produces an estimate of the overall spending on medicines in hospitals, which increased from £4.17bn in 2010/11 to £8.3bn in 2016/17 (a real-terms increase of 80%).[21] However, it is not possible to determine what has caused this increase – whether more or different medicines have been prescribed, or whether the cost of each product is rising – as data on volume, product mix and prices is not publicly available. Indeed, this change in spending on medicines is an estimation based on list prices, and may not reflect the prices that the NHS actually paid: the NHS receives discounts but keeps the terms confidential.[22] If we were able to take these discounts into account, we might observe a different rate of spending change.

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* NHS Digital has added a caveat that this information is provisional and experimental.

However, there is evidence that the overall cost of providing care is increasing. Health inflation has increased at a greater speed than consumer inflation, with the Department of Health estimating that the price of health inputs rose by 10.5% between 2009/10 and 2015/16 (compared with about 9.5% economy-wide inflation).[23] The Personal Social Services Research Unit at the London School of Economics has estimated that, between 2009/10 and 2016/17, national average costs per care episode increased by 27% for elective inpatient stays, by 20% for non-elective long stays and by 7% for non-elective short stays.[24] Reference costs (which provide a measure of the average unit cost to the NHS of providing a particular service) also suggest that the cost of care has increased, particularly for Accident & Emergency (A&E) care (with an estimated 22.1% increase in real terms between 2012/13 and 2016/17).[25]

Output: hospitals are doing much more work

Figure 1.10 **Number of emergency admissions via type 1 Accident & Emergency, since 2009/10**
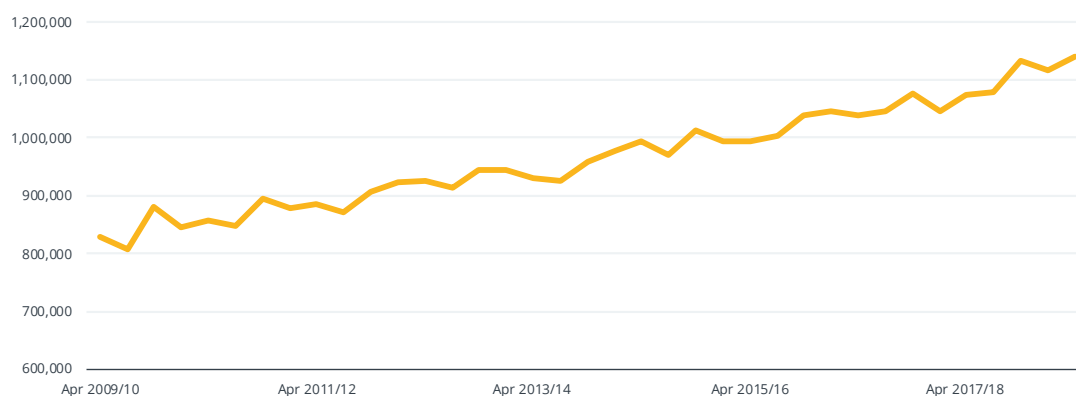
Source: NHS England, 'A&E Attendances and Emergency Admissions'

Hospital activity – the things that hospitals do, such as performing treatments and tests – has risen rapidly since 2009/10. For example, the number of people admitted to hospital via A&E for type 1 emergency admissions* rose from 3.36m in 2009/10 to 4.4m in 2017/18 (a 30.9% increase).

Significant increases in activity have taken place across all hospital services, continuing a long-running trend that began before 2009.[26] Between 2009/10 and 2017/18, elective admissions and non-elective admissions both increased by nearly 20% (to 8.2m and 6.2m respectively). Meanwhile, the number of outpatient appointments rose by 41.8% (to 119.4m) and the number of diagnostic tests rose by over 50% (to 21.9m).[27]

It is notable that across these measures, the number of people receiving treatment in hospital (including the number turning up at A&E in need of treatment) is rising by more than the demographic pressures predicted by our model of population-level demand. There are several possible explanations for this. The first is the rise in the prevalence of chronic medical conditions, which increase the number of repeat

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*   Referring to a major A&E department, with a consultant-led, 24-hour service. This does not include walk-in centres.

attendances. The Health Foundation (an independent health think tank) has found that, in 2015/16, one in three patients admitted as an emergency had five or more health conditions, a significant increase from one in ten in 2006/07.[28] Similarly, in 2017 it was estimated that 77% of inpatient bed days were for people with long-term conditions.[29]

Another possibility is that there has been an increase in people accessing hospital services when another care setting would be more appropriate. For example, the rate of emergency admissions for acute conditions that should not usually require hospital admission increased from 1,083 per 100,000 in 2009/10 to 1,359 per 100,000 in 2016/17.[30] Finally, in some instances it is possible that medical improvements and changing patient expectations have driven unnecessary uses of treatment, such as unnecessary prescriptions or diagnostic tests.[31]

Output: clinical quality and patient satisfaction have been maintained

Figure 1.11 **Overall patient experience scores for adults treated as inpatients, since 2009/10**
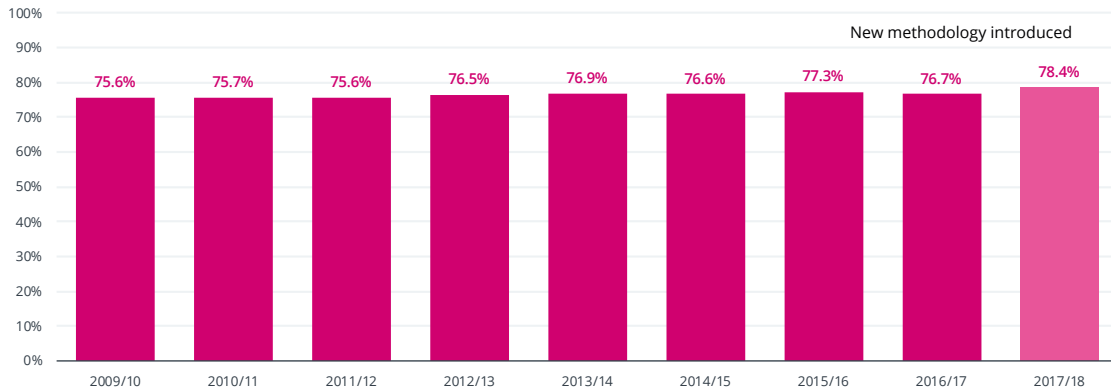
Source: NHS England, 'Overall Patient Experience Scores', Adult Inpatient Survey

The data suggests that the standard of hospitals' work has remained good. Patient satisfaction scores are high, fluctuating between 75.6% and 77.3% in the period from 2009/10 to 2016/17. In 2017/18 the introduction of new methodology recorded a score of 78.4%.* The June 2018 Friends and Family Test (a survey of how likely patients are to recommend the health service they have used) also found that 95.9% of inpatients would recommend the hospital service and 87.4% of patients would recommend the A&E service (comparable to scores of 94.3% and 88.2% respectively in June 2013).[32]

In contrast, satisfaction scores in the British Social Attitudes (BSA) survey have remained high, but have declined slightly. Satisfaction with the NHS was at 57% in 2017 (compared with 64% in 2009), with satisfaction for inpatient appointments at 55% (from 59%), outpatient appointments at 65% (from 67%) and A&E attendances at 52% (from 59%). This can perhaps be explained as the difference between perceptions and experience of care.[33]

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*   It should be noted that these scores refer to those already receiving care. The data does not include the experiences of those queuing for services and still waiting to be admitted.

Clinical indicators suggest that the safety of care has been maintained or is improving. Across all care settings, the number of health care associated infections, such as MRSA and *C. difficile* fell between 2009/10 and 2017/18 (from 1,898 to 846, and from 25,604 to 13,286, respectively), despite an increase in the number of patients treated.[34] In 2017, 13 of 134 trusts reported a mortality indicator higher than expected (Summary Hospital-level Mortality Indicator – SHMI), only a slight increase from 10 of 143 in 2011.[35] And finally, between August 2012 and June 2018, the proportion of patients deemed 'harm free' in acute hospital point-of-care surveys increased from 91.6% to 94.2% (meanwhile there have been declines in rates of new pressure ulcers, new venous thromboembolism and patient falls).[36]

Despite these improvements, hospitals do not perform as well as other health settings (such as general practice) during Care Quality Commission (CQC) inspections. Following its inspections of 265 hospitals between 2014 and 2016, the CQC found that 52% 'required improvement' and a further 6% were 'inadequate'.[37]

Have hospitals become more efficient and can that be maintained?

Although spending in hospitals has increased, it appears that outputs have risen by more. Taking this and the rising costs of providing health care into account, we can likely conclude that efficiencies have taken place in hospitals since 2009/10. Most recently, NHS Improvement has estimated that NHS providers on average used their resources 3.7% more efficiently in 2017/18 than in 2016/17, having made efficiency savings of the same magnitude the year before as well. However, this was below the target of 4.3% efficiency savings a year and a quarter of the savings were non-recurrent (meaning they cannot be expected to produce further efficiencies).[38]

In NHS England's *Five Year Forward View* in 2014, ambitious targets were set for productivity improvements of between 2% and 3% a year, against the long-run average of 0.8%.[39] Our analysis does not allow us to put a precise number on hospital productivity improvements, but the Office for National Statistics has estimated that the total productivity of public service health care as a whole increased by 8.6% between 2009 and 2015. This suggests an annual average growth rate of 1.4%, which is above the long-run average, but below the targets set out in the *Five Year Forward View*. The rate of growth may be slowing (with only 0.1% growth in 2015 according to the Office for National Statistics).[40] It is also likely that many of the gains have been made outside of hospitals and in non-acute care (which have seen greater reductions in inputs, such as staff).

Economy in staff costs has played a big part in achieving efficiencies. Although health inflation overall rose by 10.5% between 2009/10 and 2015/16, this was largely driven by rising prices. Pay cost inflation only increased by 6.3% (of which 3.1% occurred between 2009/10 and 2010/11), below the 9.5% increase in the economy-wide inflation.[41] The Nuffield Trust has estimated that by letting inflation overtake wage growth, in 2016/17 the NHS made £2.6bn in savings (more than the national spending on ambulance services).[42] We can also assume that labour productivity has increased, as staff numbers have risen at a slower rate than activity.

However, these gains may not be possible to sustain. The NHS Staff Survey has recorded an increase in work-related stress (from 27.9% to 37.0% between 2010 and 2017), as well as a decline in pay satisfaction. In 2010, 2.9% more acute staff reported being happy with their pay than unhappy. By 2017, the balance had flipped, with 14.0% more respondents saying they were unhappy than happy.[43] In the face of significant pressure, the Government lifted the longstanding pay cap in March 2018 for all health care staff (excluding doctors) and agreed a fully funded pay rise from 2018/19.[44] Subsequent announcements in July 2018 mean that doctors will now also receive a pay rise.[45]

The length of time that patients spend in hospital has fallen (continuing a decades-long trend). Medical advances have enabled the average stay of overnight patients to decrease from 5.6 days in 2009/10 to 4.9 days in 2015/16.[46] This is a productivity improvement, which helps to reduce the need for beds. Reflecting this change, the number of acute and general beds declined by 4.7% between 2010/11 and 2017/18 (with a 6.3% reduction in overnight beds, but an 11.0% increase in day-only beds).[47]

However, there is evidence that this approach cannot produce further efficiencies. Between 2010/11 and 2017/18, bed occupancy rates for general and acute care rose from 82.4% to 86.0% for day beds, and from 87.1% to 90.4% for overnight beds.[48] Occupancy rates over 85% are associated with regular bed shortages and queuing (as the number of beds available at any given time to admit a new patient is reduced), and increased risks of infections.[49] Increased occupancy is usually most prevalent during the winter, as cold weather and viruses both create new conditions and exacerbate existing ones. However, all quarters in 2017/18 had a higher percentage of occupied beds than the winter of 2010/11, suggesting that a previously seasonal pressure has become the norm.[50]

Winter continues to be challenging for hospitals. There were 1,100 fewer beds available each day in the winter of 2017 than in the winter of 2016, contributing to trolley queuing, and norovirus bed closures in 2017 were at the highest level for three years.[51] In January 2018, in the face of great demand, the NHS National Emergency Pressures Panel pre-emptively encouraged hospitals to delay non-urgent operations. The Royal College of Surgeons has estimated that the number of operations taking place between November 2017 and January 2018 was 7% lower than between November 2016 and January 2017.[52] NHS England has also estimated a 3% decrease in elective admissions to hospital between January 2017 and January 2018, which freed up the equivalent of 1,400 beds in the latter month.[53]

Have efficiencies been enough to meet demand?

The provider sector (including acute trusts) has increased its productivity more quickly than the rest of the economy over the past eight years. But it is still underperforming against the ambitious targets that have been set for the service.[54,55]

That shortfall in efficiencies has had two major consequences. The first is that, for the past five years, hospitals have routinely overspent their budgets. NHS providers have been in deficit since 2013/14, reaching a peak of £2.4bn in 2015/16.[56] This was reduced to £0.79bn in 2016/17 after the Government introduced an additional £1.8bn 'Sustainable Transformation Fund'.[57] This was intended to support transformation but has largely been used to plug gaps in hospital finances. There are also concerns that the NHS's capital budget has been squeezed in order to reduce this level of deficit, and that high-risk, backlog maintenance reached £0.95bn in 2016/17 (nearly tripling in real terms from 2010/11).[58]

However, the reduction in deficits has not lasted, and in 2017/18 NHS Improvement recorded the provider deficit rising again to £0.96bn. This overall deficit has been driven by overspending by the acute sector, which reached £1.7bn in 2017/18.[59] The emergence of hospital deficits suggests that service costs or demand have risen more than expected, and/or that efficiencies have not taken place at the anticipated level.

The other consequence is that people are having to wait longer for treatment. This is in spite of the NHS Constitution, which contains a series of pledges about maximum waiting times that the Government remains committed to.[60]

Figure 1.12 **Percentage of emergency attendances (type 1) admitted, transferred or discharged within four hours, August 2010 to August 2018**
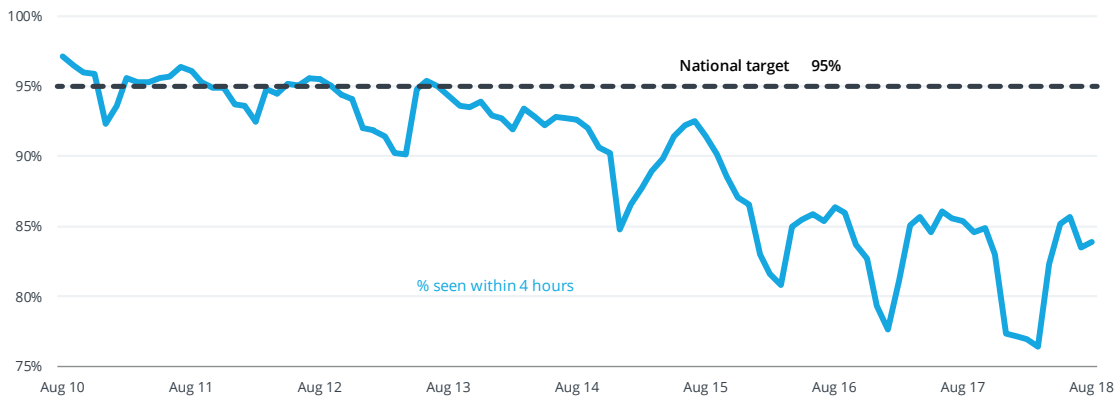
Source: NHS England, 'A&E Attendances and Emergency Admissions'

In August 2010, 97.1% of type 1 emergency attendances were discharged, admitted or transferred within four hours of arrival, meeting the 95% target for the service. However, type 1 attendances have not met this standard since July 2013. By August 2018, only 83.9% of attendances met the target (following a record low of 76.4% in March 2018). Queuing and missed targets can be seen across hospital care (see Box 1.1).[61]

Box 1.1: Queuing in hospitals

- In August 2018, 89.7% of all emergency attendances (not just type 1) were discharged, admitted or transferred within the four-hour window (below the 95% target and the 98.1% rate in August 2010).
- The number of patients not treated within 28 days of a cancelled elective operation tripled between 2009/10 and 2017/18 (from 2,258 to 7,158).
- In June 2018, only 87.8% of people began treatment for non-urgent conditions within 18 weeks of referral, against a 92% target. At 4.1 million people, the waiting list is the highest it has been for a decade; 66% higher than in June 2009.
- Performance against cancer waiting targets is more mixed:
  - Some targets are still being met, such as the target that 96% of first treatments should begin within one month from the decision to treat.
  - The target that 93% of consultations should begin within two weeks of a GP referral held up until 2017/18, but was not met in the first quarter of 2018/19.
  - The target that 85% of people should begin treatment for cancer within 62 days of an urgent GP referral has not been met for several years and was 82.2% in 2017/18.

Before the announcement of a new five-year funding settlement in June 2018,[62] NHS leaders said in a 2017 planning paper for 2018/19 that – without trade-offs in care – it was likely that waiting times would lengthen in 2018/19. They stated that "our current forecast is that – without offsetting reductions in other areas of care – NHS Constitution waiting times standards... will not be fully funded and met next year".[63]

Part of the stated purpose of the new funding settlement is to ensure "that over the medium term no NHS organisation is in financial deficit" and to deliver "core performance standards so patients are never left waiting when they most depend on the NHS" (although a review of targets has also been announced).[64] Now that Simon Stevens (Chief Executive of NHS England) has publicly accepted the new settlement, the pressure will be back on hospitals to meet these expectations.[65]

Adult social care

Spending on adult social care in England has fallen by 3% since 2009/10. The number of adults receiving publicly funded care packages has decreased, even though demographic change would suggest that demand is increasing. It is clear that local authorities, which are responsible for adult social care, initially drove down the price of care they commission from private and voluntary sector providers.

However, difficulties measuring exactly what care is being purchased and provided with public money mean that it is not possible to say whether adult social care is more efficient now than in 2009/10. What is clear, is that any efficiencies made have not been sufficient to meet demand, and unpaid care has partially filled the gap.

In England, adult social care – 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.

Local authorities provide publicly funded care. They have a legal duty to provide care to those who pass centrally set needs and means tests. For those who pass these tests, local authorities commission services. The level of spending can differ between areas based on the amount of money that local authorities have, and their local priorities.

Although adult social care is delivered and mainly funded locally,* central government (meaning ministers and their Whitehall departments) in essence determines how much money local authorities have to spend – and what they are obliged to spend it on. It has significant influence over councils' revenues, ability to borrow and legal obligations. Adult social care is therefore a national as well as a local responsibility.

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*   Local authority spending on publicly funded social care is funded primarily by Council Tax, business rates and grants from the Government.

Spending on adult social care has fallen by around 3% in real terms since 2009/10

Figure 1.13 **Change in adult social care expenditure in England (real terms), since 2009/10**
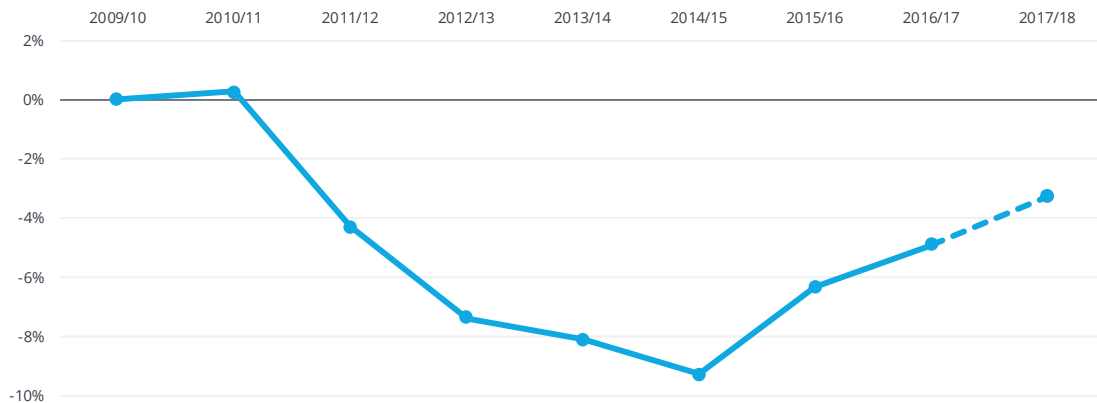
Source: NHS Digital, 'Adult Social Care Activity and Finance Report, England 2016–17', Table C1; Department for Housing, Communities and Local Government, 'Local Authority Revenue Outturn Service Expenditure Summary'

Day-to-day spending on adult social care fell by nearly 10% in real terms between 2009/10 and 2014/15, but since then it has risen. This overall fall in spending from 2009/10 reverses some of the real-terms funding increase since 2001/02, which averaged 5.7% annually.[2] Both the Association of Directors of Adult Social Services' (ADASS) Budget Survey 2018[3] and the Ministry for Housing, Communities and Local Government's budget estimates for 2018/19[4] suggest that spending on adult social care will continue increasing next year.

The spending increase since 2014/15 has been supported by four new grants and one policy change:

- the Improved Better Care Fund (a programme to join up health and care services), announced in the 2015 Spending Review[5,6]
- a commitment in the March 2017 Budget to top up the Improved Better Care Fund with an additional £2 billion (bn) by 2019/20[7]
- the 2017/18 and 2018/19 Adult Social Care Support Grants[8]
- a £240m grant for 2018/19 announced in October 2018[9]
- the adult social care precept, which gives local authorities the ability to increase Council Tax and spend the extra money raised on adult social care,[10] and almost all have used.*

The Ministry of Housing, Communities and Local Government has estimated that the improved Better Care Fund, Adult Social Care Support grants, and adult social care precept raised an additional £0.4bn in 2016/17 and £2.3bn in 2017/18, and will raise £3.3bn in 2018/19 and £3.7bn in 2019/20.[11]

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* In 2016/17, 144 out of 152 local authorities used the precept, which subsequently increased to 147 in 2017/18 and 148 in 2018/19. See Ministry of Housing, Communities and Local Government, *Council Tax Levels Set by Local Authorities: England 2018–19 – revised*, Ministry of Housing, Communities and Local Government, 2018, p. 7.

The spending increase also owes to local authorities protecting their spending on adult social care relative to spending in other areas. The ADASS Budget Survey 2018 found that adult social care made up 36.9% of council-controlled budgets* in 2017/18, up from 34% in 2010/11. It estimated that the share of council budgets spent on adult social care will rise to 37.8% in 2018/19.[12] We look at the implications of this in our analysis of children's social care (Chapter 2) and neighbourhood services (Chapter 3).

Yet despite the extra money, and spending cuts in their other services, local authorities still consistently overspent compared with their planned adult social care budgets between 2014/15 and 2016/17. In aggregate, councils spent £132 million (m) more on social care than they had budgeted for in 2014/15, rising to £526m – 3.7% of budgeted adult social care spending – in 2016/17.[13] Recent funding injections may have made a difference, however, as ADASS has reported that there was no aggregate overspend in 2017/18.[14]

Financial pressures persist: most analysis suggests that there is a funding gap† – a gap between forecast spending and the social care needs of the eligible population. The Institute for Fiscal Studies has estimated that to maintain publicly funded social care at 2009/10 per head levels, the Government would have to spend between £2.8bn and £4bn more than it is forecast to in 2019/20.[15] While the national picture obscures differences in council spending per person,‡ all areas face some pressures.

Demand for adult social care has risen – but it is hard to say by how much

Most people who receive publicly funded social care are aged 65 or over: two-thirds in 2016/17.[16] Between 2009/10 and 2017/18 the number of people in England aged over 65 grew by 19%, to 10m. Growth in the population aged 75–84 and 85+ is particularly important, as the older the population, the more likely they are to require social care.[17] In 2016/17, 43% of people aged over 80 needed help with daily activities, in comparison with 19% of people aged 65–69.[18]

But an increase in the over-65 population does not automatically translate into greater demand for social care. The number of people aged over 65 who needed help decreased 1%, by just over 26,000, between 2011/12 and 2016/17, when adjusting Health Survey for England estimates for the size of the population in England.

While the size of the over-65 population in need of social care appears to have decreased, overall demand has increased. This is because the number of working-age adults in need of social care has increased. Between 2010/11 and 2016/17 the number of working-age adults with a severe learning disability, mental health problem or physical disability rose almost 10%.[19] Better health care has improved the life

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*   Council-controlled budgets are not total local authority spending, as they exclude councils without social care responsibilities, and spending that local authorities do not control.

†   The main estimates of the funding gap to maintain current levels of service provision in 2019/20 range from £1.1bn to £2.5bn. See Morse A, 'Adult social care funding', letter to Betts C, 30 January 2018, https://www.parliament.uk/documents/commons-committees/communities-and-local-government/Correspondence/Letter-from-National-Audit-Office-to-the-Chair-regarding-adult-social-care-funding-30-January-2018.pdf

‡   The bottom decile of local authorities spent £325 per adult resident in comparison to £445 per adult resident in the top decile. See Phillips D and Simpson P, *National Standards, Local Risks: The geography of local authority funded social care, 2009–10 to 2015–16*, Institute for Fiscal Studies, 2017, p. 16.

expectancy of people with physical and learning disabilities, but the capacity of parents to provide informal care declines with age. The needs of these groups are also often very complex – early-onset dementia is more prevalent in people with learning disabilities, for example.[20]

Not all adults in need will approach their local authority for support. Indeed, while potential demand has increased, the number of people recorded as having requested support has stayed broadly flat: rising 2% between 2009/10 and 2013/14; then falling 2% between 2014/15 and 2016/17.[21]

But a flat level of referrals does not mean that demand is flat. Professionals in other areas may have become more circumspect in their referrals, knowing the challenges the sector is facing. Local authorities act as gatekeepers, and there is evidence that some have increasingly encouraged older people to look to friends or charities before formally requesting publicly funded services.[*]

Input: the number of social care jobs has increased by 21% since 2009/10

Figure 1.14 **Change in the percentage of adult social care jobs, since 2009/10**
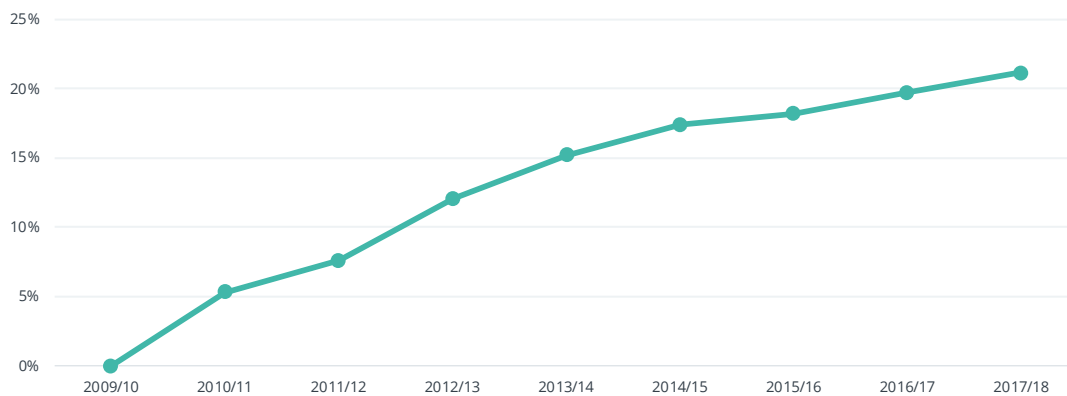
Source: Skills for Care, 'The Size and Structure of the Adult Social Care Sector and Workforce in England, 2018', Chart 6.1

The adult social care workforce – the managers, social workers, care workers and administrative staff who deliver social care[22] – is increasing.[†] Skills for Care (the Department of Health and Social Care's workforce data provider) has found that between 2009/10 and 2017/18, there was a 21% increase in the number of adult social care jobs,[‡] to around 1.6m.[23]

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[*]   The King's Fund carried out interviews in four local authorities, which revealed that 'signposting' – pointing people towards non-state support – was a strategy that councils adopted as a way to make savings. See Humphries R, Thorlby R, Holder H, Hall P and Charles A, *Social Care for Older People: Home truths*, The King's Fund, 2016, pp. 18–22

[†]   We cannot distinguish between adult social care staff providing care for local authority-funded clients, and adult social care staff providing care for self-funders, but there is no reason to believe that they will differ significantly. This and the following input section refer to all social care workers.

[‡]   We measure jobs rather than workers to distinguish between the number of jobs and the number of people doing those jobs. Measuring workers would not account for people doing more than one job in adult social care.

The composition of those jobs has changed over the past decade. Between 2009/10 and 2017/18, the number of jobs in the independent sector increased by 28%, while the number of jobs working directly for local authorities fell by 39% due to service closures and outsourcing.[24]

The number of jobs is not the same as the number of staff hours. An increase in the number of jobs might not involve more staff time, if those jobs do not take as long, but there is little evidence to suggest that this is the case. The number of full-time equivalent (FTE) social care jobs, a measure of staff input, also increased. For the years we have data, FTE social care jobs increased 9.8% between 2012/13 and 2017/18, from 1.03m to 1.13m. The rate of growth in adult social care jobs between 2012/13 and 2017/18 was 8.1%, so the share of jobs that were full time increased slightly.

Input: vacancy and turnover rates in social care are increasing

As the sector has grown, providers have found it harder to recruit staff, particularly care workers, registered managers* and nurses.[25]

Figure 1.15 **Vacancy and turnover rates in social care jobs, 2012/13 to 2017/18**
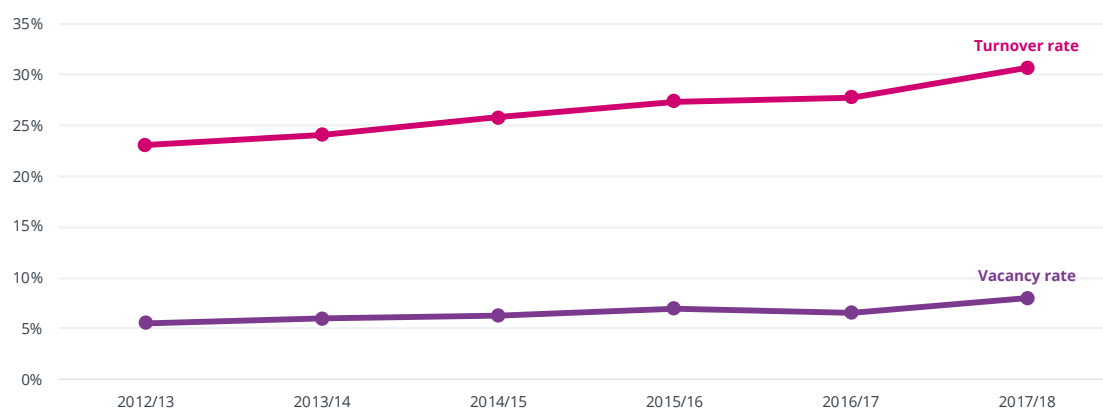
Source: Skills for Care, 'Adult Social Care Workforce Estimates, 2018', Tables 4.10 and 4.14

The vacancy rate among all social care jobs (the number of vacancies as a proportion of all filled and vacant jobs) increased from 5.5% to 8.0% between 2012/13 and 2017/18. In direct care – the largest part of the sector – the vacancy rate is higher, having increased from 6.4% to 8.6% between 2012/13 and 2017/18. In 2016/17, the largest vacancy rates were among social workers (10.8%), occupational therapists (9.8%) and care workers (7.7%).

Providers are also struggling to retain staff once they join. Between 2012/13 and 2017/18 staff turnover (the number of leavers as a percentage of the total number of directly employed adult social care staff) rose from 23.1% to 30.7%.[26] Between 2012/13 and 2017/18 social worker turnover rose by 5.0%, care worker turnover rose by 9.1% and registered nurse turnover rose by 5.2%.

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* In 2014, the 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.

This data includes staff leaving their job, but remaining within the adult social care sector. In 2017/18, 40% of leavers left for another job within the adult social care sector, and 67% of new starters were recruited from within the adult social care sector. But even if staff remain with the sector, turnover is still disruptive and costly for individual providers,[27] which in turn increases the total cost of care.

As a labour-intensive service, most adult social care spending is likely to go on staff,* but there is almost no data on the costs of other resources used to deliver care – such as the costs of running a care home, information and communications technology (ICT) equipment or home adaptations.

Output: the number of people receiving long-term, state-funded care fell by 27% between 2009/10 and 2013/14

Figure 1.16 **Number of people receiving long-term, state-funded social care in year, 2009/10 to 2016/17**
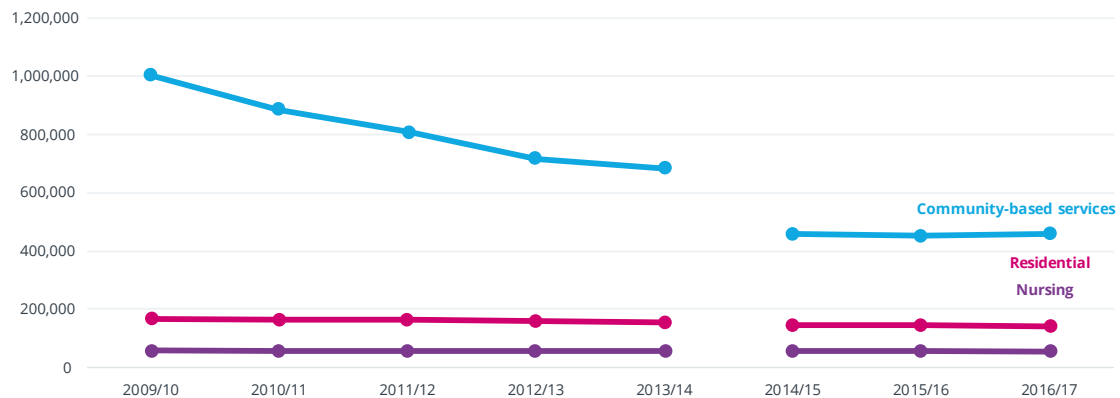
Source: NHS Digital, 'Community Care Statistics, Social Services Activity, England – 2013–14, Annex M – Compendium', Tables 3.2 and 4.1; NHS Digital, 'Community Care Statistics, Social Services Activity, England', Table LTS001b.a

Between 2009/10 and 2013/14 the total number of adults receiving long-term, publicly funded social care packages[28] (care provided or commissioned by councils, delivered in residential or nursing homes or in clients' own homes) fell by 27%. This reverses a previous trend: between 2000/01 and 2008/09 the number of people receiving this kind of care rose by 7.6%.[29] Unfortunately, we cannot directly compare this with changes since 2014/15, as the way the data is collected and published has changed.

Most of the pre-2013/14 decrease in service provision was among 'community care' packages – including care that takes place within people's own homes – which fell by 32% over the period. The number of more intensive and expensive care packages being provided, in residential and nursing homes, also fell, but by less: 6% and 4% respectively.

Fewer individuals are receiving social care packages, but that does not necessarily mean that social care providers are doing less work. There is some evidence that care workers are spending more time with individual clients, presumably performing more tasks, in response to the rising complexity of the needs of those who are eligible for care.

* The Care Quality Commission 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*, Care Quality Commission, 2016, p. 44.

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 a week increased, while the share of clients receiving between five and 10 hours of care a week stayed flat, and the share of clients with care packages containing fewer than five hours' care a week decreased.[30]

Of course, adult social care does more than just provide long-term social care packages. It also provides short-term care – to support people facing short-term issues, or to help people with longer-term needs to manage independently, by providing a period of intensive advice, training or equipment (also called 're-ablement'). The proportion of adult social care referrals resulting in any kind of short-term care increased from 15.9% to 17.1% between 2014/15 and 2016/17. The number of referrals resulting in 're-ablement' support rose 2.6% in the same period.

Not every request for social care will result in these kinds of formal arrangements. Local authorities have said that the decline in long-term packages is partly due to "providing services at point of first contact[*] (and therefore outside of the formal assessment process)".[31] The number of referrals resulting in a client's "needs [being] attended to solely at or near the point of contact" increased 14% between 2009/10 and 2013/14. If these people had their needs met in a suitable way, then we can think of this trend of diverting people away from long-term care packages as an efficient use of resources.

The limited evidence that we have suggests that, for those who do receive care packages, the quality of those services has been maintained. Between 2016[32] and 2018, the only years for which we have consistent data, the share of all care providers that the CQC rated 'outstanding' or 'good' increased by 1% and 19% respectively, while the share of providers rated 'requires improvement' or 'inadequate' declined by 14% and 6% respectively.[33]

The number of social care users who say they are satisfied[†] with their care and support has been consistently high – between 90% and 91% across this whole period.[34] However, satisfaction among carers is lower, and falling: the percentage of carers who were satisfied with support and services they, and the person they cared for, received declined from 83% to 71% between 2009/10 and 2016/17.[‡]

Of course, user satisfaction does not reflect the views of those who do not receive social care. Public concern with social care provides a proxy for overall satisfaction with social care. Public concern with social care has grown following the Conservative Government's social care reform proposals in the 2017 general election.[35] Meanwhile, the British Social Attitudes survey found that 23% of respondents were satisfied with social care in 2017, down from 30% in 2012.[36]

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[*]   This includes front-of-house staff diverting people away from formal assessments to 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.

[†]   Very, extremely or quite satisfied.

[‡]   To compare 2009/10 to later years, we excluded respondents who answered 'not in receipt of services' in the 2012/13, 2014/15 and 2016/17 results. In 2009/10 the ordering of the questions was different and the response rate was slightly lower than in later years, but the responses are otherwise broadly comparable. See NHS Digital, 'Personal Social Services Survey of Adult Carers', NHS Digital, no date, retrieved 14 September 2018, https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers.

Has adult social care become more efficient and can that be maintained?

A crude comparison of adult social care spending and the number of care packages provided suggests that adult social care was less efficient in 2016/17 than it was in 2009/10. Between 2009/10 and 2013/14, the only years for which we have consistent spending and care data, spending fell by around 9%, while the number of people receiving long-term, state-funded care fell by around 27%.[*]

NHS Digital's simple productivity index, which measures total spending and long-term public clients in this way, without adjusting for quality, similarly finds that adult social care productivity decreased.[37] In contrast, the Office for National Statistics, adjusting for differences in care packages by weighting activities by their costs – assigning a greater value to activities that cost more to produce – and adjusting for how far social care affects quality of life, found that productivity increased by 2.6% between 2010/11 and 2016/17,[38] although it was not able to measure the outputs of all spending.[†]

Two factors help reconcile the Office for National Statistics' analysis with our analysis. The first part of the explanation for the seeming decline in efficiency in adult social care is that a greater proportion of publicly funded care packages is now going to more complex cases. Residential care and nursing care, which are more intensive and expensive than community care, made up a greater share of long-term care provided in 2013/14 than in 2009/10. Between 2009/10 and 2013/14 the share of community clients with more than 10 hours of planned care a week increased, while the share of clients with care packages containing fewer than five hours' care a week decreased.

The second part of the explanation is that long-term care placements are not the only adult social care output. Local authorities also provide short-term care packages and signpost to other services, which, if they delay or remove the need for long-term care packages, are a more efficient use of resources. If we judge each instance of short-term care and referral signposting to other services as equivalent to a long-term client supported, then it appears that adult social care has become more efficient. Between 2014/15 and 2016/17 the total number of clients supported or signposted increased by 8%, while spending increased at a slower rate of 5%.

The theory that adult social care has become more efficient is consistent with evidence that local authorities initially made some reductions in staff costs and provider fees.

Wages among local authority care workers – which were initially higher than those in the independent sector – have decreased since September 2012. The average (mean) nominal hourly wage of a local authority care worker declined by 2%, and of a senior care worker by 1%, between September 2012 and September 2016.

However, most workers in this sector are employed in the independent sector – and more likely to be paid the minimum wage[39] – and therefore to have seen their hourly pay increase. Skills for Care estimates that care workers' median hourly wage,

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[*]   However, user satisfaction and CQC clinical standards data suggest that the quality of care that these adults received increased slightly.

[†]   Between 2010/11 and 2013/14, the Office for National Statistics did not measure 24% of spending outputs; between 2014/15 and 2016/17, it did not measure 64% of spending outputs.

adjusting for inflation, declined from £7.37 to £7.32 between September 2012 and September 2014, but since then has increased to £7.82. This is equivalent to a 6% real-terms increase between September 2012 and February 2018,[40] owing to the introduction of, and annual increases to, the National Living Wage – a new minimum wage for workers aged over 25, which was introduced in April 2016.[41] These increases are putting pressure on the finances of local authorities and care providers.

Comparatively low pay and poor working conditions for care workers – in comparison to other low-paid sectors and to similar health care roles – are both factors hindering providers' ability to recruit and retain staff.[42] The Social Care Workforce Research Unit at King's College London carried out a survey in 2018 and found that low levels of pay and status, and better remuneration in similar health and retail professions, contributed to recruitment and retention problems.[43] Care worker retention difficulties are indeed more intense among the lowest paid. Nearly a third (29.8%) of care workers paid between £7.20 and £7.49 an hour left their job in 2016/17. The turnover rate was lower (at 17.9%) among those paid £8.70 to £8.99 an hour.[44]

Local authorities also initially attempted to control costs by holding down the fees they pay to care providers. The CQC found that the fees they paid per week for residential and nursing care fell by 9% in real terms between 2010/11 and 2013/14.[45] This does not look sustainable. Using care home location and resident mix as proxies to measure the effects of local authority fees, the Competition and Markets Authority (CMA) found that care homes most reliant on publicly funded residents covered the day-to-day costs of running a care home between 2009/10 and 2016/17,[46] but did not cover total (operating and capital) costs. Since 2009/10, care homes with a greater share of local authority-funded clients have consistently made economic losses of between 2% and 8%.[47] The CMA estimates that local authorities are paying approximately 10% below the total cost[48] of care home places.[49] Consequently, most investment in new care homes has focused on self-funders.[50]

In terms of home care – care provided in people's homes – there is limited evidence on trends but the United Kingdom Homecare Association (UKHCA) estimates that fees paid are unsustainable. In 2016 the average hourly price that English councils paid for home care was £14.66, with only 10% of all councils paying the £16.70 that the UKHCA estimated as the minimum sustainable price for home care services.[51][*] The percentage of local authorities reporting that they had seen a home care contract handed back remained at just below 40% between 2016 and 2018,[52] the only years for which we have data.

To date, local authorities have reduced care home and home care fees but there are limits on how far this can be pushed. Some local authorities have already increased fees owing to pressures on providers' staff costs from the National Living Wage, alongside other factors. Two-thirds of councils increased provider fees between 2014/15 and 2015/16[53] and more than 60% of councils increased residential, nursing and home care fees by more than 3% in 2018.[54]

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*   This is a slight decline since 2015, the only other year we have data for, when the average hourly price that English councils paid for domiciliary care was £13.77, with only 14% of all councils paying the £15.74 then estimated as the minimum sustainable price for home care services. See United Kingdom Homecare Association, *The Homecare Deficit: A report on the funding of older people's homecare across the United Kingdom*, United Kingdom Homecare Association, 2015, p. 4.

Further reductions in care home and home care fees are unlikely to deliver sustainable efficiencies. Reductions risk providers focusing solely on self-funded clients, charging self-funders 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 becomes insufficient to meet demand.[55] To date, the CQC estimates that care home closures increased from 260 in the first half of 2013, to 380 in the first six months of 2016.[56]

Have efficiencies been enough to meet demand?

Figure 1.17 **Number of hospital bed days lost because of delayed transfers of care due to a lack of suitable social care, August 2010 to July 2018**

Source: NHS England, 'Delayed Transfers of Care Data', delayed days by type

Increasing demand for social care and limited efficiencies have led to queueing for care and increasing unpaid care.

The clearest evidence of queueing is in delayed transfers of care due to social care – when someone is medically fit to be discharged from hospital, but they remain there longer than they need to. Delayed transfers – sometimes called 'bed-blocking' – put significant pressure on hospitals as they use up space that could be allocated to patients with clinical needs. They became the focal point of political debate about health and social care spending in early 2017.[57]

But these delays do not just show pressures on hospitals – they also indicate a lack of capacity in social care. If local authorities were commissioning sufficient social care to meet growing demand, we would expect to see a low level of delayed transfers. Between August 2010 and March 2017 delayed days due to social care rose 94% from 38,324 to 74,288. The most common reason was that a patient was waiting for a care package in their own home; this rose from 12,777 days in August 2010 to 33,520 days in March 2017, an increase of over 160%.

Since then, delays due to social care have declined rapidly. After the £2bn cash injection in the March 2017 Budget,[58] the Government mandated NHS England and local authorities to reduce delays by 3.5% by September 2017.[59] This funding was conditional on following revised Better Care Fund guidance, which obliged local authorities to reduce delayed transfers.[60] This is a clear improvement, but reductions in delayed transfers do not mean that local authorities are now commissioning enough

care to meet demand. After reducing delayed transfers became an explicit target, the number of delayed transfers became less likely to give an accurate reflection of social care capacity. As a focus of political and operational attention, local authorities and NHS trusts may now be putting more effort into reducing delayed transfers than other important issues,* such as the sustainability of care providers.

As the number of long-term local authority care packages has decreased, adults in need of social care can either look to unpaid care or, where they have the resources to do so, self-fund care. In 2018 the National Audit Office estimated that informal and voluntary sector care accounted for most of the value of adult social care (£62bn to £103bn), followed by publicly funded care (£22bn) and self-funded care (£11bn).[61]

The evidence on whether these alternatives to publicly funded care have been increasingly turned to since 2010 is mixed. We do not know whether the number of self-funders has increased or decreased,[62] but we do know that unpaid care has increased since 2009/10. The Office for National Statistics estimates that the number of people receiving unpaid continuous care in the UK – 168 hours a week – grew 14.3% between 2009/10 and 2014/15.[63] Across the UK, there was a 16.4% increase in hours of unpaid care between 2009/10 and 2013/14, from 7.3bn to 8.5bn. Since then, hours of unpaid care have declined but remain above 2009/10 levels – at 7.9bn in 2016/17. The value of unpaid care – how much it would cost to purchase care currently provided informally – increased consistently after 2009/10, but declined from £68.7bn to £68.3bn between 2015/16 and 2016/17.[64]

If adults in need cannot access publicly funded care, self-fund or turn to unpaid care, they will not receive support – and unmet need will increase. Unmet need is harder to estimate. The ADASS Budget Survey 2018 found that only 21% of councils had arrangements to monitor unmet need.[65] The evidence on the prevalence of unmet need is contradictory. The Health Survey for England found that the percentage of people aged over 65 with unmet need for activities of daily living (ADLs) fell from 26% to 22% from 2011/12 to 2015/16, although it increased to 24% in 2016/17.[66] Ipsos MORI and NatCen found that need is often hidden, with half of those with care needs possessing at least one unmet need.[67]

The evidence on the share of who provides care is mixed but the significant increase in unpaid care suggests that adults are relying on informal care instead of local authority services as demand rises.

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* However, 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.

2 Children and young people

Children's social care

Spending on children's social care in England has increased since 2009/10, but so has demand. Service quality, at least in child protection, has declined but only slightly. This suggests that children's social care has become more efficient. Local authorities appear to have achieved that mainly by increasing productivity – asking social workers to do more. However, the increasing number of vacancies for social workers and high turnover rates indicate that attempting to find greater efficiencies through making staff do more risks damaging quality.

In England, children's social care – supporting children in need and safeguarding children at risk of harm[1] – is funded and delivered by local authorities.[2] In 2016/17 local authorities spent £7.6 billion (bn) on children's social care* – around 13% of their locally controlled budgets.†

Children's social care is part of a wider group of 'children's services' which also include universal and targeted early help, such as children's centres.‡ These other services are largely discretionary, meaning that unlike social care, local authorities either do not have to provide them, or have less-defined legal obligations[3] to do so.

This chapter focuses on children's social care, which consists of services for the children most at risk of harm, from finding residential places for vulnerable children to creating child protection plans for at-risk children. These services are typically legal obligations – local authorities must provide them – and last resorts – they are used when earlier interventions have not prevented children from being at risk.

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*   By which we mean services for looked-after children, safeguarding and family support services. We used these three spending categories 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 2016/17. For the three years before 2012/13, we adjusted the categories used at that time to replicate the three categories as closely as possible. Our full methodology is available on request. The differences after 2011/12 are explained in: Department for Education, *Expenditure by Local Authorities and Schools on Education, Children's and Young People's Services 2012–13*, Department for Education, 2013, p. 7.

†   We measured locally controlled budgets as 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.

‡   Children's services consist of three tiers: universal, targeted and specialist. The higher the tier, the more targeted and specialist the service. See Social Care Institute for Excellence, 'The wider network: the "four-tier model" of services', Social Care Institute for Excellence, no date, retrieved 14 September 2018, www.scie.org.uk/publications/introductionto/childrenssocialcare/furtherinformation.asp.

We refer to changes in other children's services, such as children's centres, where they provide the context for changes in children's social care. Many of these other children's services, while not legal obligations, are designed to stop problems from building up that might later cause children to need social care.[4]

Spending on children's social care has increased 14% since 2009/10

Figure 2.1 **Change in spending on children's social care in England (real terms), since 2009/10**
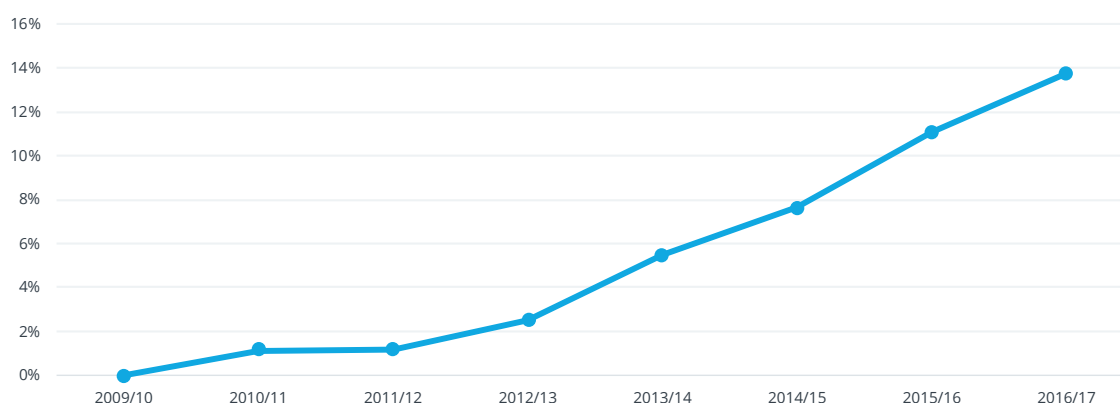
Source: Department for Education, 'LA and school expenditure', Table 2

Day-to-day spending on children's social care has increased by almost 14% in real terms since 2009/10. In addition to this local authority spending, the Department for Education committed £200 million (m) to a Children's Social Care Innovation Programme[5] to test new ways of supporting vulnerable children between 2014/15 and 2020/21,[6] with the aim of developing and sharing evidence on how to get the best outcomes for them.

However, real-terms spending on children's services overall fell 7% between 2009/10 and 2016/17, due to cuts to spending on other – generally discretionary – children's services. Spending on 'services for young people'[*] and Sure Start children's centres fell by 53% and 35% in real terms respectively between 2011/12 and 2016/17. This overall fall in spending is atypical by recent standards. The Institute for Fiscal Studies estimates that, between 2000/01 and 2009/10, real-terms spending on children's services more than doubled.[7]

Spending cuts in children's services may prove to be a false economy. Some councils have reported that investment in preventative children's services reduces,[8] and has reduced,[9] demand for social care. This is typically measured as a reduction in the number of 'children in need' – children unlikely to have a reasonable standard of health or development without local authority services[10] – or the number of 'looked-after children' – children provided with accommodation for more than 24 hours, subject to local authority supervision, or subject to a placement order for adoption.[11]

Some projects evaluated in the first wave of the Innovation Programme were reported to reduce children's need for social care.[†] But the overall quantitative evidence on the

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[*]   Services for young people include counselling and youth work.

[†]   Of the 23 projects that tried to reduce the number of looked-after children, 14 reported generally positive findings; of the 16 projects that tried to reduce the number of children in need, eight reported generally positive findings. See Sebba J, Luke N, McNeish D and Rees A, *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, 2017, p. 24.

effectiveness of preventative services is mixed,[12] so we cannot be certain of their effects on demand for children's social care.

Demand: the number of children in England has grown 5% since 2009/10

Figure 2.2 **Change in the child population in England, as of 30 June, since 2009/10**
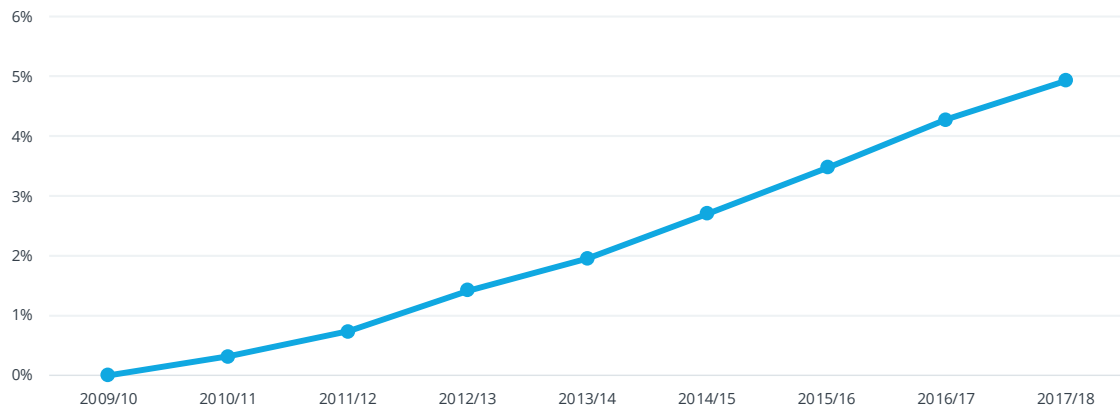
Source: Office for National Statistics, 'Estimates of the Population for the UK, England and Wales, Scotland and Northern Ireland', Table MYEB1

We cannot observe demand for children's social care directly,* but more children are likely to mean greater demand, assuming that the average need of each child does not fall. The number of children in England has grown 5% since 2009/10.

The real increase in demand since 2009/10 is likely to have been more than 5%, however. Between 2009/10 and 2015/16, the number of 'initial contacts' that children's social care departments received per 10,000 children increased by 19% (an initial contact being any contact that they receive requesting advice or information about a child or a service for a child).[13]

The number of referrals they recorded per 10,000 children increased by 2% between 2009/10 and 2016/17. Whether this is because the number of children in need of social care is genuinely increasing, or local authorities and the public have become more risk averse, demand for local authority services has increased.

Although there is consensus that demand is increasing, there is little agreement on why. The National Audit Office (and research commissioned by the Department for Education[14]) suggests that the increase in demand could be because of better identification of problems such as child sexual exploitation,[15] or national scandals raising awareness and leading to greater risk aversion among the public, family courts and social workers.[16] The Association of Directors of Children's Services (ADCS) argues that a reduction in early intervention services has led to greater demand for acute social care.[17]

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* The number of children that local authorities help should be a measure of demand but isn't because it may miss some cases of 'unmet need'. It relies on local authorities identifying all cases of need, and it ignores some evidence of increasing thresholds to access children's social care services. According to two *CommunityCare* surveys in 2015, 71% of social workers thought that the threshold for child protection had increased in the previous year, and 43% of social workers felt 'pressured' to reclassify borderline cases as (lower-intervention) children-in-need cases, rather than (higher-intervention) child protection cases. See Stevenson L, 'Are child protection thresholds too high?', *CommunityCare*, 10 September 2015, retrieved 14 September 2018, www.communitycare.co.uk/2015/09/10/child-protection-thresholds-high; Stevenson L, 'Social workers "pressured" to downgrade child protection cases as referrals surge', *CommunityCare*, 2 September 2015, retrieved 14 September 2018, www.communitycare.co.uk/2015/09/02/social-workers-pressured-downgrade-child-protection-cases-referrals-surge.

There is significant academic evidence of a correlation between poverty and child abuse and neglect,[18] suggesting that, all other things being equal, the rise in the number of children living in relative poverty after housing costs in England since 2010[19] may have increased demand. Medical advances mean that more children with severe health conditions and disabilities are living longer,* many of whom are likely to require high levels of social care. Finally, new laws may have increased demand on local authorities by tightening eligibility for other services and shifting knock-on costs onto local authorities.[20] Some councils have reported that extending upfront charges for non-urgent NHS treatment, introduced in 2017,[21] meant that they ended up covering the cost of NHS health care under their safeguarding duties.[22] As most of these potential causes occurred concurrently, it is hard to identify the main driver.

This matters. Without a clear understanding of what is driving demand, the Government will not be able to make appropriate spending allocations, or design policies to reduce demand.

Input: the number of local authority children's social workers increased by 24% between 2013/14 and 2017/18

Figure 2.3 **Number of local authority children's social workers as of 30 September, since 2011/12**
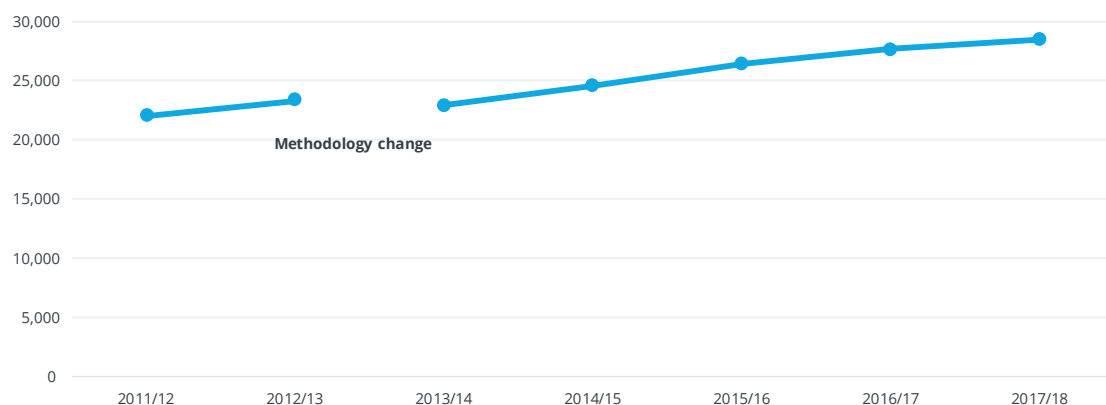
Source: Skills for Care, 'Analysis of the Local Authority Children's Social Care Services Workforce Report', Sections 1.1–1.2 and 2.1–2.2; Department for Education, 'Children and Family Social Work Workforce', Tables 1 and 1a

In 2016/17, 34% of children's social care spending went on employing local authority social workers – the staff who assess, provide support and arrange care for children. Between 2014/15 and 2016/17 spending on these social workers rose by 7% in real terms, while staff numbers rose by 13%.†

Overall workforce experience declined over the past two years, which is likely to be the consequence of recruiting more people. Between September 2015/16 and 2017/18 there was a 30% increase in the number of staff with less than five years' local authority experience, and a 11% decrease in staff with more than five years' experience.[23]

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* The number of school pupils in England with a Statement or Education, Health and Care Plan increased 13% between January 2010 and January 2018, indicating that children with severe health conditions and disabilities are living longer – or there is better recognition of special educational needs and disabilities. See Department for Education, 'Special educational needs in England', National Statistics, no date, retrieved 14 September 2018, www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018.

† We can only observe change in spending from 2014/15 because data from the Ministry of Housing, Communities and Local Government for before 2014/15 does not distinguish between children's services employees and children's social care employees.

Input: social worker vacancies have steadily increased since 2013/14

Figure 2.4 **Number of children's social worker vacancies as of 30 September, since 2011/12**
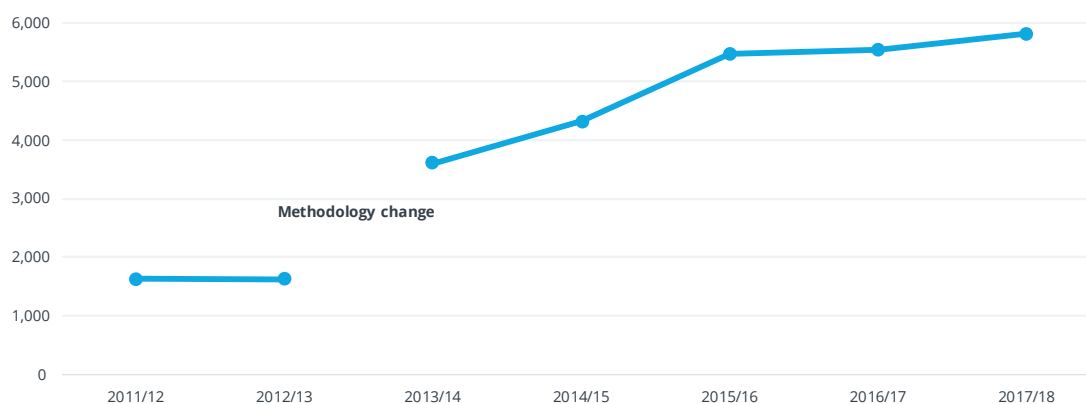
Sources: Skills for Care, 'Analysis of the Local Authority Children's Social Care Services Workforce Report', Sections 1.4 and 2.4; Department for Education, 'Children and Family Social Work Workforce', Tables 1, 1a and 1d

Children's social care faces recruitment pressures, which it has not been able to meet with agency staff. The number of full-time equivalent vacancies increased by 61% between September 2013/14 and 2017/18, from 3,610 to 5,820, although the rate of increase plateaued after 2015/16. Not all vacancies were unstaffed, as some were covered by agency workers. But even excluding positions covered by agency social workers, full-time equivalent vacancies still increased by 12% between September 2015/16 and 2017/18, from 1,620 to 1,820.

Retaining existing staff is also a challenge. The turnover rate – the annual number of children's social workers who leave as a percentage of the total number of children's social workers – has been consistently high, reaching 17% in 2014/15, although this has since improved slightly, and declined to 14% in 2017/18.

Agency social workers have been deployed in increasing numbers, largely in response to these recruitment and retention issues. The number of full-time equivalent agency children's social workers increased 64% between 2013/14 and 2017/18, while a BBC Freedom of Information request survey found that local authority spending on agency children's and adult social workers – the best estimate we have for spending on agency children's social workers – almost doubled from £180m to £356m between 2012/13 and 2016/17.[24] As a percentage of children's social workers, agency staff increased from 12% to 16% between 2013/14 and 2015/16, remaining around 16% in the following two years.

There is limited data on other resources – besides staff – that children's social care spending goes on. The next two largest areas of spending are fostering services and residential care placements, which together constituted 37% of children's social care spending in 2016/17. But there is no national data on whether residential home staff, residential home running costs and looked-after children education teams[25] – educational advisers who support looked-after children in schools – are increasing or decreasing.

This is probably because most residential care is delivered by private providers[26] and around a third of fostering services are delivered by voluntary or private providers.[27] If we had data on staff and running costs in fostering and residential care, we would be able to assess economies – whether local authorities are buying these resources for less – and productivity – whether staff in these services are doing more for less.

Output: local authorities are assessing more cases and protecting and caring for more children than they were in 2009/10

The work carried out by children's social care departments – managing referrals, checking in on children in child protection cases, and arranging care for the children that councils are responsible for – has risen substantially since 2009/10. The sharpest increase has been in 'Section 47 enquiries', where a team of social workers, teachers and police officers assess whether a child is at risk of significant harm following concerns that they may be. More resource-intensive work – helping children on a child protection plan and looked-after children – has also increased significantly.

Figure 2.5 **Changes in the number of child protection enquiries, children subject to a child protection plan and looked-after children, since 2009/10**
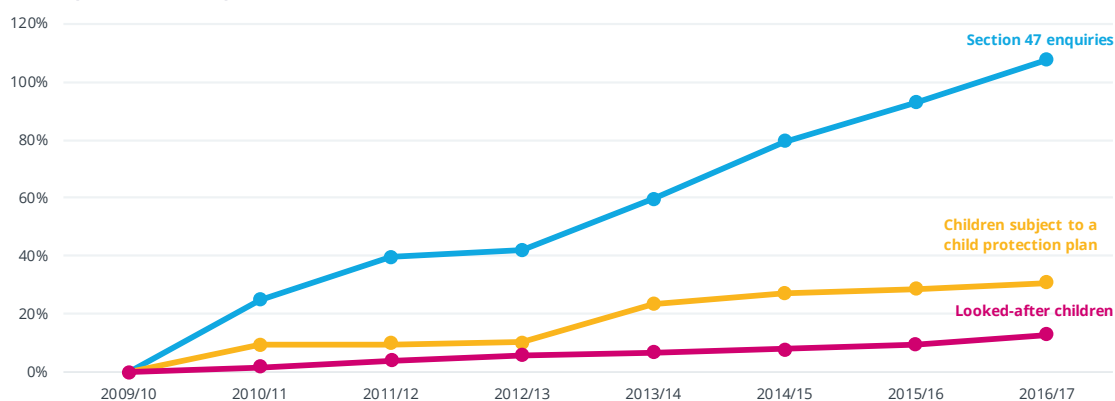
Source: Department for Education, 'Children in Need Survey', Table A1; Department for Education, 'Children Looked After in England Including Adoption', Table H1

Section 47 enquiries more than doubled between 2009/10 and 2016/17, from 89,000 to 185,000. If an enquiry decides that a child is at risk, the child may be put on a child protection plan whereby a social worker sets out the plan[28] to keep them safe and then regularly visits them to check on progress.[29] The number of children on a child protection plan increased by 31% between 2009/10 and 2016/17, from 39,000 to 51,000.

Local authorities are also looking after more children. Local authorities look after a child if social workers think that they are at risk of significant harm, and they have the parent's or child's consent to look after them, or are successful in applying to look after them through the courts. Local authority court applications to take children into care per 10,000 children rose by 53% between 2009/10 and 2017/18.[30] And the total number of children that local authorities are looking after increased by 13%, from 64,000 to 73,000, between 2009/10 and 2016/17.

These three metrics do not represent all activity in children's social care – they exclude independent fosters' and residential providers' work – but they illustrate that the amount of work that children's social care services have to do is going up.

Meanwhile, Ofsted inspections of local authority children's services departments, typically used as the main indicator for quality, did not change much between 2014/15 and 2017/18 – the only years for which consistent data is available. The share of 'outstanding' and 'good' judgements increased slightly and the share of 'requires improvement' and 'inadequate' judgements decreased slightly between 2014/15 and 2017/18. Ofsted inspections of children's social care providers also changed little over the same time period.[31]

But Ofsted inspections are not helpful in measuring change in quality over time. Not all local authorities are measured each year, so changes between years are as likely to reflect a change in the number of councils inspected, rather than a change in quality of the same authorities.* No local authority has been inspected more than once under the Single Inspection Framework,[32] which was introduced in November 2013.[33] We cannot compare the same authorities' scores before November 2013, because the criteria became stricter under the framework.†

Another indicator of the quality of children's care services is the number of children on repeat plans – children going back onto a child protection plan, after their problems had been considered resolved. Here, the indications are less positive. The number of children on repeat plans has steadily increased since 2009/10, from just under 6,000 in 2009/10 to just over 12,000 in 2016/17. Of the children starting child protection plans in 2016/17, 19% were on them for the second or subsequent time, compared with 13% in 2009/10.[34] This may be a warning sign: it raises the question of whether more social workers are missing relevant issues or proposing inappropriate remedies the first-time round.‡

Has children's social care become more efficient and can that be maintained?

Children's social care appears to have become more efficient since 2009/10, as local authorities have made efficiencies in staff spending and social workers have become more productive.

One reason why local authorities have managed to meet rising demand without an equivalent rise in spending is that they have controlled the size of their wage bill (which makes up around a third of all spending on children's social care). Between 2014/15 and 2016/17 – the only years for which we have consistent data – the number of social workers increased faster than spending on those workers. Whether this is because local authorities have held down social worker wages, or because they have hired fewer expensive experienced workers and recruited less-expensive newly qualified ones, they spent less per social worker in 2016/17 than in 2014/15.

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*   The number of council inspection ratings increased from 59 in 2014/15 to 152 (all councils) in 2017/18.

†   The category 'adequate' was replaced with 'requires improvement', and if a local authority was judged 'inadequate' in any of the categories 'children who need help and protection', 'children looked after' and 'leadership, management and governance', it was automatically judged 'inadequate' overall.

‡   It may, however, also reflect that the child concerned is subject to new risks, although there is little quantitative evidence to suggest that children are facing more risks now than they were in 2009/10.

There is limited evidence of economies in other spending areas. The cost of a fostering placement has come down,[*] but the evidence on the costs of residential placements is unclear.[†] At best we have an incomplete view of whether inputs from the other 66% of spending are increasing or decreasing, making any assessment of the extent of economies speculative.

But for the years for which we have consistent data, a crude review of the evidence suggests that children's social care has become more productive, as local authorities have delivered more output (assessments, children visited) with less input (social workers), with limited impacts on our quality indicators.

Social worker activity increased faster than the number of social workers after 2014/15. The average social worker assessed and looked after more children in 2016/17 than they did in 2014/15. The number of children going back onto a child protection plan – an indicator of the quality of child protection – slightly increased over the same time period. The Office for National Statistics found that children's social care productivity increased by 1% between 2009 and 2015.[35][‡] However, as we have few consistent quality indicators and cannot observe input aside from local authority social workers, it is not clear how much, if at all, children's social care productivity has increased since 2009/10.

Whether economising on staff costs and asking staff to do more will be sustainable over the medium term depends, ultimately, on whether the children's social care workforce is prepared to do more work for less pay, or whether this will exacerbate recruitment and retention problems.

These problems are particularly concerning among children's social workers, where the average time spent in the profession is less than eight years, compared with 16 for a nurse and 25 for a doctor.[36] Retention is also intrinsically important: a low retention rate will reduce children's social worker stability – one of the most important aspects of children's social care.[37] Vacancy rates, staff turnover and use of agency staff are indicators of whether efficiencies have been, and can be, maintained.

Vacancy and turnover rates increased from 2013/14 for two years, but then they were flat. To secure enough staff to meet demand, local authorities have turned to costly agency staff.[38] The high agency staff rate – 16% in 2017/18 – does not necessarily imply problems, as local authorities can use agency workers to cover seasonal peaks or deal with backlogs,[39] but this does not seem to be the case. Most agency workers,

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* The Personal Social Services Research Unit's annual unit costs publication suggests that the unit cost of a foster placement decreased by 15% between 2009/10 and 2016/17, although the definitions are not the same in each year. Meanwhile, the Audit Commission found that the daily cost of a foster placement fell 1% between 2008/09 and 2012/13. See Personal Social Services Research Unit, 'Unit Costs of Health and Social Care', Personal Social Services Research Unit, various years, retrieved 14 September 2018, www.pssru.ac.uk/project-pages/unit-costs; Audit Commission, *Councils' Expenditure on Looked After Children*, Audit Commission, 2014, p. 15.

† The Personal Social Services Research Unit's annual unit costs publication suggests that the unit cost of a local authority residential placement increased 34% and voluntary/privately run placements increased 22% between 2009/10 and 2016/17. In contrast, a 2015 Institute of Public Care report found evidence that some local authority fees paid to private and voluntary providers stayed flat or declined in recent years. See Personal Social Services Research Unit, 'Unit Costs of Health and Social Care', Personal Social Services Research Unit, various years, retrieved 14 September 2018, www.pssru.ac.uk/project-pages/unit-costs; Institute of Public Care, *Financial Stability, Cost Charge and Value for Money in the Children's Residential Care Market*, Department for Education, 2015, p. 47.

‡ The Office for National Statistics' method does not adjust for output quality; it 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 the Office for National Statistics less likely to observe changes in productivity.

almost 75%, were covering vacancies in 2017/18, only a minor decline from 79% in 2015/16. Local authorities have expressed concerns about agency staff costs,[40] and councils in all nine English regions have collectively agreed Memorandums of Understanding to cap agency staff pay.[41]

The workforce is under greater pressure now than it was eight years ago. If pressure on social workers to handle more – and increasingly complex[42] – cases is behind these recruitment and retention problems, it indicates that the efficiencies are not sustainable. If local authorities end up using more agency staff to make up a shortfall of permanent staff, any productivity gains are likely to be counterbalanced by higher input costs.

Asking social workers to do more is also not a genuine efficiency if the quality of the work they are doing declines. The overall picture on quality is unclear, but differences between councils suggest that local recruitment and retention pressures might reduce quality. Ofsted[43] and the National Audit Office[44] have found that higher caseloads and numbers of vacancies and agency workers are related to worse inspection outcomes. The Education Policy Institute has found a link between regions with higher children's social care caseloads and worse Ofsted ratings,[45] and research commissioned by the Department for Education found that the rate of re-referrals was higher in local authorities where social workers dealt with more children.[46]

Over the past eight years, local authorities have managed to deliver more children's social care, mainly by asking social workers to take on more cases. But growing recruitment and retention problems suggest that it will be hard to keep using this strategy. The average social worker's caseload – 17.8 cases[47] – is now greater than the average caseload in local authorities that Ofsted judged 'good' – typically between 10 and 14 cases.[48]

Have efficiencies been enough to meet demand?

Figure 2.6 **Percentage of children subject to a child protection plan who had reviews within the required time, 2009/10 to 2016/17**
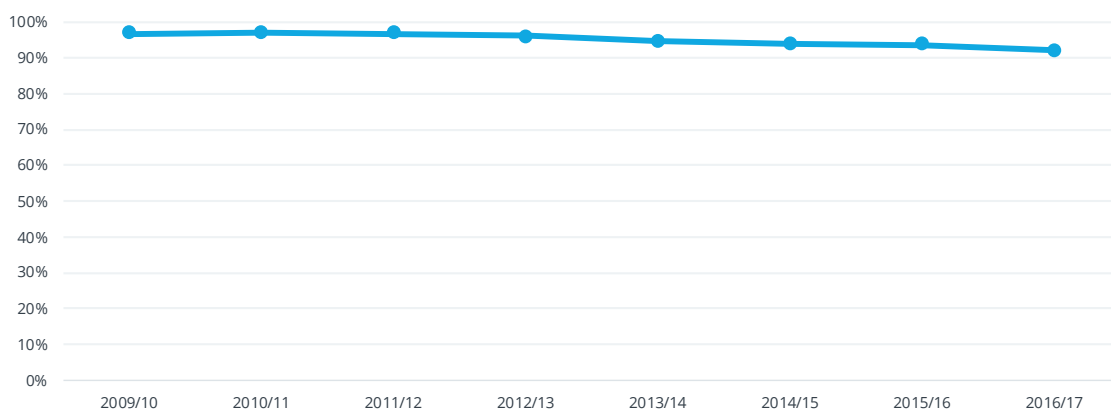
Source: Department for Education, 'Children in Need Survey', Table A2

An increase in efficiency may not be sufficient to meet rising demand. Even if children's social care has become more efficient, if the changes have not bridged the gap between demand and spending, local authorities must ration services – requiring children to wait or not be seen at all.

Children's social care services are statutory responsibilities of local authorities: they cannot legally refuse to meet need. But they can – tacitly, if not explicitly – change how they judge 'need'. There is some (albeit mixed) evidence that local authorities are not providing services where they previously would have. In a 2017 survey of social workers, 70% said that the threshold for qualifying as a 'child in need' had risen over the previous three years,[49] although in 2016 the Association of Directors of Children's Services (ADCS) found that 60% of local authority respondents stated that thresholds in their authority had not changed in the previous two years.[50]

Whether thresholds have changed or not, child protection services have prioritised their limited resources towards children most at risk. The timeliness of reviews for children on child protection plans* has declined, although initial child protection conferences – the stage immediately before a child protection plan[51] – are happening faster.† In 2016/17, 77.3% of initial child protection conferences were held within 15 working days‡ of starting a Section 47 assessment, up from 66.2% in 2009/10. As vulnerable children not on a child protection plan are likely to be at greater risk,§ this improvement most likely represents social workers prioritising their work to get at-risk children into the child protection system, rather than checking on children already in it.

Overspending – spending more at the end of the year than budgeted at the start – is another sign that efficiencies have not been sufficient to meet demand. The National Audit Office estimates that local authorities have overspent their children's services budget every year since 2010/11, and that annual overspending has risen rapidly since 2012/13.[52] Local authorities overspent their children's services budget by almost £820m in 2017/18.[53] Most of this was driven by overspending on looked-after children and safeguarding – children's social care.

Local authorities are legally obliged to balance their budgets, so these overspends are not an easy choice. Overspending on children's social care will have meant that local authorities have squeezed spending on other areas of local government (see Chapter 3 on neighbourhood services).

<div style="text-align: right;">Children and young people</div>

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* There are statutory targets that a child should have a review of their child protection plan within the first three months of being the subject of the plan, and then at intervals of not more than six months.

† This may be due to changes in children-in-need census guidance, new guidance, and data that Ofsted now asks for as part of its assessments, all of which could have improved local recording of conferences after starting Section 47 assessments.

‡ Fifteen days is a recommended target, rather than a statutory requirement, but is still a useful measure of timeliness. See Plymouth City Council, '1.3.3 Section 47 enquiries', Plymouth City Council, no date, retrieved 14 September 2018, http://plymouthchildcare.proceduresonline.com/chapters/p_sec_47_enq.html.

§ Vulnerable children not on a child protection plan are likely to be at a greater risk because they have not had an assessment, and their potential needs are not yet known to social workers.

Schools

Schools in England have not faced the same financial pressures as many other parts of the public sector. Per-pupil spending has risen in real terms in most years since 2009/10, while the cap on pay increases for teachers has kept the wage bill down. However, new pressure to make efficiencies has emerged particularly over the past two years, as per-pupil spending has started to fall and schools have taken on new responsibilities.

There are some signs that an increase in workload is putting pressure on the workforce and that schools are finding it harder to recruit and retain enough teachers. But overall, schools have become more productive: there are more pupils per teacher, and pupil attainment has been on an upward trend – particularly at primary school level.

There are almost 17,000 state primary schools in England, and over 3,000 state secondary schools. Most secondary schools (72%) and just over a quarter of primary schools (27%) are 'academies' – state schools which operate independently. The rest are local authority 'maintained' schools, whose funding is channelled through local councils. As of January 2018, they educated 6.63 million (m) pupils aged 5–15 – 540,000 more than in 2010.*

Spending by schools has risen in real terms since 2009/10

Figure 2.7 **Spending on schools (£ billion, 2017/18 prices) (current), since 2009/10**
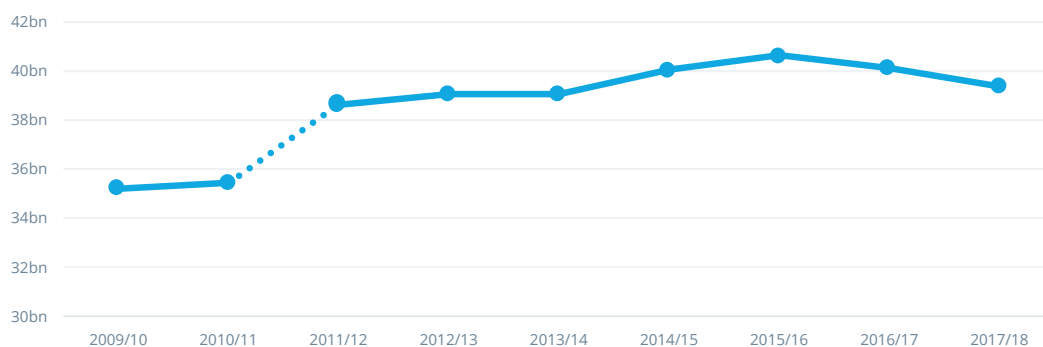
Note: Dotted line between 2010/11 and 2011/12 due to absence of academy data in earlier years.

Source: Belfield C, Farquarson C and Sibieta L, *Annual Report on Education Spending in England,* Institute for Fiscal Studies, 2018.

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*   These figures do not include the 115,315 children in state special schools (which provide education to children with special educational needs), 16,730 children in pupil referral units (largely attended by students who have been excluded from mainstream schools or cannot attend mainstream schools for another reason) and 581,875 children in independent schools. They also do not include young people in 16–18 education, including school sixth forms.

In 2017/18 day-to-day spending by schools in England was £39.4 billion (bn), according to analysis by the Institute for Fiscal Studies. This follows a slight (3%) real-terms fall in spending since 2015/16, although spending last year was still higher in real terms than in 2009/10.

It is difficult to say exactly how much higher, because the Department for Education does not hold good-quality data on spending by academy schools before 2011/12. There were only 203 academy schools in 2010 (out of a total of 20,301 state-funded primary and secondary schools) so the difference between spending on non-academy schools (shown in Figure 2.7) and total schools spending may not be vast. But this data gap means that our 2009/10 and 2010/11 numbers underestimate overall spending to some extent – and therefore overstate the overall increase in spending that has occurred since 2010/11.

Between 2011/12 and 2017/18 – the period for which more consistent data is available – spending by schools rose by 4% in real terms. This would have been lower, were it not for the injection of an extra £1.3bn (over two years) into the schools budget in July 2017. This was in response to public concern about schools that were set to lose money because of a new formula for determining how the overall schools budget is distributed.

There are two areas of school spending which are not included in these numbers. The first is spending on school sixth forms – which has fallen much more over this period (by 24%, or £80, per pupil). We exclude this from our analysis because our focus is on core school activity up to the age of 16. But within an individual secondary school, a squeeze on sixth form funding will also have a wider impact, as resources such as staff and buildings are shared across the age groups.

The second area not included is spending by local authorities on services for schools, such as sessions with educational psychologists, and transport. This has also fallen sharply over this period (by 55% in real per-pupil terms, to £534 last year) and may be resulting in new financial pressures for schools, as they take on responsibility for services that were previously provided for them by local authorities.

Children and young people

Demand: the growth in primary pupil numbers is starting to feed through into secondary schools

Figure 2.8 **Pupil numbers in primary and secondary schools (age 5–15), as of January, since 2009/10**
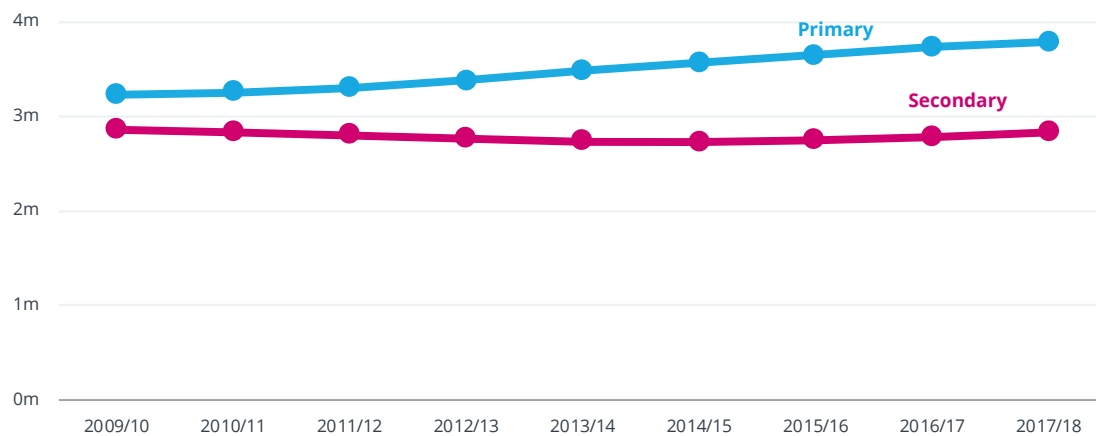
Source: Department for Education, 'National Pupil Projections', Table 2

The number of pupils in mainstream state primary and secondary schools was 9% higher in 2017/18 (6.630m) than in 2009/10 (6.095m), reflecting a small baby boom in the mid-2000s. Most of that increase has so far affected primary schools – the number of primary pupils was 17% higher in 2017/18 than in 2009/10. But it is now starting to feed into secondary schools: secondary pupil numbers are currently 1% lower than in 2009/10, but have been rising slowly since 2014/15 (from 2.732m to 2.837m).[*]

Throughout most of this period, this increase in pupil numbers was broadly matched by rising spending. However, since 2014/15 the growth in pupil numbers has outpaced spending growth, and per-pupil spending has fallen by around 4%, in both primary and secondary schools.

Input: teacher numbers have risen more slowly than pupil numbers…

The majority of schools' spending – around 78% in 2016/17 – is on staff costs. Most of that – around 65% of total spend – goes on education staff (teachers, supply teachers, teaching assistants) with the rest going on administrative and premises staff. This picture is consistent across primary and secondary schools, academies and local authority schools – although secondary schools spend more on teachers, while primary schools spend more on teaching assistants.

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[*] These numbers do not include the 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- to 10-year-olds in secondary school.

Figure 2.9 **Change in the number of primary and secondary school teachers (full-time equivalent), since 2010/11**
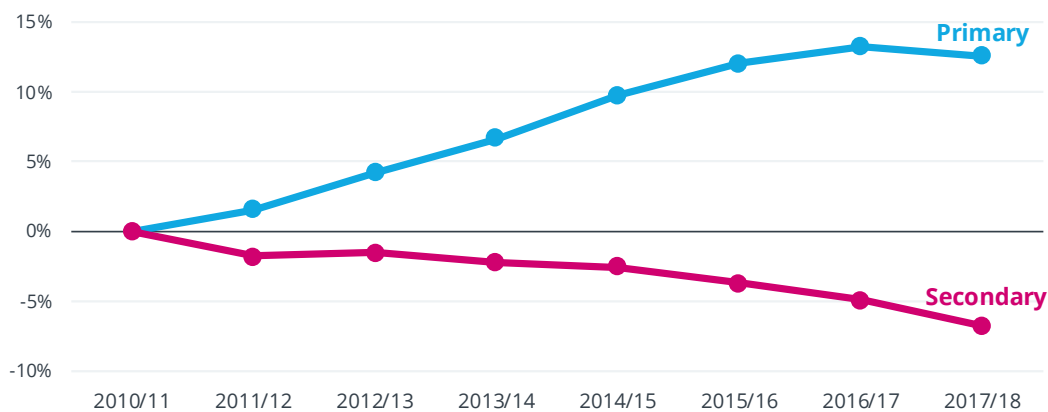
Source: Department for Education, 'Schools Workforce Census', Table 2a

The total number of teachers employed in schools has risen by 2% since 2010/11 (the earliest year for which we have comparable data). But the pattern at primary and secondary schools has been very different.

The number of primary teachers has risen broadly in line with pupil numbers and is now 13% higher than in 2010/11. However, in the past year, teacher numbers have fallen while pupil numbers have continued to rise, leading to a very slight increase in the pupil:teacher ratio (20.9 in 2017/18, up from 20.5 in 2011/12, the earliest year for which comparable data is available).[1]

Teacher numbers have fallen in secondary schools. The number of teachers fell slightly less quickly than the number of pupils between 2010/11 and 2014/15. But since then, pupil numbers have started to rise, while teacher numbers have continued to fall. There are currently around the same number of secondary pupils in schools as there were in 2010/11, but almost 14,800 fewer secondary school teachers – a 7% decrease.

The number of hours the average teacher works has risen. Research from the National Foundation for Educational Research suggests that the number of hours worked annually by each teacher (including work during school holidays) has risen by 4% between 2009/10 and 2015/16.[2]

The mixture of staff being deployed by schools – beyond classroom teachers – has also changed in recent years, particularly at primary school level. There was a 29% increase in the number of teaching assistants in primary schools between November 2011 and November 2017, and a 9% drop in numbers in secondary schools over the same period.[3] If we knew exactly how these teaching assistants were being used – to provide targeted support to students with particular needs, or simply to stand in for more expensive teachers – we would be able to judge whether or not this represented an efficient use of resources. Without this information, we cannot interpret what these changes mean for schools.

The public sector pay cap has helped to limit the growth of spending on staff in schools – which has risen just 3% in real terms over this period, according to estimates published by the Department for Education.[4] This is a slightly faster increase than teacher numbers – which may be explained by increases in other staff costs: in 2015/16 employer contributions to the teachers' pension scheme rose from 14.1% to 16.4%, while national insurance contributions rose across the public sector in 2016/17.[5]

… and there are signs of recruitment and retention problems

The vacancy rate in schools is low – particularly at primary level. In 2017/18 there were only 370 recorded vacancies in primary and nursery schools, and 1,470 temporarily filled posts – just 0.7% of the number of teachers. In secondary schools, the overall vacancy rate (including posts filled for less than a year) has more than doubled since 2010/11 – but it remains at only 1.1%.[6,*] However, there are signs of problems with both recruitment and retention – particularly in secondary schools – which underpin that growing shortfall and could lead to greater problems later on.

Figure 2.10 **Recruitment to postgraduate initial teacher training, relative to target, since 2011/12**
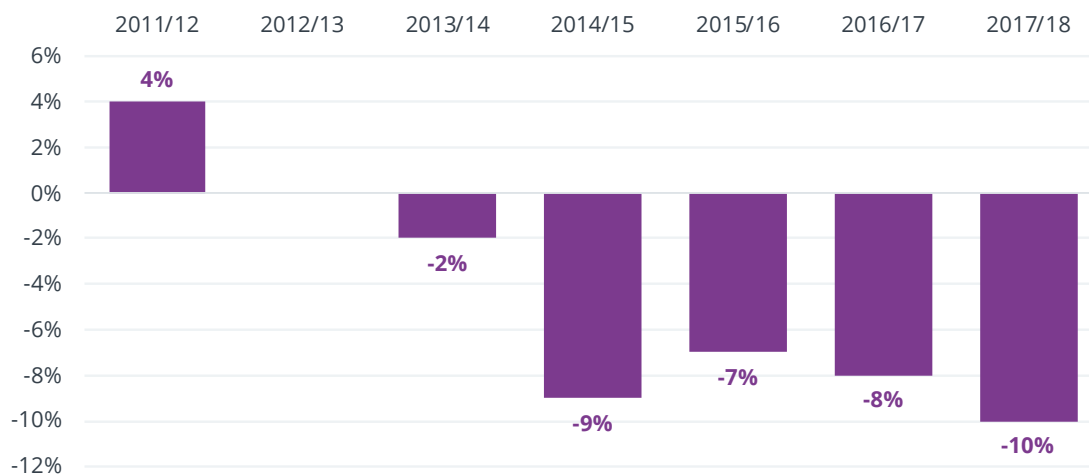
Source: Department for Education, 'Initial Teacher Training – Trainee Number Census', Table 1c

The number of people training for a teaching qualification is falling: from 39,010 in 2009/10 to 32,710 in 2017/18. This has left trainee numbers short of government targets. The Department for Education produces an annual estimate for the number of postgraduate trainee teachers that need to be recruited onto training courses to meet future needs. That overall target has not been met since 2012/13.

In 2017/18 the overall number of trainee teachers recruited was 10% (2,952) short of the target. That overall number masks a higher, underlying shortfall, as it counts over-recruitment in some subjects as making up for under-recruitment in others. In total, 3,881 targeted trainee places were not filled in 2017/18.

* The published figures, taken from a snapshot in November, may underestimate the underlying vacancy rates. 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 House of Commons Education Committee, *Recruitment and Retention of Teachers: Fifth report of session 2016–17 (HC 199)*, The Stationery Office, 2017.

This reflects a shortfall in secondary school trainees.* There were just two secondary subjects in which the target was met in 2017/18: history and physical education. English fell 10% (251 trainees) short of its target; maths fell 21% (652 trainees) short; and computing fell 34% (248 trainees) short. The target for science subjects was missed by 676 trainees, with a particularly acute shortage (335 trainees, or 32%) in physics.

These figures do not tell us anything about the quality of new recruits coming into teaching – something that government has made concerted efforts to increase. In 2013/14 numeracy and literacy tests were introduced as a prerequisite for entering teacher training, lifting the bar for entry into the profession. New bursaries have been introduced to attract more high-achieving graduates in certain subjects, although the evidence base to suggest that this will positively affect recruitment is weak.[7]

Figure 2.11 **Teacher entry and leaving rates, year to November 2011 to year to November 2017**
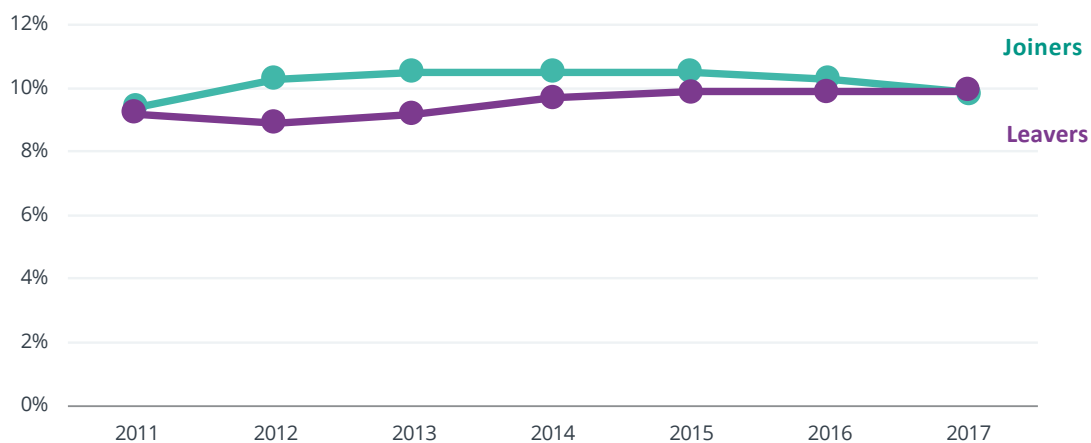
Source: Department for Education, 'Schools Workforce Census', Table 7b

At the other end of the pipeline, teachers are leaving the profession at an increasing rate: the equivalent of 9.9% of the workforce (42,830 people) left between November 2016 and November 2017, up from 9.2% in the year up to November 2011. Up to 2016, the number of teachers leaving was consistently lower than the number entering the profession. In the year to November 2017, however, the number leaving was very slightly higher (by 400 teachers).

Since 2011, the proportion of leaving teachers who went 'out of service' (that is, who left the teaching profession but did not retire) has risen from 63% to 84%. The retention rate among the newest teachers has been falling. Every cohort of newly qualified teachers[†] since 2010 has seen lower retention rates than the one before. For example, 73% of teachers who entered the profession in 2014/15 were still there three years later, compared with 77% who entered in 2010/11.[8]

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*   In 2017/18, primary school trainees were over-recruited by 784, although the primary school target was missed between 2011/12 and 2014/15, and in 2016/17.

†   Specifically: teachers who gained their Qualified Teacher Status, took on a teaching post in the same year and was still in that post in November of that year.

While these figures point to retention problems, it is worth noting that they represent an improvement on the Department for Education's expectations: in 2016, the department estimated that around 48,000 teachers would leave the profession annually up to 2026/27.[9]

Output: exam results have been improving, and schools have been doing more

Exam results (or 'assessment' results in the case of primary schools) are one of the best output measures for schools that we have, even though they do not capture everything that schools do. National standardised assessments take place at the end of primary school. At the end of secondary school, 16-year-olds sit GCSEs (General Certificates of Secondary Education).

Figure 2.12 **Pupil attainment at the end of primary school (Key Stage 2) and the end of secondary school (Key Stage 4), 2009/10 to 2016/17**
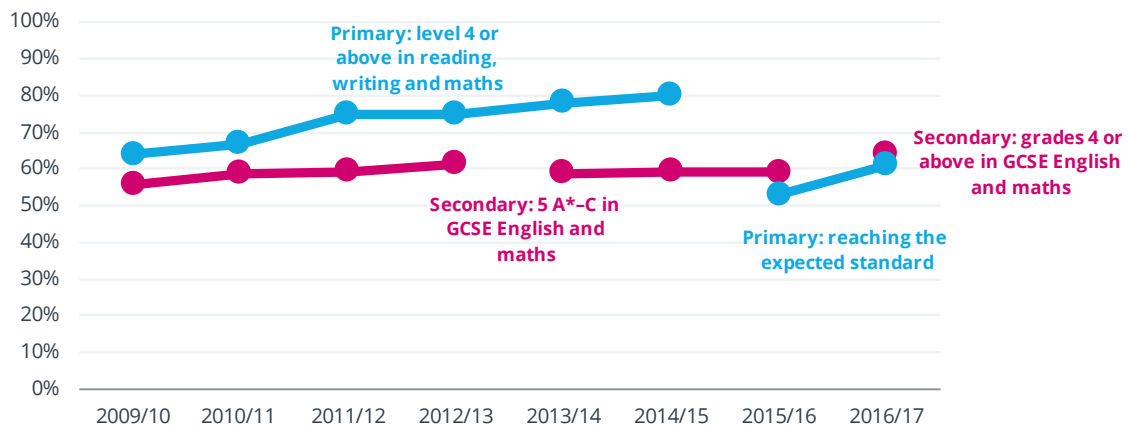
Source: Department for Education, 'GCSE and Equivalent Results in England' and 'National Curriculum Assessments at Key Stage 2'

Here we can see improvements, particularly at primary school level. The proportion of children achieving at least 'level 4' (the national expected standard) in reading, writing and maths at the end of primary school* rose from 64% in 2009/10 to 80% in 2014/15. Between 2009/10 and 2012/13, the proportion of pupils achieving grades A* to C in English and maths GCSEs rose from 56% to 61%, and then remained at 59% between 2013/14 and 2015/16.[†] The first assessments using the new 0–9 grading scheme for GCSEs show 64% of pupils reaching the expected standard of '4'.

However, there are discontinuities in the data, which make it difficult to form an overall judgement about what has happened to pupil attainment over the past eight years. Before 2013/14, resit grades were included in the headline GCSE figures; since then, only the grades from the first time each exam is taken have been counted. More recently, there have been major changes to assessment practices at primary (in 2015/16) and secondary levels (starting in 2016/17), which include totally new grading schemes.

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* More precisely, at the end of Key Stage 2.

† As a measure of the quality of school output, raw attainment measures are inferior to contextual metrics, which identify the progress that pupils have made, as they do not account for underlying differences between different cohorts of students. The Government has recently introduced a complex new progress metric for Key Stage 4 – 'Progress 8'. But this is a relative metric and so cannot be used to judge overall change over time – only the difference between schools. A national number for absolute progress has not been published since 2010.

The Organisation for Economic Co-operation and Development's PISA (Programme for International Student Assessment) scores – an international test of pupil attainment conducted in 72 countries,* which runs every three years – may provide a more consistent picture of trends in pupil attainment. They suggest that school quality has remained broadly constant in England. In the PISA survey, between 2009 and 2015, science scores for England fell from 515 to 512, maths remained at 493 and reading rose from 495 to 500. This is a notable level of consistency compared with other countries in the survey.[10]

These figures suggest that the quality of schools in performing their core activity – teaching children – has at least been maintained, and has probably improved. But schools undertake other activities beyond teaching children the skills and knowledge needed to pass tests and exams – such as looking after their wellbeing or providing extra-curricular activities. A range of broader changes in education policy and spending since 2010 are likely to have increased the amount of work that schools are having to do, although they are harder to observe in the data.

For example, 2012 saw the introduction of a new statutory requirement on schools to provide careers advice. A new national curriculum was announced in 2014. And new GCSE specifications began to be introduced in 2015.† Changes such as these may account for teachers' increasing working hours, despite only small increases in pupil:teacher ratios.

The sharp fall in local authority spending on services for schools – such as educational psychology, or extra support for students with special educational needs – also means that schools are now likely to be paying for some services out of their own budgets that were previously provided for them (or that those services are no longer being made available). This will have increased financial pressures on schools – although we cannot clearly assess how deep or widespread those pressures are.

Teachers and other school staff spend time dealing with pupils' pastoral needs: from meeting parents, to visiting pupils' homes, to contacting and co-ordinating with other agencies involved in serving young people. Between 2009/10 and 2016/17 the permanent exclusion rate in secondary schools rose from 0.15% to 0.20%.[11] Meanwhile, the number of referrals from schools to children's social care rose by 34% between 2013/14 and 2016/17. These trends could point to a growing workload for schools in dealing with pastoral issues.

Ofsted inspection results suggest that the quality of schools is getting better overall. Between August 2010 and March 2018 the proportion of schools rated as 'outstanding' or 'good' at their last inspection rose from 64% to 76% at secondary school level, and from 67% to 87% at primary school level. There may be some lag to these figures, however, as schools can go several years between inspections, during which time their performance could change.

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* Or, in a few cases, parts of countries.

† This disruption should be temporary: Secretary of State for Education, Damian Hinds, has pledged no further curriculum changes in this Parliament (that is, up to 2022, assuming there is no early election). See Hinds, D, 'There are no great schools without great teachers', speech at the Association of School and College Leaders' conference, 10 March 2018, retrieved 19 September 2018, www.gov.uk/government/speeches/damian-hinds-there-are-no-great-schools-without-great-teachers...

Have schools become more efficient and can that be maintained?

Spending on schools has risen in real terms since 2009/10, broadly matching the increase in pupil numbers up to 2015/16. As a result, schools were not under the same pressure as other services covered in this report to operate more efficiently across most of this period. The cap on public sector pay increases has also helped to control costs over this period. However, per-pupil spending has fallen by 4% since 2015/16, meaning that the pressure to find more efficient ways of working has increased over the past couple of years.

There are clear signs of some productivity improvements at both primary and secondary levels. Pupil:teacher ratios have risen slightly in primary schools, and more notably in secondary schools, suggesting that the average teacher is doing more. At the same time, the evidence we have suggests that the quality of schools has been rising: pupil attainment (where we have consistent data) has been on an upward trend across this period.

At the same time, there is evidence that schools have taken on more work in areas which we do not directly observe in the data: such as the support services for students with special educational needs that would previously have been paid for by local authorities, and creating new resources to fit the new curricula. If we were able to take into account the rise in those activities, these productivity improvements would appear even greater.

However, the workforce data raises questions about the sustainability of these increases in school efficiency. Recruitment targets are being missed, and growing numbers of working-age teachers are choosing to leave the profession.

In July, the Government announced the end of the 1% pay cap for teachers, which may have some impact on teacher morale, recruitment and retention. From 2018/19, teachers on the lower pay bands (who make up around 40% of teachers) will receive a 3.5% pay increase, with smaller increases of between 1.5% and 2% for more senior colleagues. This should not feed through into significant extra net costs for individual schools as the Department for Education has instituted a teachers' pay grant, which is designed to make up the difference in schools' budgets between these newly announced pay increases and the 1% pay rise they were previously expecting to implement.

However, for the most part, the evidence does not point to pay as the key cause of – or solution to – recruitment and retention issues. Research from the National Foundation for Educational Research has found that people leaving teaching are not moving for higher pay – indeed, it found an average 10% pay cut.[12] It also found that 79% of teachers were satisfied with their pay.[13]

An exception are science, technology and maths teachers, whose qualifications allow them to command much higher salaries elsewhere. Analysis from the Gatsby Foundation and Education Policy Institute suggests that further financial incentives may well be a necessary part of retaining an effective workforce in these shortage subjects.[14]

But overall it is issues around working life – workload and flexibility – that emerge as the key sticking points. Research by the National Foundation for Educational Research suggests that teachers work an average of 45 hours a week over the year (including an estimate of hours worked over the holidays) – higher than both police officers (44 hours) and nurses (38 hours).[15] A National Audit Office survey of school leaders found that workload was most often considered the key barrier to retaining teachers (67% of respondents).[16] Challenges around part-time working in schools also appear to be a factor: a 2017 study from the National Foundation for Educational Research found a 20 percentage-point increase in part-time working among people who left teaching for other jobs.[17]

This suggests that initiatives to change working practices would be needed if schools wanted to further limit staff costs – which make up the vast majority of their spending – without exacerbating recruitment and retention issues.

Have efficiencies been enough to meet demand?

Every child has a statutory right to a place at school. Unless there is major legislative change, or a large increase in the popularity of independent education, school output – in quantity, if not quality – will always rise in line with demand.* The quality of schools' work can be suppressed, but the quantity will closely mirror the number of children in the population. As a result, and unlike the other services examined in this report, we are highly unlikely to see the rationing or queuing of mainstream schooling in response to service pressures.

However, schools can run up deficits if they find themselves unable to bridge the gap between their income and their costs through efficiencies. There is evidence that this has been happening. Research by the Education Policy Institute found that 61% of local-authority-maintained primary schools and 68% of local-authority-maintained secondary schools (that is, not academies) spent more than their income in 2016/17, compared with 33% and 30% respectively in 2010/11. During the same period, the average secondary school deficit rose from £293,000 to £375,000.[18] The National Audit Office has reported that deficits in secondary academies also increased between 2012/13 and 2014/15, with the proportion of secondary academies spending more than their income rising from 40% to 60%.[19]

These figures pose a challenge for government. Schools have not had the same pressure to find efficiencies as the other services examined in this report, which may suggest that there are still some to be found. But that does not mean that schools will easily be able to make them – as demonstrated by the failure to make the planned £1bn of savings on non-staff spending in the 2010–15 Parliament. Schools may lack the skills to manage their finances differently, for example, or be constrained from changing the way they deploy staff and students by the size and structure of their buildings. According to the National Audit Office, the Department for Education's estimates of efficiencies that schools could theoretically achieve have not been matched with a thorough understanding of how, and at what pace, they could be realised in practice.[20] The figures for school deficits in recent years suggest that schools are struggling to use their financial resources in the way that the department expects.

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* The past eight years have seen no discernible flight of children into independent schools: since 2009/10, the number of pupils at independent schools has risen 1%. Department for Education, *Schools, Pupils and their Characteristics*, GOV.UK, 2018, retrieved 19 September 2018, www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2018, Table 2a

3 Neighbourhood services

Spending on neighbourhood services in England continued to fall in the past year, reflecting local authority spending cuts. Local authorities have managed this by prioritising visible and critical aspects of services – such as health-critical food hygiene inspections – over aspects with fewer immediate impacts. Where that has not been enough, they have, in some cases, reduced service provision – such as reducing the number of libraries.

Public satisfaction with neighbourhood services has held up, indicating that they have become more efficient – delivering the same quality despite financial pressures. But declines in local authorities' unallocated reserves since 2014/15 suggest that councils are increasingly unable to manage spending cuts by making efficiencies, and are instead drawing on one-off sources of money to balance their budgets.

Neighbourhood services are the transport, housing, cultural, regulatory and planning services that affect the environment in which people live. In England they are mostly delivered by local authorities, partly funded by central government grants.

Central government – ministers and their respective Whitehall departments – puts legal obligations on local authorities to do certain things, such as providing "a comprehensive and efficient library service".[1] It also decides how much grant funding local authorities receive, which taxes they can levy, and how much they can vary them.[2] Within these constraints, local authorities make tax and spending decisions. As long as they meet their statutory duties – including for adult and children's social care in addition to neighbourhood services – they can spend as much or as little on neighbourhood services as they choose.

It is challenging to understand what has happened to neighbourhood services since 2009/10, as little data on them is available at the national level. In this chapter, we focus on six neighbourhood services for which some nationally comparable data is available:* food safety, health and safety, libraries, road maintenance, trading standards and waste collection.

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* Whitehall does not ask local authorities to collect comparable service information on most neighbourhood services, and so lacks the data to judge whether and how activity is changing.

Spending on six neighbourhood services has fallen by 29% in real terms since 2009/10…

Figure 3.1 **Change to spending on neighbourhood services in England (real terms), since 2009/10**
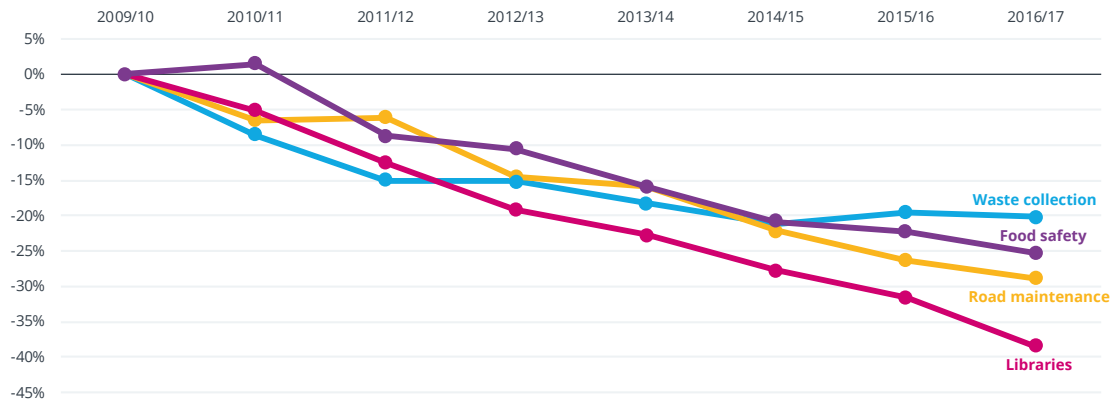
Source: Ministry of Housing, Communities and Local Government, 'Revenue Expenditure and Financing England', RO2 and RO5

Day-to-day spending on the six neighbourhood services in England declined 29% in real terms between 2009/10 and 2016/17. These services have seen larger spending cuts than other locally delivered services because local authorities have protected spending on social care for adults and children.

Local authorities have not cut spending on all neighbourhood services equally, however. Since 2009/10, libraries have borne the largest real-terms day-to-day spending cuts – almost 40% – followed by the monitoring of trading standards (38%), road maintenance (29%), food safety (25%), health and safety (25%) and waste collection (20%).

Looking just at day-to-day spending overestimates the size of spending cuts in some cases. If capital – investment – spending increases, then the real fall in spending may be lower than implied by day-to-day spending. This is the case for road maintenance. There has been a 19% real-terms increase in local highways and transport capital spending since 2009/10,[3] some of which will have been used for road maintenance.[4*] This increase in capital expenditure has meant that total road maintenance spending has not fallen as dramatically as day-to-day spending. Department for Transport figures show that total road maintenance spending has declined 13% since 2009/10.[5] In the other services we examine in this chapter, capital spending does not make up a large share of total spending.

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*   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.

... and local authorities have charged for services

To manage with less money, most local authorities have asked users to shoulder more of the burden of paying for services.[6] Income from sales, fees and charges provided 8.1% of spending on our six services in 2016/17, an increase from 6.5% in 2009/10.[7] The largest increases have been in trading standards and waste collection, where the share of spending financed by charging has increased by 6% and 3% respectively.

Local authorities often charge for services that they are not legally obliged to provide. The number of authorities charging for garden waste collection rose from 88 to 199 between 2010/11 and 2017/18, while the number offering free garden waste collection fell from 236 to 137.[8] In food safety, charges are typically for 'non-statutory advice' (that is, consultancy) to local businesses that want to know how to improve their food hygiene rating. Local authorities cannot charge for official inspections.

Demand for neighbourhood services has grown

As spending on neighbourhood services has been cut, the population has increased. The number of people in England increased by 6.6% between 2009/10 and 2017/18. As demand for neighbourhood services is largely a function of population size,[9] local authorities have had to provide more services for less money.

Demand for *specific* services is not directly correlated with change in population. Road maintenance varies based on traffic volume and weather conditions,[10] food inspections vary according to the number of food businesses[11] and waste collection depends on how much people throw away.[12] But these service-specific indicators are also – at differing rates – increasing.

Input: the number of staff working in food safety, libraries and trading standards has been cut

Figure 3.2 **Number of library employees and volunteers in England, as of 31 March, 2009/10 to 2016/17**
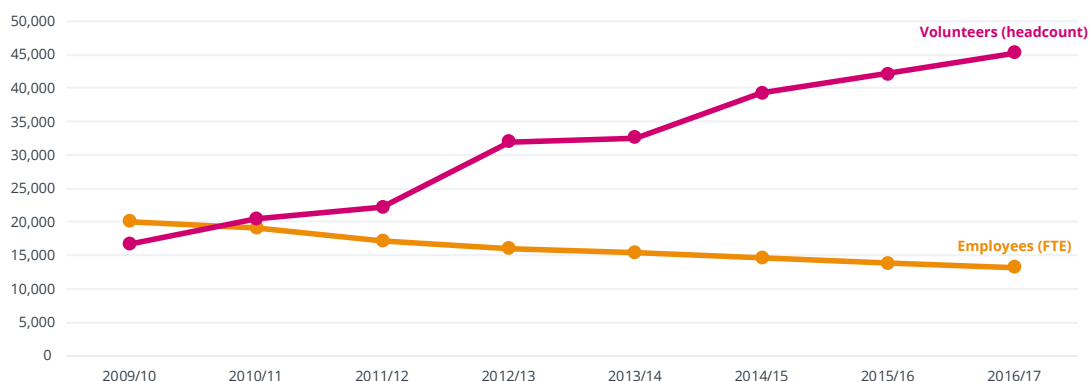
Source: Chartered Institute of Public Finance and Accountancy, 'Public Library Statistics'

Staff costs make up a large proportion of spending on neighbourhood services, and in services where we can count staff,* the number of staff has been cut, in line with trends in local government staffing since 2010.†

Local authorities have made considerable staff reductions in libraries: between 2009/10 and 2016/17, the number of full-time equivalent library staff declined by 34%.‡ Staff cuts fell disproportionately on professional library posts: in 2009/10, 20% of paid staff occupied professional library posts, compared with 14% in 2016/17. To compensate, local authorities have increased their reliance on volunteers: the number of library volunteers increased by 171% over the same period. As the number of volunteers has increased, they have also contributed more of their time. The total number of volunteer hours more than tripled between 2009/10 and 2016/17, increasing from 500,000 to 1.6 million (m).§,[13]

In food safety, 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 60% and 17% respectively between 2009/10 and 2017/18..[14] As the number of registered food establishments increased over the same time, fewer staff are now covering more businesses. The number of professionally qualified staff per 1,000 food establishments declined from 4.4 in 2009/10 to 2.9 in 2017/18. Remaining staff are now undertaking more interventions – from inspections and sampling to surveillance and intelligence-gathering – than they were in 2009/10. On average, food hygiene staff completed 246 interventions each in 2017/18, an increase of 23 since 2009/10. Food standards staff completed 328 interventions each in 2017/18, more than double the number of interventions undertaken by each member of staff in 2009/10.¶

There have also been large staff reductions in trading standards and health and safety. The number of full-time equivalent (FTE) trading standards officers fell by 56% between 2009 and 2016 (from 3,534 FTE to 1,561 FTE).[15] The number of inspectors with health and safety powers – who investigate and enforce health and safety law – in English, Welsh and Scottish local authorities declined** 48% (from 1,050 FTE to 543 FTE) between 2009/10[16] and 2016/17.[17]

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* We cannot count the number of staff employed to deliver neighbourhood services because official statistics exclude staff working for outsourced providers. Road maintenance and waste collection are largely managed through outsourced contracts, so we cannot count changes in staff in either.

† 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 the number of staff between 2010/11 and 2013/14. See Audit Commission, *Tough Times: Councils' responses to financial challenges from 2010/11 to 2013/14*, Audit Commission, 2013, p. 5.

‡ This decrease is partially explained by a lower response rate to the Chartered Institute of Public Finance and Accountancy's annual library survey, as the share of local authorities reporting full-time equivalent staff numbers declined from 98% to 83% between 2009/10 and 2016/17.

§ This increase is partially explained by a higher response rate to the Chartered Institute of Public Finance and Accountancy's annual library survey, as the share of local authorities reporting volunteer hours increased from 78% to 81% between 2009/10 and 2016/17.

¶ Part of this larger increase in 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 European Union regulations coming into force, for example.

** Changes in the number of trading standards and health and safety staff may overestimate actual change, as there is some overlap with professionally qualified food standards and food hygiene staff.

Input: the number of libraries has fallen by 14% since 2009/10

Figure 3.3 **Number of libraries in England, as of 31 March, 2009/10 to 2016/17**
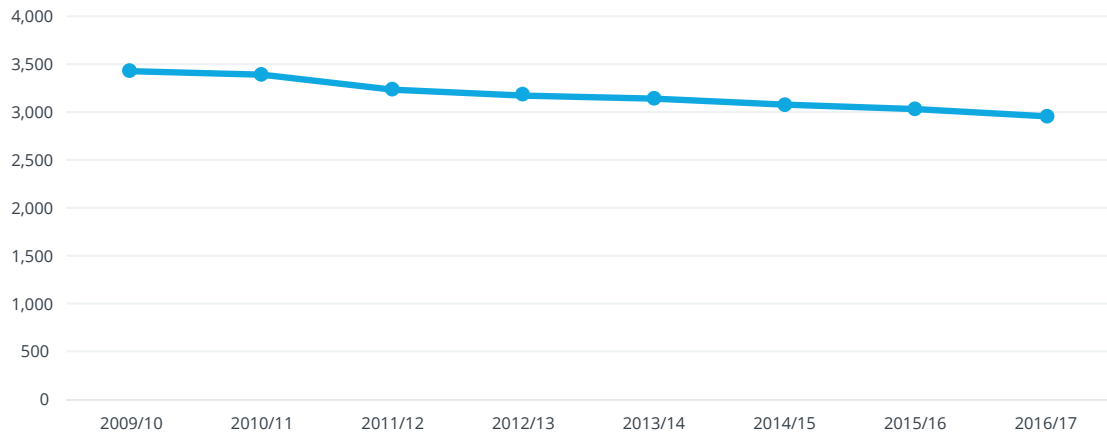
Source: Chartered Institute of Public Finance and Accountancy, 'Public Library Statistics'

Staff are not the only resource in the six services we examine in this chapter. Road maintenance requires technical equipment, and buildings make up a large part of spending on libraries,* for example.

The number of libraries in England declined 14% between 2009/10 and 2016/17.[†] Where libraries do exist, more are being run by communities rather than by local authorities. Local authority-run libraries made up 77% of all libraries in 2016/17 compared with 89% in 2012/13, the only years for which we have data. At the same time, the share of community-managed libraries increased from 4% to 9%. Communities taking on more responsibilities looks set to continue: only 13 out of the 23 new libraries that opened in 2016 were run by councils, compared with 21 out of 24 in 2010.[18]

We cannot say whether library cuts mirror resource cuts in the other neighbourhood services because there is no data on the sites, or the technical equipment, used in the other neighbourhood services.

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* Library-running expenses (including building maintenance) were 55% of total library spending in 2016/17. See Ministry of Housing, Communities and Local Government, 'Local authority revenue expenditure and financing England: 2016 to 2017 individual local authority data – outturn', Ministry of Housing, Communities and Local Government, 2017, retrieved 13 September 2018, www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2016-to-2017-individual-local-authority-data-outturn.

† Part of this decrease is due to declining response rates to the Chartered Institute of Public Finance and Accountancy's annual library survey, as only 91% of local authorities reported library numbers in 2016/17, compared with 99% in 2009/10.

Output: local authorities have reduced services in waste collection and libraries...

Local authorities have responded to spending cuts by reducing provision and prioritising resources on the most visible and critical aspects of neighbourhood services.

Figure 3.4 **Number of local authorities collecting residual waste less than weekly, and weekly or more, since 2010/11**
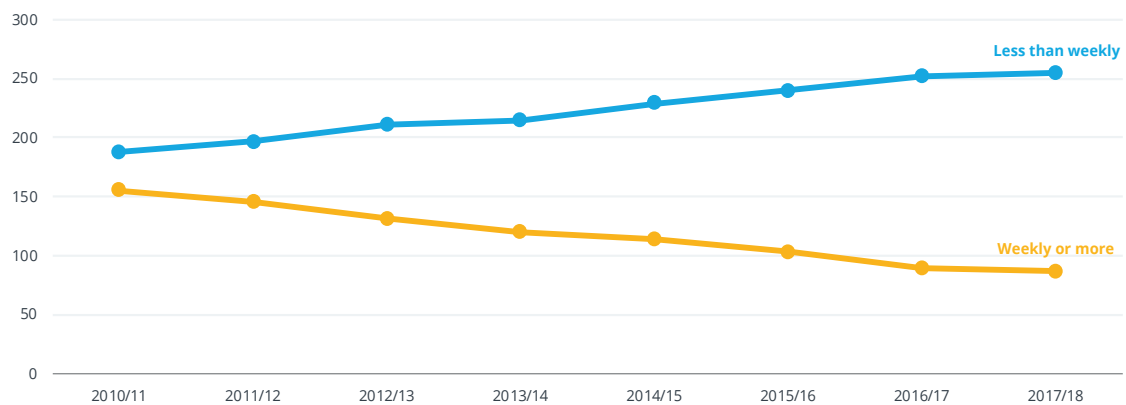

Source: Waste and Resources Action Programme, 'Local Authority Scheme Data', Residual

Local authorities are collecting rubbish less often and curtailing library opening hours. The number of councils providing weekly residential waste collections fell by over 40% (from 152 to 87) between 2010/11 and 2017/18. Between 2013/14 and 2017/18, the only years for which we have data, the number of councils providing weekly dry recycling collections declined. This suggests that regular waste collection has not been replaced by more frequent recycling collections.

Libraries are now open for fewer hours. Total library opening hours, excluding mobile libraries, declined between 2009/10 and 2016/17: the number of libraries open 30 hours or longer each week decreased by 13%, while the number of libraries open less than 29 hours a week increased by 3%.

Neighbourhood services

... while focusing on the riskiest areas of food standards, health and safety

Figure 3.5 **Food standards and food hygiene interventions completed on time, 2009/10 to 2017/18**
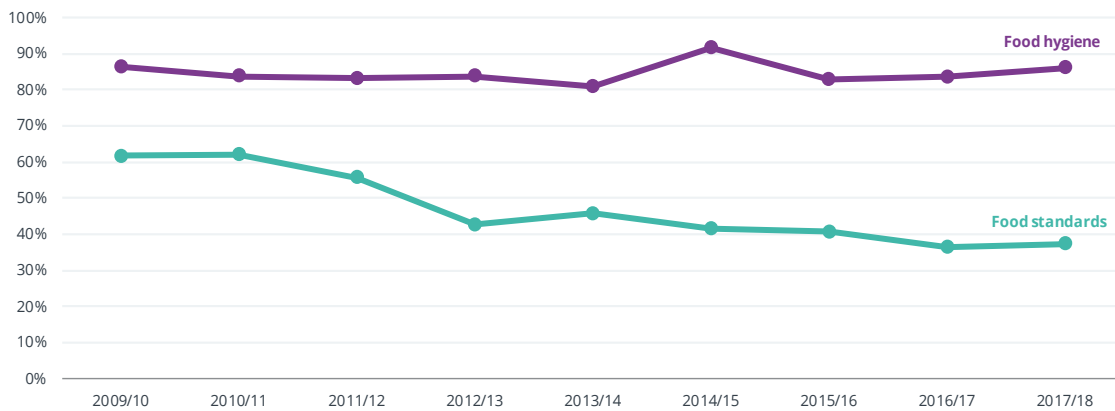
Source: Food Standards Agency, 'Local Authority Enforcement Monitoring System'

In food safety, local authorities have prioritised their efforts on the most critical interventions – inspecting the riskiest businesses that are most likely to affect consumers' health. They have done this by prioritising food hygiene over food standards.* They have focused on completing food hygiene interventions on time – as frequently as the food law rules oblige[19] – while letting the timeliness of food standards interventions slip.

The share of food hygiene interventions completed on time – which assess health-critical issues such as microbiological quality and contamination – has declined only slightly and has consistently remained above 80%. In contrast, the timeliness of food standards interventions, which normally assess less health-critical issues such as food composition and labelling, has markedly deteriorated. The share of standards interventions completed on time has fallen from 62% to 37%. Local authorities have prioritised the highest-risk establishments in both food hygiene and standards. The largest reductions in the timeliness of inspections have taken place in the lowest-risk establishments.[20]

Health and safety have also targeted inspections at the riskiest businesses – taking an 'intelligence-led' approach. Between 2009/10 and 2016/17 the total number of annual health and safety visits carried out in Great Britain declined by 59%,[21] following the release of a new national enforcement code explicitly designed to improve the use of limited resources in May 2013. The broad share of proactive, or planned, inspections declined 94% between 2009/10 and 2016/17 while visits following requests or complaints declined only 33%.

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* Food hygiene inspections are typically led by environmental health teams and food standards by trading standards teams and so may not always be carried out by the same tier of council. Not all councils are able to prioritise between them.

In contrast, local authorities have kept up their road maintenance. Between 2009/10 and 2016/17 the number of miles of 'B, C and unclassified roads' – that is, smaller roads connecting areas and local roads intended for local traffic – receiving some maintenance in a year remained broadly flat. The number of miles of 'A roads' – that is, major roads connecting areas[22] – receiving maintenance also remained broadly flat, although most of this activity was in short-term 'surface-dressing' treatments. Larger sums might have to be spent later on extensive repair.

Output: people's satisfaction with waste collection, libraries and road maintenance has largely held up

Figure 3.6 **Percentage of residents 'very' or 'fairly' satisfied with their local waste collection, library and road maintenance services, September 2012 to June 2018**
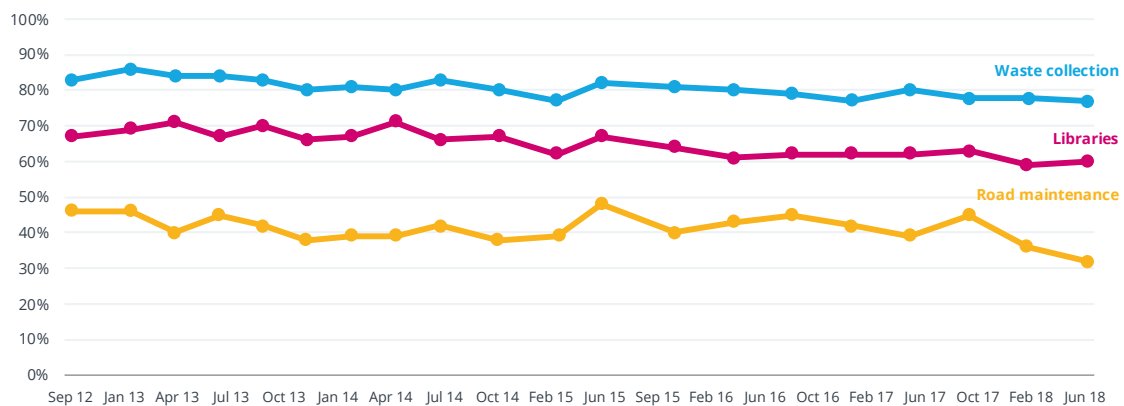
Source: Local Government Association, 'Polling on Resident Satisfaction with Councils', Tables A11, A13 and A15

In spite of these changes, there is evidence that the quality of services has been broadly maintained. Polling commissioned by the Local Government Association suggests that public satisfaction with waste collection, libraries and road maintenance declined only slightly throughout the period of spending cuts, although satisfaction with road maintenance has dipped notably over the past year.[23]

Between September 2012 and June 2018, public satisfaction with waste collection fell by 6% (from 83% to 77%), satisfaction with libraries fell by 7% (from 67% to 60%) and satisfaction with road maintenance fell by 14% (from 46% to 32%). These figures suggest that if the public has felt a reduction in the quality of locally delivered services, it has not been on anything like the same scale as the spending reductions.

Regulatory services – food safety, health and safety, and trading standards – are harder to judge. Ultimately, the quality of regulatory services is determined by the level of compliance they achieve – the number of people or businesses following the rules. Taking this approach, the data suggests that the quality of food safety services has not declined. The share of 'broadly compliant establishments' – businesses that local authorities rated equivalent to food hygiene ratings of 3 to 5 – increased slightly from 88.6%[24] in 2009/10 to 89.8%[25] in 2017/18. The number of consumer complaints about food establishments was broadly flat between 2010/11 and 2015/16.[*]

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[*] There was a 24% increase between 2015/16 and 2016/17, but this likely reflects a new service on the Food Standards Agency's website, introduced in February 2016, which allowed consumers to report problems online. Complaints decreased 2.5% between 2016/17 and 2017/18. See Food Standards Agency, *Annual Report on UK Local Authority Food Law Enforcement 1 April 2016 to 31 March 2017*, Food Standards Agency, 2017, p. 23.

But the picture in terms of road maintenance is mixed. The share of roads that the Department for Transport reports should be considered for maintenance has declined since 2009/10. However, the share of 'unclassified' roads – typically lesser used, often residential – that should be considered for maintenance has increased. The Asphalt

Industry Alliance estimates that the share of roads in 'poor condition' – with less than five years of life remaining – has increased over the past two years but is still less than in 2011/12,[26] the earliest year for which it has data.

Overall, then, it appears that local authorities have managed to cut spending on most neighbourhood services while maintaining their quality. But lack of data impedes our assessment. As successive governments since 2010 have increased council autonomy over some local services,* they have moved away from monitoring and managing performance, making it harder to judge what the consequences of spending reductions have been at a national level.[27]

Have neighbourhood services become more efficient and can that be maintained?

Local authorities have made their neighbourhood services more efficient since 2010. Service provision appears not to have fallen at the same rate as spending. The decline in resident satisfaction since 2012 has not been as large as the decline in spending. Local authorities are now collecting waste, inspecting food businesses, opening libraries and maintaining roads more efficiently than they were in 2010.

It is less clear how local authorities made these efficiencies, and whether they are sustainable. Whitehall lacks data on the amount and cost of inputs – the staff, buildings and equipment used to deliver services. That would be needed to say whether local authorities have made efficiencies by buying inputs at lower prices, or by improving productivity – getting more output for each input. The Government and the Ministry of Housing, Communities and Local Government have few non-financial warning signs to monitor whether efficiencies that local authorities make are sustainable.

There are case studies of local authority savings, which emphasise back-office improvements,[28] service redesign[29] and sharing services,[30] but there is no way to assemble firm figures of economies in the six neighbourhood services we examine in this chapter. Unlike workers in the other public services analysed in this *Performance Tracker*, council workers were not formally covered by the public sector pay cap.[31] We do not know whether council workers' pay went up more, but councils were expected to "operate to the same standards as the rest of the public sector",[32] so it is unlikely to have done so. Given that we also know little about workers in outsourced services, we cannot say whether local authorities have made savings by holding down wages.

There is some evidence that staff in food standards and libraries have become more productive. Professionally qualified food standards and hygiene staff are undertaking more inspections and audits per person. In libraries, there are now fewer paid staff per library. There were the equivalent of 4.6 full-time paid staff per library in 2009/10,

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* 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.

which declined to 3.8 in 2016/17.* But the absence of any information on staff morale or recruitment or retention data in all services means we cannot comment on how staff have managed under spending cuts – and whether workforce issues are likely to emerge.

There is qualitative evidence of pressure in neighbourhood services. The Department for Business, Energy and Industrial Strategy, which is responsible for consumer protection, has told the National Audit Office that it believes trading standards are a "high-risk area in the medium term" due to service cuts.[33] Based on case studies of local authorities, the National Audit Office has argued that some authorities' cuts to routine road maintenance, such as maintaining drainage and gullies,[34] risk long-term deterioration of roads. But in the absence of worsening trends over time, it is not possible to attribute these pressures to efficiencies made since 2010 – and so to analyse whether efficiencies are sustainable.

Have efficiencies been enough to meet demand?

Similarly, we cannot say whether efficiencies have been enough to meet demand in these services. We are not able to measure queueing or unmet demand in libraries, health and safety, road maintenance, trading standards and waste collection.

We have limited data for food safety and standards, which suggests that demand is being met in spite of deep spending cuts. The number of food establishments waiting to be inspected and rated for food hygiene in England actually shrank from 7.3% in 2009/10[35] to 5.4% in 2017/18.[36] But we cannot say whether a similar pattern has emerged in other services – or whether local authorities are choosing to leave some demand unmet.

Have local authorities made sustainable efficiencies?

In the absence of data to analyse whether efficiencies have been enough to meet demand in neighbourhood services, changes in local authority reserve levels provide a useful indicator of the sustainability of local authorities' financial position.

Figure 3.7 **Change in usable local authority reserves, since 2009/10**
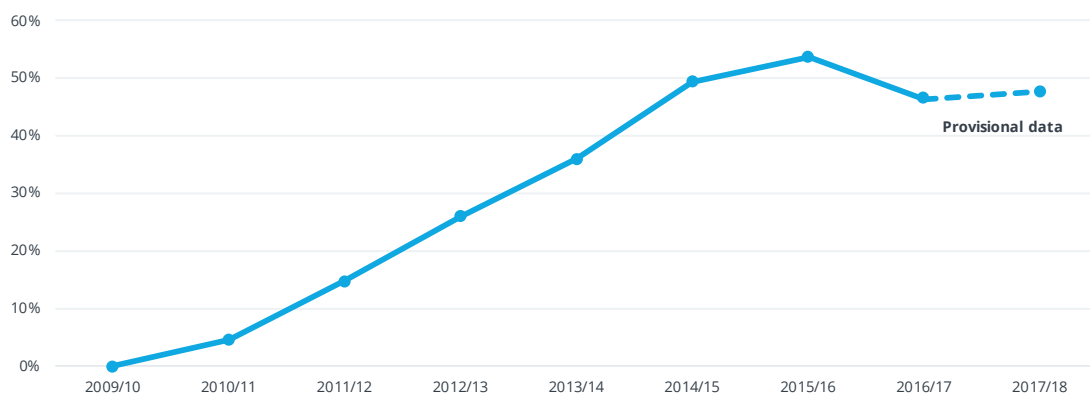
Source: Ministry of Housing, Communities and Local Government, 'Revenue Expenditure and Financing England', Revenue Outturn Summary (RS)

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*   Although given that the number of volunteers increased at the same time, this is only an efficiency for the public sector.

Local authorities built up their reserves in the early years of austerity – shoring themselves up against further spending cuts and uncertainty about future funding.[37] This uncertainty has not gone away,[38] but reserves have fallen since 2015/16 – suggesting that local authorities are struggling to meet their day-to-day costs.

This is because drawing down from reserves is one of the only things that local authorities can do if the efficiencies they have made are not enough to enable them to meet demand within the money that Westminster has given them or allows them to raise. They are not allowed to run deficits. In truly drastic circumstances, local authorities can issue a Section 114, prohibiting any new expenditure beyond that which is legally required – as Northamptonshire did twice in 2018, for its 2017/18 and 2018/19 budgets respectively.[39]

Reserves are not an ideal indicator of service performance. In individual local authorities, changes in reserves are likely to reflect specific local issues. But overall, trends in local authority reserves indicate whether local authorities can continue to meet their day-to-day costs each year – and whether efficiencies have been sufficient to meet demand.

Initially, local authorities increased their total usable reserves* by 54% in real terms between 2009/10 and 2015/16. But reserve levels then fell by 5% between 2015/16 and 2016/17. This indicates a turning point in local authority behaviour, as more councils decided to spend their reserves rather than increase them.

Since then, reserves have increased again: by 1% between 2016/17 and 2017/18. This, however, primarily owes itself to an injection of emergency cash for social care – in the form of the improved Better Care Fund and the Council Tax precept for social care. Both must be spent on social care and are currently only forecast to last until 2019/20.[40] Without these cash injections, local authorities may have drawn down more of their reserves in the past year.† Local authority revenues would have been cut 5.1% in real terms between 2016/17 and 2017/18 without this extra money.[41]

Drawing down reserves does not necessarily mean that local authorities are not financially sustainable. Local authorities can draw down prudently, by using reserves to meet the upfront costs of one-off 'invest-to-save' projects, such as investing in road maintenance to reduce later insurance claims.[42] Local authorities do not report what they spend their reserves on, so we cannot say whether their use of reserves has been prudent or not.

However, we can see whether, and by how much, local authorities planned to use their reserves in a given financial year. Unplanned uses of reserves – where local authorities either use reserves without budgeting for it or use more reserves than they budgeted to – are likely to indicate that local authorities are using reserves to top up day-to-day spending, perhaps having struggled to implement savings plans or manage costs. The National Audit Office calculates that unplanned withdrawals from reserves increased from £114m in 2010/11 to £658m in 2016/17,[43] the only years for which figures can be calculated.

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* We define usable reserves as total earmarked and unallocated reserves not specifically ringfenced for public health or schools.

† It should be noted that unallocated reserves – the reserves that local authorities can use to cushion unexpected in-year financial pressures – have been consistently falling since 2014/15.

Local authorities do not look like they can continue to deliver the same quantity and quality of services without dipping into reserves to finance day-to-day activity. Reserves can only be used once: local authorities who spend theirs to manage their regular activity will not find the practice sustainable.[*]

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[*] For example, the independent Caller Review into Northamptonshire found that the council had made significant use of one-off reserves to balance its budget. See Caller M, *Northamptonshire County Council Best Value Inspection*, The Stationery Office, 2018, pp. 9–10.

4 Law and order

The police

Spending by the police has fallen considerably since 2009/10, and so has the number of police officers. Meanwhile, the nature of demand on the police is changing, with the service reportedly responding to more 'non-crime' work such as dealing with people in a mental health crisis. Inspections of forces suggest that quality has been maintained, but a number of warning signs have emerged in recent years, such as the decline in offences resulting in charges. Public concern with crime and 'victim dissatisfaction' are rising.

This section discusses the 43 police forces that cover England and Wales. The key task of the police is of course to respond to and investigate crime, which can range from theft to terrorism, and also to work to prevent crime (through education, for example). The police also deal with non-crime work, such as providing community reassurance, tracing missing people and responding to people in a mental health crisis.

Spending on the police has fallen by 18% since 2009/10

Figure 4.1 **Change in net expenditure on police services in England and Wales (real terms), since 2009/10**
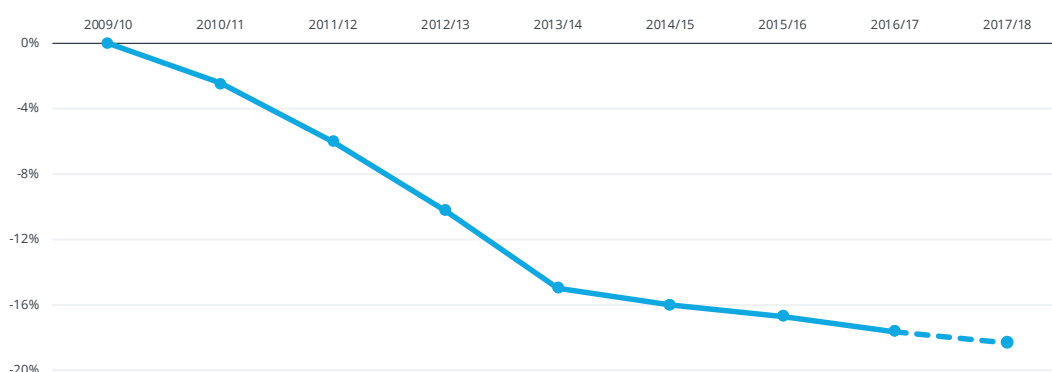
Note: 2017/18 figures for Wales are an estimate – actual figures may be different.

Source: Ministry of Housing, Communities and Local Government, 'Local Authority Revenue Expenditure and Financing in England' and 'General Fund Revenue Account: Police Outturn'; StatsWales, 'Revenue Outturn Expenditure Summary'

In 2017/18, net expenditure on police services in England and Wales was around £11.8 billion (bn). This is a fall of 18% in real terms from levels of spending in 2009/10, but the pace of the reduction has slowed in recent years. Forces have been responsible for implementing spending reductions themselves, with no single approach mandated by government.

There is evidence that, in the past two years in particular, police forces have started using their reserves to bolster their day-to-day spending. In March 2017, police forces held a total of £1.7bn in resource reserves. This is an increase from the £1.4bn they held in 2011 (a real-terms rise of around 8%). However, much of this growth took place before March 2015 – since then, reserves have fallen by 22% in real terms.[1] The number of forces that are using their reserves has also increased (from 14% in 2011/12 to 62% in 2016/17).[2] Earlier this year, Her Majesty's Inspector of Constabulary and Fire & Rescue Services (HMICFRS) warned that some forces are using their reserves to "shore up" their current operations, arguing that this is a short-term strategy that will work only "until the money runs out" (especially as commissioners are required to balance their budgets).[3]

Demands on the police are not clear, but appear to be changing

The police have a responsibility to uphold law and order, so a key measure of the demand the service faces is the amount of crime taking place. There are different measures of determining crime levels (which provide different figures), but the most consistent and long-term method is the Crime Survey for England and Wales (CSEW).

The CSEW is a victimisation survey, asking the general population about their experiences of crime. This means it is less affected by reporting practices, and can also capture crimes that are not reported to the police. According to the CSEW, crime (excluding fraud and computer misuse) has fallen by 35% since 2009/10, to 6.1 million (m) incidents. This continues a general downward trend of crime that has been taking place since the late 1990s.[4] The best measure of overall crime levels, therefore, suggests that they have declined.

However, the CSEW is not good at measuring high-harm but low-volume crime (such as homicide and sexual offences) and does not include crime without a direct victim (such as drug possession). Therefore it is valuable to also consider the number of 'police-recorded' crimes. These figures initially dropped as well (by 7% between 2009/10 and 2013/14). However, police-recorded crime has increased considerably in recent years, meaning there has been an overall increase of 27% in police-recorded crime since 2009/10, to 5.5m incidents.[5]

The Office for National Statistics has said that part of the increase in police-recorded crime is the result of improved recording practices and an increase in victims reporting sexual assault crimes (following high-profile coverage of these offences). However, it also believes that there have been genuine increases in certain crimes, particularly violent crimes.[6] For example, the police recorded a 16% increase in offences involving knives over the past year. This increase is corroborated by a 14% increase over this period in medical admissions for assault by a sharp object.[7]

As well as dealing with more violent crimes, the police are facing new types of crime: in particular, online crime. In 2017/18 the CSEW found nearly 3m incidents of 'cyber' crime, where the internet was involved in some way. This data is very new, so it is not included in the overall CSEW crime figures.[8] It is therefore possible that the apparent fall in overall crime levels reported in the survey since the 1990s in fact represents in large part a shift of criminal activity onto the internet.[9]

These figures suggest that the police are facing new challenges in dealing with crime. But forces are also believed to be spending increasing amounts of their time dealing with incidents that do not actually involve a crime.[10]

Incidents in which mental health is a factor have attracted particular attention, but there is only disparate data on this. Data from the Metropolitan Police in 2017 showed that within the 5m phone calls they received that year, there were an average of 315 calls per day in which concern was expressed for a person's mental health. This is an increase from 237 in 2012, which the Metropolitan Police suggested was due to cuts to mental health services in the NHS.[11]

There are other disparate measures for what is happening to other types of incidents that the police deal with, for example calls made to report missing and absent people (which have gone up) and antisocial behaviour incidents (which have gone down).[12] But without systematic data on all of the non-crime incidents that the police respond to, and how much of their time is spent on them, we cannot clearly understand exactly how much demand for their services the police are facing.

Input: overall staff levels have fallen, and there are concerns about staff shortages in some roles

Figure 4.2 **Change in the number of police officers (full-time equivalent), as of 31 March, since 2010**
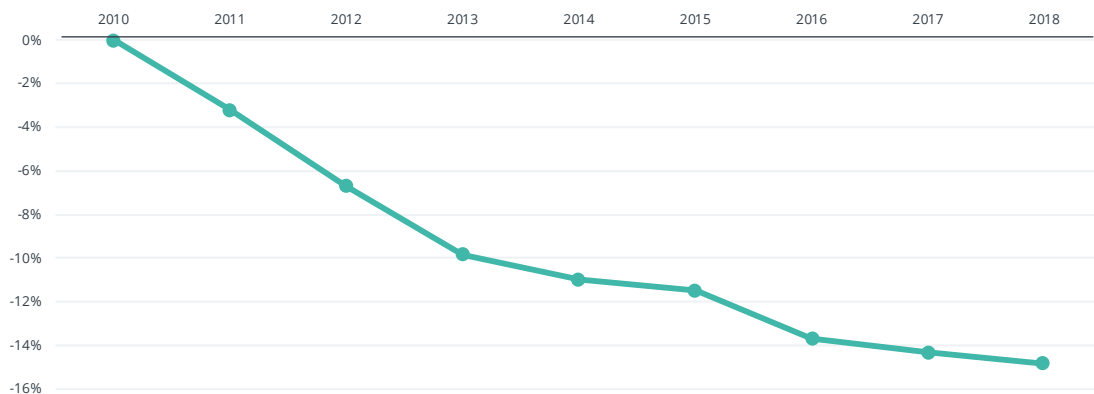
Source: Home Office, 'Police Workforce England and Wales Statistics', Table H3

At the end of March 2018 there were 122,404 police officers in England and Wales* – 15% fewer than in March 2010, and 0.6% fewer than the previous year. The decline in police numbers since 2010 has reversed the workforce expansion that occurred during the 2000s, meaning that by 2016 there were fewer police officers in England and Wales than there were in the late 1990s.[13]

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*   Staff numbers refer to full-time equivalents unless otherwise stated.

Law and order

Forces have made these cuts in different ways, and targeted different parts of the workforce differently – with resources for the most serious issues being better protected. For example, since 2015 there has been a 25% increase in the number of officers who primarily work in the firearms unit (particularly in the past year as the Home Office has sought to boost armed capability in response to terrorist threats), but a 12% reduction in local policing.

There is also a reported shortage of detectives. In its 2017 evaluation of police effectiveness, the HMICFRS reported a 'national crisis' in the number of investigators, estimating a 17% shortfall of more than 5,000 staff. It believed that this would have implications for the quality of investigations and victim care. Meanwhile, 75% of existing detectives reported that their workload was too high.[14] In 2018, the Home Office unveiled a new scheme through which university graduates can be fast-tracked to detective rank. Rather than the two years it usually takes for a police officer to specialise as a detective, graduates will now undertake a 12-week programme. The scheme is expected to increase detective numbers by 1,000 over five years.[15] This follows earlier moves by some forces, such as the Metropolitan Police, to allow direct entry into detective roles, without applicants having to first serve on the beat.[16]

Overall, the size of the entire police workforce fell by 18% between 2010 and 2018 (from 244,497 to 199,752) – because numbers of other types of staff declined more than the number of police officers. Over the same period, the number of police community support officers fell by 40% and civilian staff by 21%.

Input: workforce morale has been maintained overall, but long-term sick leave and pay dissatisfaction have risen

Figure 4.3 **Number of police officers on long-term sick leave, as of 31 March, since 2013**
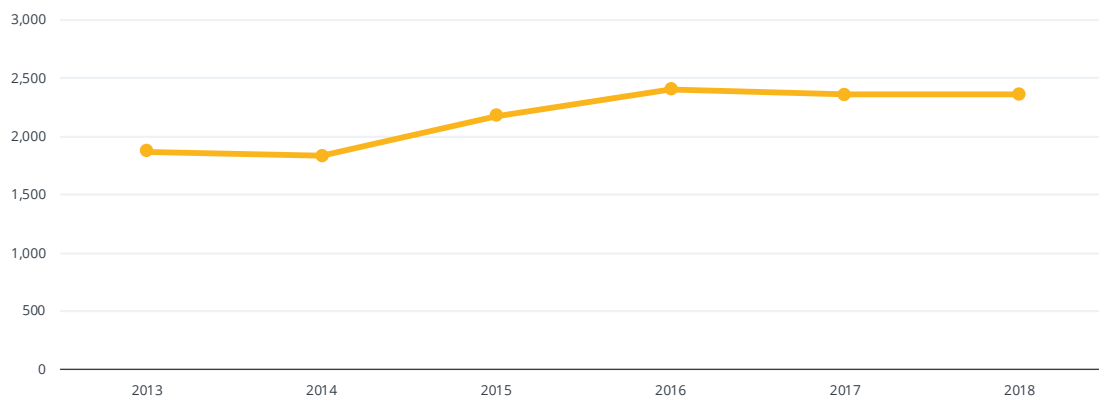
Source: Home Office, 'Police Workforce England and Wales Statistics', Table W1

Rates of long-term sick leave are one indicator of workforce morale. On 31 March 2018, 2,362 police officers were on long-term sick leave (about 1.9% of the workforce). This represents an overall increase since March 2013, when 1,873 police officers (1.4% of the workforce) were on long-term sick leave, but numbers have remained fairly flat over the past two years. Forces have reported an increase in the number of officers on sick leave as a result of mental health problems, although this can cover a range of issues from job-related stress to family bereavement, and may also reflect better awareness of mental health issues.

The Police Federation's latest survey of pay and morale suggests that morale is very low, but that it is not getting worse: 58.7% of respondents reported low personal morale and 94% reported low police service morale in 2018, compared with 59.1% and 94% respectively in 2014). At the same time, there has been an increase in the proportion of officers stating that their morale is negatively affected by workload and responsibilities – from 52.4% in 2016 to 61.7% in 2018 – and by pay and benefits – from 70.9% in 2016 to 76.5% in 2018.[17]

The CSEW also indicates an increase in the number of assaults on police officers. While the data is likely to be an underestimate, and comparability across forces is difficult, it is possible to observe an apparent rise in incidents in recent years.[18] Assaults (without injury) on a constable increased by 15% overall between 2009/10 and 2017/18 (from 15,781 to 18,114); they initially fell by 9% up to 2014/15, before substantially increasing. For the first time, in 2017/18 there was also a collection of data on the number of assaults (with injury) on constables, with 8,181 assaults recorded.[19]

Output: the police may be doing more work, but not without making trade-offs in the service provided

There is no clear data on police activity. The rise in police-recorded crime indicates that the police are undertaking more work, but this does not take into account the work needed to deal with incidents that do not end up recorded as crime, which – as previously discussed – may also be rising. This is particularly significant, as HMICFRS data on forces' responses to emergency and priority incidents in 2016/17 found that only 24% of the incidents they responded to were crime related. Meanwhile 64% of the incidents were non-crime related (such as missing persons or responding to a car accident) and the remaining 12% were responding to anti-social behaviour.[20] Without access to better data on what police officers spend their time on, we cannot say with any precision what has happened to levels of output.

Meanwhile, there is evidence that the police are having to change how they respond to crime, in the face of reduced spending. The National Audit Office has noted that the police are doing less proactive work: since 2010 "there have been fewer breathalyser tests, motoring fixed penalty notices and convictions for drugs trafficking and possession".[21]

There are also suggestions that some forces are having to make trade-offs about which crimes to investigate. For example, Freedom of Information requests of 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 that are more likely to be solved.[22] This internal guidance included not opening full investigations into lower-level offences where there was no CCTV (closed-circuit television) footage or the cost of damage was less than £50.[23] Vehicle thefts, burglary and criminal damage were among the most common offences not receiving further investigation.[24]

Furthermore, the decline in the proportion of offences that result in charges being brought suggests that the police may be struggling to keep up. In 2017/18, only 9% of offences resulted in charges, nearly half the 17% rate in 2013/14. There is significant variation in the charging rate for different types of crime; 40% of possession of

weapons offences resulted in charges in 2017/18, compared with only 5% of sexual offences (although it should be noted that the final charging rate for these sexual offences may be higher, as more than a quarter of them did not yet have an outcome by the end of the year). But the decline in the proportion of crimes resulting in charges has taken place across all categories of crime, with the greatest change for sexual offences and the least for drug offences.[25]

Output: the quality of policing appears to have held up, but public concern is rising

Levels of crime are not a good measure of the quality of the police. As well as being difficult to measure accurately, crime levels can be affected by a broad range of factors beyond the work of the police: for example, reductions in vehicle crime may relate more to technological improvements by car manufacturers than to police work. Other indicators of quality are therefore helpful, including inspection data and public satisfaction levels.

Figure 4.4 **Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services' police effectiveness, efficiency and legitimacy (PEEL) ratings, 2017**

■ Outstanding ■ Good ■ Requires improvement ■ Inadequate
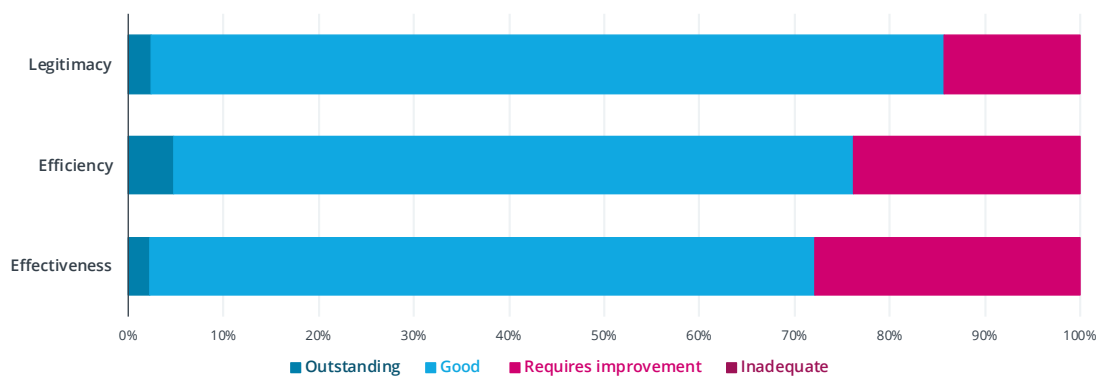
Source: Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 'State of Policing', 2017

The HMICFRS conducts annual inspections of all 43 police forces, based around three criteria: effectiveness, efficiency and legitimacy.[*][26] In 2017, the majority of forces were judged to be 'good' or 'outstanding' on all three measures. On the theme of legitimacy, 86% of forces were rated good or outstanding, a 2% fall on 2016. On efficiency, 76% were rated good or outstanding, a 5% fall on 2016. On effectiveness, 72% were rated good or outstanding, a 5% increase on 2016.[†] Summing up, the HMICFRS stated that while more forces improved than worsened, it is concerned that "in a minority of forces, the service is overwhelmed in some aspects of policing".[27]

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* HMIC defines effectiveness as "an assessment of whether appropriate services are being provided by each police force and how well those services work"; efficiency as "an assessment of whether the manner in which each force provides its services represents value for money"; and legitimacy as "an assessment of whether, in providing services, each force operates fairly, ethically and within the law".

† In 2017, Greater Manchester Police did not receive a full inspection, by agreement with the HMICFRS, following the terrorist attack that occurred in May 2017. As such, it did not receive grades for either efficiency or legitimacy, and so is not included in the figures provided by the HMICFRS for either of these themes.

Overall public confidence with the police, measured by the CSEW, has remained largely unchanged since 2011/12, with 62% of people in 2017/18 rating the police as good or excellent.[28] But while confidence in police services does not appear to have changed significantly, public concern with the problem of crime appears to be on the rise. In the April 2018 Ipsos MORI Issues Index, this concern reached its highest level in seven years, with 23% of people reporting crime as one of the most important issues facing Britain today.[29]

Figure 4.5 **Victim satisfaction with the police, since 2009/10**
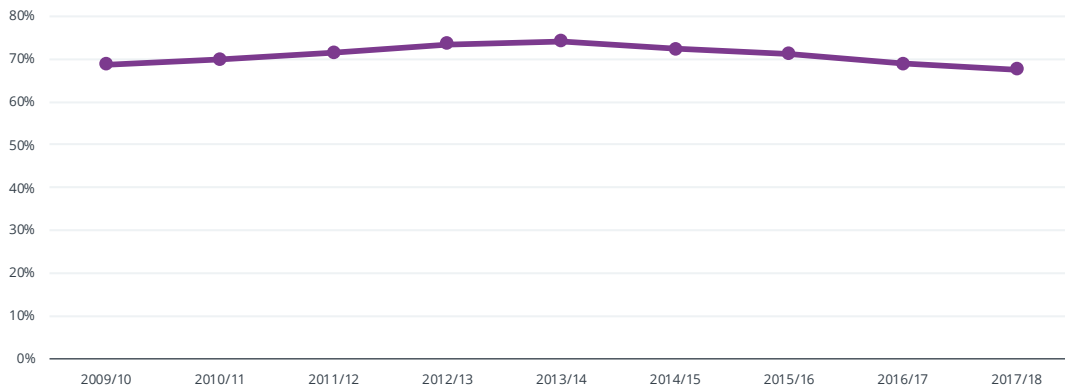
Source: Office for National Statistics, 'Crime Survey for England and Wales', Supplementary Tables

Most people have little direct contact with the police. So victim satisfaction rates give us more direct access to their performance. Following improvements in victim satisfaction and reductions in victim dissatisfaction up to 2013/14, in recent years these positive trends appear to have reversed. In 2017/18 satisfaction was 68% (below the 69% in 2009/10).

There has also been a growing concern with the visibility of the police ('bobbies on the beat') and the role that this plays in preventing crime. While falling numbers of local police officers are not necessarily a bad thing, given the changing nature of crime, it is of concern to the public. The percentage of respondents to the CSEW reporting high visibility of foot patrols declined considerably from 39% in 2009/10 to 21% in 2017/18. The proportion reporting that they 'never' see police foot patrols also increased from 27% to 42% over the same period.

Have the police become more efficient and can that be maintained?

Evidence suggests that the police have become more efficient since 2009/10. They have responded to considerable funding reductions without an obvious decline in the level of activity they are undertaking. Between 2009/10 and 2013/14, this was accompanied by increasing victim satisfaction with the police service. However, this satisfaction has been declining since 2013/14, as has the proportion of offences resulting in charges (for all types of crime). Meanwhile, the workforce is seemingly feeling the strain, with increases in sick leave and assaults on staff, and declining morale. These warning signs raise questions about whether all of the efficiencies achieved in the past few years can be sustained.

These efficiencies have been achieved through a mixture of productivity improvements and economy drives. Spending reductions resulted in the overall workforce declining (including a 15% fall in officer numbers) even as police activity rose. This clearly indicates improvements in productivity, although it is difficult to ascertain the extent, as data on police activity is limited. Recorded crime data gives only an overall sense of the volume of crime-related activity that the police undertake. Some crimes require far more investigation than others, and so involve more activity. Although some forces collect data on average investigation times for different kinds of crime, this is not standardised and is not published. Data on non-crime activity is also patchy, meaning that it is difficult to understand the true extent of productivity increases.

There is also evidence of economies, most clearly from the Government's public sector pay cap. In 2010, wages were frozen for two years, and from 2013 increased by 1% each year, in line with the cap. However, the cap has now been loosened: in 2017 the police were awarded a 1% bonus and from 2018 have been given a consolidated pay rise of 2%.[30]

The Government made further attempts to produce efficiencies from staff pay and conditions. Between 2010 and 2012 the independent Winsor review made 183 proposals to save the service £485m over three years and to extend support to experienced and skilled officers. These reforms included changing pay and bonus structures, and introducing new qualification requirements. However, these changes were possible due to cuts to other parts of the service (especially office jobs) and faced criticism from within the sector. Although most of the recommendations were implemented in some fashion, 28 (including changes to weekend working pay and stand-by allowance) were not taken forward as the Police Staff Council did not accept the recommendations.[31]

Clear reductions in spending and the workforce, at the same time as crime-related police activity has possibly risen, suggest that there have been productivity improvements in the police since 2010. But while inspection ratings and public satisfaction have not changed significantly, it does not appear that these changes have taken place without any impact on quality, such as victim satisfaction and charges. And the limited data available on many aspects of police activity makes it difficult to understand the scope for any further productivity improvements.

Have efficiencies been enough to meet demand?

There are signs which suggest that efficiencies have not been enough to meet demand over the period from 2009/10 to 2017/18, in which spending has declined. Although it noted that the police appeared to be prioritising 'life and limb' and 'in action' crime, in March 2018 the HMICFRS reported that almost a quarter of forces were struggling to deal with 999 calls in a sufficiently timely way.[32] There are further concerns that the rise in waiting times leads to more abandoned calls. For example, a Freedom of Information request has found that across 32 forces, the number of 999 and 101 calls that were abandoned more than doubled between 2015/16 and 2016/17.[33] The National Audit Office has also noted another increase in 'queuing' within the service, as the time taken to charge an offence increased from 14 days in March 2016 to 18 days in March 2018.[34]

However, the question of whether efficiencies have met demand is made difficult by the absence of consistent data on many aspects of the demand that the police face, how it is changing, and the activities they carry out. The clearest consistent data there is on demand for police services relates only to crime. Although the different indicators suggest different results, the Office for National Statistics has concluded that there is likely to have been real increases in some crimes.[35] A leaked Home Office document also suggests that government believes that crime-related demands on the police have increased (possibly due to fewer officers).[36]

At the same time, the data suggests that the nature of demand is changing. The police have had to deal with several major terrorist incidents in the past 18 months, while at the same time there have been increases in recorded numbers of knife crimes.[37] In April 2019 the Government announced a £40m Serious Violence Strategy to address these increases. Crime is also increasingly online, requiring new and expensive digital forensics to tackle it. Beyond this, many forces suggest that they are experiencing increases in non-crime demand, such as mental health incidents – but there is no national-level data on this. Increases in non-crime incidents would be significant, as estimates suggest that more of police time is spent on non-crime than crime demand.[38]

In 2017 the HMICFRS reported that 33 of 43 forces are good or above at understanding local demand – but without common standards for measuring demand, the national picture is still unclear. The HMICFRS has sought to address this, with all forces tasked with creating 'force management statements' between 2018 and 2020. These are self-assessments by chief constables, which seek to answer what demand their force expects to face, how they will expand their capability and efficiencies, and the funding that this will need. However, the National Audit Office has said that the early statements vary in quality and use data in different ways, concluding that there has been little improvement in analysing demand since 2015.[39]

The Government (and police forces themselves) need a clearer picture of demand to understand whether police forces have been able to work more efficiently to meet changing demands within constrained budgets. They need to understand, too, what scope there is for further efficiencies across police forces and what resources are likely to be required to meet the Government's aspirations for tackling crime.

Criminal courts

Spending by Her Majesty's Courts and Tribunals Service (HMCTS) has fallen by 23% in real terms since 2010/11. An increase in the typical complexity of cases means that the demands placed on the criminal courts system have not fallen as quickly. At the same time, HMCTS has begun to pursue an extensive programme of reforms to streamline the operation of the courts.

Between 2010/11 and 2015/16, criminal courts struggled somewhat to keep up with new demand. Since then they have managed to reduce waiting times and clear some of the backlog of cases, despite continued cuts to spending and the workforce. This suggests that the courts are processing criminal cases more efficiently, but it does not tell us what has happened to the quality of justice dispensed in those trials or people's ability to access justice. These issues are harder to assess quantitatively, but anecdotally are of growing concern. Whether all of the recent efficiencies can be sustained will depend on these concerns.

Criminal courts in England and Wales are run by HMCTS, which oversees all criminal, family and civil cases and tribunals in England and Wales.[*] HMCTS is an executive agency within the Ministry of Justice (MoJ).[†]

In 2017/18 HMCTS operational spending totalled £1.8 billion (bn).[1] This covers the day-to-day running of the service and the costs of transforming ways of working, but excludes capital spending, such as on new court buildings.

It is not possible to identify exactly how much of this was spent on running criminal courts, as many of the staff and other resources employed by HMCTS are used to support both criminal and civil cases. However, information is separately available on the activities going on in criminal courts and their performance.

This chapter focuses on criminal courts in England and Wales. But – more so than with any other service examined in this report – we would struggle to give an accurate picture of their performance without reference to other parts of the criminal justice system. Changes in spending on other related services and programmes – in particular, legal aid and the Crown Prosecution Service (CPS) – have important knock-on effects on criminal courts. These are also discussed below.

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[*]   Tribunals predominantly cover employment, immigration and benefits cases.

[†]   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 fallen by 23% since 2010/11

HMCTS operational spending fell in cash terms from £2.1bn in 2010/11 to £1.8bn in 2017/18. This equates to a 23.2% fall in real terms.* Over the same period, government funding of HMCTS fell by 39.8% in real terms. This was partially offset by an increase in the fees charged to users of the non-criminal parts of the system. Income from these fees grew by 36.8% in real terms over this period. The fees – in most cases – cannot exceed the unit cost of delivering the service in question and must be used to ensure an efficient courts and tribunals service.† But this still means there can be some cross-subsidy within HMCTS, whose staff and estate cover criminal and non-criminal courts.

Figure 4.6 **Change in spending on courts and tribunals in England and Wales (real terms), since 2010/11**
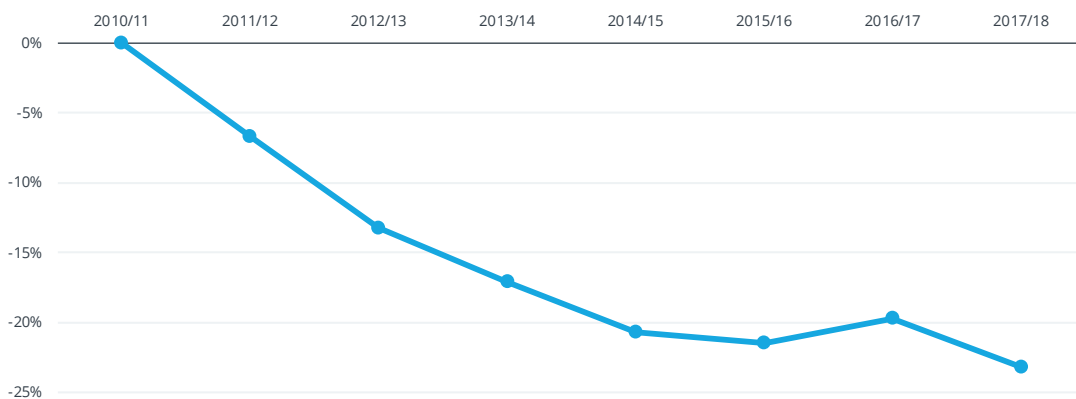
Source: Total operating expenditure taken from Her Majesty's Courts and Tribunals Service, 'Annual Reports and Accounts'

Since 2010/11 HMCTS has used increases in fees for some parts of the courts and tribunals system to help compensate for cuts to central government funding. But its ability to push this any further is likely to be limited. In July 2017, the Supreme Court ruled that the fees charged for employment tribunal cases were unlawful, requiring HMCTS to refund these fees. Following a review of all of its fees, HMCTS has identified a number of other areas where fees had been charged erroneously or had been set too high – that is, above the unit cost.[2] As a result, it has had to reduce some of the fees it charges and has put in place a more robust system to scrutinise fee increases.

There have been a number of reform programmes in HMCTS over the past few years, which have been designed to streamline the trial process and thus save money. The most recent set of reforms – which includes 52 individual projects across the criminal and civil courts and tribunals service[3] – began in 2016 and has been described by the Public Accounts Committee as "hugely ambitious and on a scale which has never been attempted anywhere before".[4] The reforms are expected to cost over £1bn and aim to save £265 million (m) a year (equal to around 14% of HMCTS's operational budget in 2017/18) by 2023.

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* HMCTS was created in April 2011 through the merger of HM Courts Service and the Tribunals Service. Figures for spending by the combined entity are available for its first year of operation (2011/12) in the HMCTS annual report for 2011/12. That report also contained a figure for the equivalent combined spending by the two separate organisations in 2010/11 but not for earlier years. It is for this reason that we focus here on changes in spending and performance that have occurred since 2010/11.

† 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.

In the criminal courts, the reform programmes aim to support digital working throughout the criminal courts and enable all participants in the criminal justice system to work from the same information to reduce duplication of effort. They also set out to introduce more consistent working practices and allow HMCTS to deal with some matters outside court to reduce costs.[5]

It was widely acknowledged that the court system was in need of reform. Many activities relied on outdated systems and paper-based processes. Sir Terence Etherton, Master of the Rolls, said in June 2017 that without "radical change" the only prospect was "'the managed decline' of the justice system".[6] Senior tribunals judge Sir Ernest Ryder noted in March 2016 that austerity "provides the spur to rethink our approach from first principles".[7]

But concerns have been raised – by the Infrastructure and Projects Authority[8], the National Audit Office[9] and the Public Accounts Committee[10] – about HMCTS's ability to make the ambitious reforms. Commentators, practitioners and justice experts have also raised concerns about the impact of the reforms – which have focused on making the courts faster, more efficient and more economical – on the quality of justice dispensed.[11]

Demand: criminal courts are receiving fewer cases...

Two types of court are primarily responsible for dealing with criminal cases: magistrates' courts and the Crown Court.[*] All criminal cases begin in magistrates' courts and more than 90% of them stay there – including all less-serious, so-called 'summary', offences (such as motoring offences). Some more serious offences (known as 'either way' offences because they can be heard in either a magistrates' court or the Crown Court) may be passed on to the Crown Court (if the defendant or magistrate asks for this to be happen). The most serious offences, known as 'indictable only' offences – such as murder and robbery – are always passed to the Crown Court.

Figure 4.7 **Number of criminal cases received by the Crown and magistrates' courts (thousands), since 2010/11**
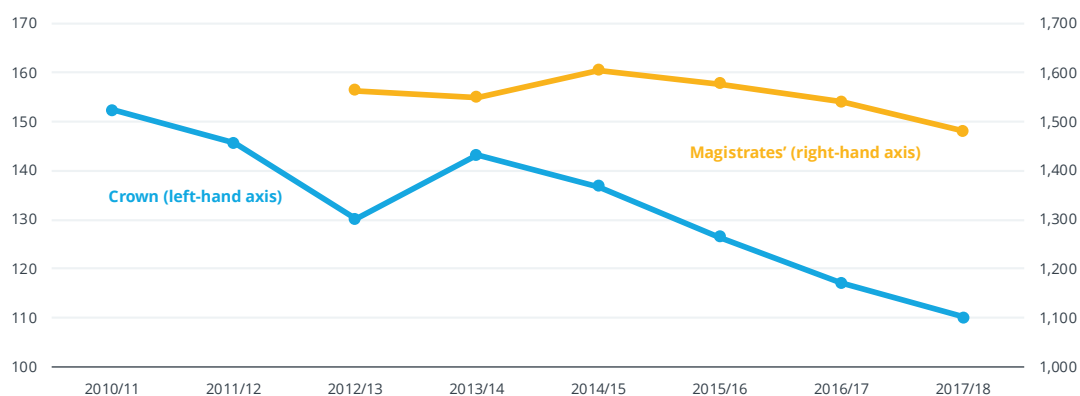
Source: Ministry of Justice, 'Criminal Court Statistics Quarterly', Tables C1 and M1

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* Some magistrates' courts – known as youth courts – specifically hear youth cases.

Between 2010/11 and 2017/18, the number of criminal cases received by the Crown Court fell by 27.7% (from 152,456 to 110,228). This includes cases received for trial at the Crown Court, cases passed by the magistrates' court to the Crown Court for sentencing[*] and appeals against the decision of a magistrates' court.

The number of cases received by the courts depends on the police and CPS, who are responsible for deciding which cases to prosecute. As our analysis of the police outlines, the proportion of recorded crimes for which the police or CPS charged a suspect fell between 2013/14 and 2017/18. This helped to reduce the number of cases arriving at the Crown Court. The decline between 2010/11 and 2017/18 followed a six-year period when the number of cases received by the Crown Court increased every year: the number of cases grew by 25.2% between 2004 and 2010.[12]

In magistrates' courts the number of cases rose marginally between 2012/13 (the first year for which data is available) and 2014/15, before falling by 7.7% between 2014/15 and 2017/18 (from 1.6m to 1.5m). At the same time, reforms have been put in place to try to actively reduce demand on magistrates' courts. Since August 2014, those charged with relatively minor motoring offences have been able to submit their pleas online. The Single Justice Procedure, introduced in 2015, allows one magistrate (assisted by a legal adviser) to rule on certain minor, summary offences outside the court room.

Demand has declined more rapidly in the Crown Court than in magistrates' courts because of an active policy change, which was designed to ensure that more 'triable either way' cases are heard in magistrates' courts rather than the Crown Court. Following Sir Brian Leveson's *Review of Efficiency in Criminal Proceedings* (which reported in January 2015),[13] the Sentencing Council revised its guidelines to clarify that "cases should only be sent to the Crown Court for trial when they are clearly unsuitable for trial in magistrates' courts".[14] These new guidelines came into force on 1 March 2016. The explicit aim of this policy was to ensure that "more cases will be retained for trial and sentence in the magistrates' courts".[15]

... but cases have become more complex

Figure 4.8 **Sexual and drug offences as a proportion of criminal cases received by the Crown Court, since 2010/11**
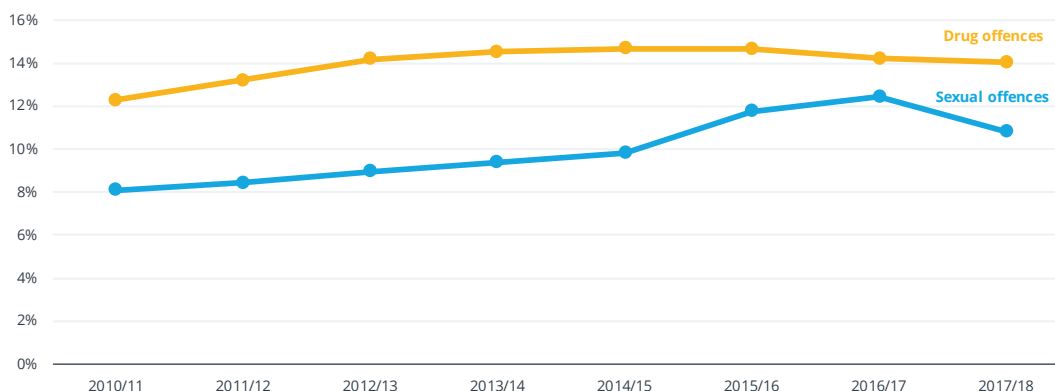
Source: Ministry of Justice, 'Criminal Court Statistics', Crown Court Statistics Data Tool

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[*]   Magistrates are able to impose a maximum sentence of six months for a single offence, or up to 12 months for multiple offences. Cases heard in the magistrates' court but requiring a longer sentence are passed to the Crown Court for sentencing.

Although the number of cases received by the Crown Court has fallen, there has been an increase in the proportion of cases that are more complex, such as sexual offences, drug offences, terrorism and organised crime.[16] The Lord Chief Justice concluded in his 2017 annual report that "it appears that the reduction in the number of cases is counterbalanced by the increase in complexity and length".[17] Cases related to organised crime often have multiple defendants, for example.

As Figure 4.8 shows, in 2017/18, 10.8% of Crown Court cases involved sexual offences and 14.1% involved drug offences, compared with 8.1% and 12.3% respectively in 2010/11. However, the trend towards greater complexity appears to have plateaued recently.

These more complex types of cases typically take longer to hear. For example, defendants in sexual offence cases are less likely to plead guilty than those charged with other offences[*] – meaning it takes longer for the case to reach a conclusion. In 2017 it took an average of 204 days from when a sexual offence was first listed in the magistrates' court to when the court case completed, compared with 28 days on average for all types of crime.[18][†]

The rise in the volume of cases alleging sexual offence for most of the period from 2010/11 was in part attributable to historic sexual abuse cases.[19] The Leveson reforms – which, as mentioned above, aimed to ensure that simpler cases remain in the magistrates' courts – have also meant that the average complexity of cases now being passed to the Crown Court is higher.

There is also evidence that cuts to legal aid (described in Box 4.1) have imposed additional burdens on criminal courts. Cases involving unrepresented defendants typically take longer to hear and some judges report that they have felt obliged to assist unrepresented defendants.[‡] Official statistics suggest that there has been no increase in the share of unrepresented defendants in the Crown Court, although there has been an increase in the share of defendants without a solicitor.[§] But no official figures are available on how many people are unrepresented in magistrates' courts.

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* For cases heard at the Crown Court in 2017, 66.7% of all defendants pleaded guilty. But the figure was only 35.0% for those charged with sexual offences. See Ministry of Justice, 'Criminal court statistics: January to March 2018', Table AC6, Ministry of Justice.

† For more information, see Office for National Statistics and Ministry of Justice, 'An overview of sexual offending in England and Wales', GOV.UK, 2013, retrieved 21 September 2018, https://www.gov.uk/government/statistics/an-overview-of-sexual-offending-in-england-and-wales.

‡ In 2017, 11.3% of represented defendants had only one hearing to conclude their case, while 14.6% required six or more hearings. For unrepresented defendants, the equivalent figures were 7.5% and 24.2% respectively. See Ministry of Justice, 'Criminal court statistics: January to March 2018', Ministry of Justice.

§ In 2017, 5.3% of defendants in the Crown Court did not have an advocate at their first hearing, compared with 4.9% in 2010. The share of defendants without a solicitor at the time of their first hearing rose from 2.5% in 2010 to 20.4% in 2015, before falling to 13.0% in 2017. See Ministry of Justice, 'Criminal court statistics: January to March 2018', Table AC10, Ministry of Justice.

Box 4.1: Legal aid spending has been cut sharply, with potential consequences for the functioning of the courts and the quality of justice that defendants receive

The legal aid system makes public funds available to eligible individuals to meet some or all of the costs of instructing solicitors and barristers to represent them in civil and criminal cases. In criminal cases the prosecution is also publicly funded (through direct funding, rather than through legal aid) and conducted by the CPS or other prosecutors such as Transport for London or the Driver and Vehicle Licensing Agency (DVLA).

As part of the Government's efforts to cut public spending after 2010, the-then Secretary of State for Justice, Chris Grayling, announced wide-ranging cuts to the legal aid system in 2012 and 2013, with the aim of saving £220m a year by 2018/19.[20]

Even though some of the original proposals were abandoned, many changes were still implemented: means-testing for help with legal costs in criminal cases was introduced, and fees to solicitors, barristers and expert witnesses were cut.

Criminal legal aid spending fell by 32.1% in real terms between 2010/11 and 2017/18, from £1,175m to £891m (with both figures expressed in nominal terms).

The concerns raised by these cuts were well summarised in a letter from magistrate Christopher S Morley to the *Magistrate* magazine in January 2016:

> "At the heart of the adversarial system is the concept of 'equality of arms', with both sides being equally able to present their case. This has been so seriously undermined by the lack of access to legal aid that it has become a regular and disquieting feature of the magistrates' court to find defendants attempting to respond to a charge they don't fully understand, with no experience of the law or of legal procedures, against qualified professionals with all the resources of the CPS behind them… They constitute a real threat to the long tradition of a fair trial for all who appear before us."[21]

Failings within the CPS and the police also continue to put additional strain on the criminal courts system. For example, if the CPS decides to prosecute cases that it ought not to, it can waste court time on cases that quickly collapse, or cases may have to be adjourned if the CPS fails to disclose all relevant information to the defence. The role of the CPS and how its spending and performance have changed in recent years are described in Box 4.2.

Box 4.2: The Crown Prosecution Service (CPS)

The CPS prosecutes criminal cases in England and Wales. The first stage of its responsibility is to decide whether a case should be prosecuted at all and, if so, the appropriate charges. To pursue a prosecution, the CPS must be satisfied that there is sufficient evidence to provide a realistic prospect of conviction and that prosecution is in the public interest.

If a case is prosecuted, the CPS is then responsible for preparing the case and presenting it in court. For more complex cases, the CPS may instruct a barrister to argue the case in court. The CPS is also responsible for providing information, assistance and support to victims and prosecution witnesses.

Between 2010/11 and 2016/17 the CPS's budget for day-to-day spending was cut by 27.1% in real terms, before rising by 3.3% in real terms in 2017/18. Over this whole period, staff numbers were steadily cut, falling by 31.8% – from 8,094 in 2010/11 to 5,520 in 2017/18. Around four-in-ten of these are now lawyers, a proportion that has grown in recent years.[22]

The CPS has been part of several recent major reform programmes aimed at using resources more efficiently to improve the performance of the criminal justice system within a constrained budget.* These reform programmes have also involved the police, HMCTS and the judiciary.

The CPS's performance continues to be far from perfect, which has consequent costs for the courts, victims, witnesses, defendants and their legal representatives. For example, an investigation by Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI) – published in June 2017 and covering a sample of 420 cases heard at 13 magistrates' courts in early 2017 – found that in only 60.1% of these cases did the CPS comply with its legal responsibility to provide the defence with details of the prosecution's case before the first hearing.[23] In cases where the CPS fails to provide the relevant information, judges and magistrates will not proceed with the trial unless they can satisfy themselves that no prejudice would be caused to the defendant by proceeding.

HMCPSI's review also pointed to other ongoing problems. For example, in the cases examined, the CPS failed to provide feedback to the police in three-quarters of cases where the case file that the police passed to it was inadequate.[24] After the first hearing, the CPS carried out a timely review of the case in only 40% of cases where this was required.[25]

But, despite the spending cuts, there is evidence that the CPS's performance is improving – albeit from a low initial level. HMCPSI found that between the autumn of 2015 and early 2017 – based on a sample of case files from each of those periods – the proportion of ineffective first hearings that were primarily as a result of CPS failings fell from 22.2% to 15.4%.[26] Over the same period, the proportion of cases in which the CPS provided the defence with the required details of the prosecution case before the first hearing rose from 50.0% to 60.1%.[27] The proportion of the cases examined for which the CPS had carried out a proper and proportionate initial case review also rose, from 38.8% to 60.6%.[28]

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*   Transforming Summary Justice and Better Case Management.

Input: the number of HMCTS staff has fallen by a third

Figure 4.9 **Change in Her Majesty's Courts and Tribunals Service staff numbers (full-time equivalent), since 2011 Q2**
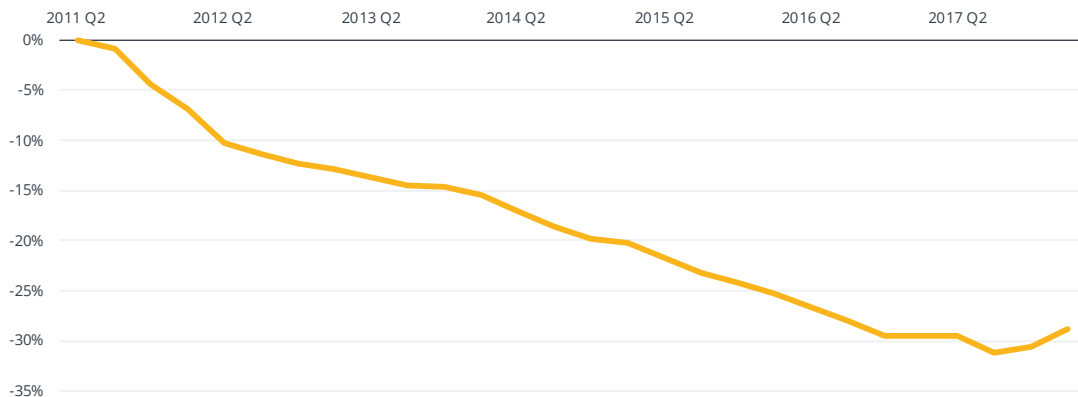
Source: Office for National Statistics, 'Public Sector Employment data', Table 9

HMCTS staff are responsible for administering and ensuring the smooth running of the courts and tribunals system in England and Wales, but they are not responsible for preparing, managing or prosecuting individual cases – which is handled by the CPS (see Box 4.2) – or for judging cases – which is done by the judiciary.

Staff costs made up 28.5% of total HMCTS spending in 2017/18. Since the formation of HMCTS in April 2011 (when HM Courts Service was merged with the Tribunals Service), the number of full-time equivalent (FTE) staff has fallen by 28.9% (from 19,850 to 14,120 in the first quarter of 2018). The size of the HMCTS workforce reached a minimum of 13,660 in the third quarter of 2017 before numbers started to rise gradually. More than two-thirds of HMCTS staff are employed in administrative and clerical roles.[29]

As part of HMCTS's plans for transforming how the service operates, it intends to reduce staff numbers to just over 10,000 by 2022.[30]

The decline in staff numbers has been roughly matched by a decline in real-terms spending on staff costs. HMCTS spent 35.2% less in real terms on permanent members of staff in 2017/18 than it did in 2010/11. This decline in the cost of employing permanent staff has been partially offset by a quadrupling of spending on agency staff, meaning total staff costs fell by 26.3% between 2010/11 and 2017/18. Some of these agency workers have been employed to provide specialist skills – such as software programming – required as part of the HMCTS transformation programme. But there has also been a sharp rise in the use of agency workers to carry out clerical and administrative tasks in the courts. In 2017 there were 1,747 FTE agency workers employed in such roles, compared with just 270 in 2011.[31]

The National Audit Office has raised concerns that HMCTS has cut staff numbers significantly before changes to working practices have been implemented and there are some signs of growing stress on the courts' workforce. Since December 2017, HMCTS has identified as "very high" risk their ability to "maintain a capable workforce leading up to and following delivery of the transformation programme".[32] Judges have

also reported concerns about court staff morale. Nearly two-thirds (64%) of respondents to the 2016 Judicial Attitudes Survey said that the morale of court staff was 'poor'. This was only marginally below the 65% of judges who said this in 2014. Unfortunately, no earlier data is available on judges' perceptions of staff morale, as 2014 was the first time the Judicial Attitudes Survey was fielded.

However, data is available for this entire period – from the Civil Service People Survey[33] – on staff self-reported attitudes and satisfaction. Between 2011 and 2017 the employee engagement score for HMCTS rose slightly from 49% to 53%.* Levels of employee engagement at HMCTS were somewhat below those reported on average across the whole civil service in every year but the pattern of change over time was similar – average employee engagement across the whole civil service rose from 56% in 2011 to 61% in 2017.

The share of HMCTS employees saying their pay adequately reflects their performance has fallen steadily, from 21% in 2011 to 14% in 2017. This is a lower level and more pronounced fall than recorded elsewhere in the civil service – across the whole civil service, 32% of employees agreed or strongly agreed that their pay adequately reflects their performance in 2011, falling slightly to 30% in 2017.

But the share of HMCTS employees agreeing or strongly agreeing that their workload is acceptable has remained at (or just below) 60% in every year since HMCTS was created in 2011 – almost identical to the average across the whole civil service.

Input: the number of magistrates has fallen more than the number of judges...

Figure 4.10 **Change in the number of magistrates and judges, since 2010/11**
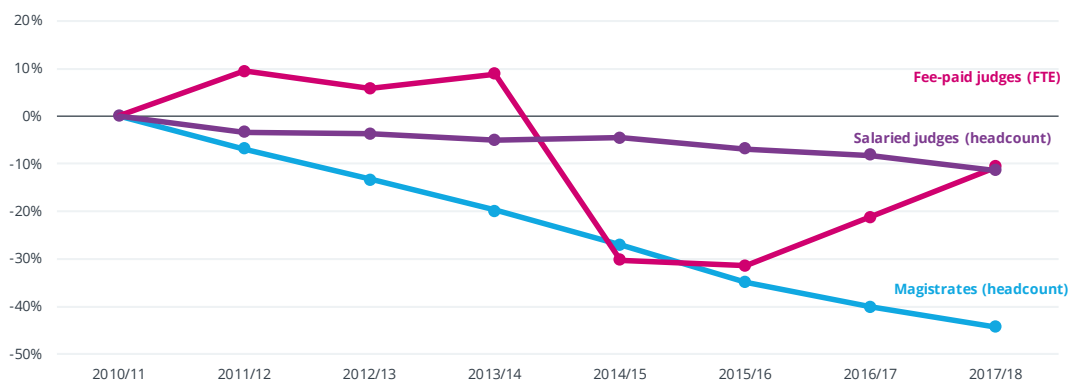
Source: Magistrate numbers before 2012 are taken from each year's statistics on 'magistrates in post'. The number of magistrates is measured on 1 April at the end of each year. Magistrate numbers for 2012–18 come from Ministry of Justice, 'Judicial Diversity Statistics 2018'. Judge numbers are derived from Her Majesty's Courts and Tribunals Service 'Annual Reports' and refer to the average number of judges in post during the course of the financial year.

It is more expensive to hear a case in a Crown Court than in a magistrates' court. Crown Court trials must be overseen by a judge, who will be paid, and require a jury. By contrast, magistrates are unpaid and most trials in magistrates' courts are decided by

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*   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; HMCTS motivates them to achieve the organisation's objectives.

a panel of three magistrates (supported by a legal adviser) without a jury. The National Audit Office estimated in 2016 that a Crown Court trial costs an average of £1,900 per day for staff, judicial and juror costs, while a magistrates' court trial costs an average of £1,150 per day.[34]

HMCTS spent 27.4% of its budget in 2017/18 on judges, paying for the services of 847 salaried judges and 1,220 FTE fee-paid judges. The salary costs for a further 877 senior judges were met from the wider MoJ budget rather than from the HMCTS budget. In addition to paid judges, HMCTS also benefited from the services of 15,003 unpaid magistrates as of 1 April 2018.

Magistrates are drawn from the local community and are expected to sit for around 20 days a year. The number of serving magistrates fell by 44.4% between 1 April 2010 and 1 April 2018, from 26,960[35] to 15,003.[36] This decline means that the average number of criminal cases disposed of by each magistrate each year rose from 67.6 in 2012/13 to 98.6 in 2017/18. Magistrates' ability to deal with more cases has been assisted by the introduction of the Single Justice Procedure.

The number of salaried judges, who each sit for around 215 days a year, fell from 1,947 in 2010 to 1,724 in 2017 – an 11.5% fall. The number of FTE fee-paid judges – who are paid for each case they hear and provide a more flexible resource that can be drawn on as required – has fluctuated substantially over the past eight years but in 2017/18 there were 10.6% fewer FTE fee-paid judges than in 2010/11. The sharp fall in the use of fee-paid judges in 2014/15 largely reflected a fall in demand from tribunals – as a result of a fall in the number of employment cases – which has since reversed, following an increase in the number of immigration, asylum and family cases.

Most cases heard in the Crown Court (around four-fifths) are heard by salaried judges who are employed full time.[37] Fee-paid judges hear only about a fifth of Crown Court cases. In contrast, fee-paid judges are used more intensively to oversee tribunals, where they pick up around four-fifths of the workload.

... but problems recruiting judges have intensified

The MoJ, the Judicial Appointments Commission (JAC) and others have raised concerns about the ability to recruit new judges, particularly at senior levels. The first time a recruitment drive failed to fill a High Court vacancy was in 2014/15.[38] But in the summer of 2016, a recruitment drive for 14 High Court positions resulted in six vacancies remaining. The 2017 recruitment round to fill 25 High Court posts was left with eight vacancies.[39]

There have also been difficulties filling Crown Court posts. A recruitment exercise for 55 new Crown Court judges in 2016/17 attracted only 44 suitable candidates – the first time there had been a shortfall.[40] In 2017, 12.5 out of 116.5 vacancies were unfilled.[41]

Changes to judges' pension schemes and the tax treatment of private pensions have reduced the value of judges' remuneration, a particular deterrent for those who have previously had high earnings. The Lord Chancellor and JAC have also cited the slow

pace of court modernisation, poor working conditions, poor workforce planning and the increasing numbers of self-represented litigants as barriers to recruitment.[42] The first three of these are the subject of ongoing reform initiatives.

The scale of judicial recruitment has increased in recent years and is expected to remain high in 2018/19, meaning that difficulties with recruitment are of growing concern. In 2016/17, the JAC carried out selection exercises for 290 judges. The number of judges that needed to be recruited rose to approximately 1,000 in 2017/18, is expected to be in excess of 1,100 in 2018/19 and is predicted to remain high in 2019/20.[43] This is because a large number of judges are approaching their mandatory retirement age.

There are also concerns – based on responses to the Judicial Attitudes Survey, which is completed by almost all judges – about judges' morale, which may be affecting retention. However, because the survey is biennial and only began in 2014, there is limited evidence on how morale has changed over time.

Of those judges who were more than five years from their mandatory retirement age, 36% reported in 2016 that they were considering leaving the judiciary in the next five years, up from 31% in 2014.[44] Pay, pensions, increased workloads, stressful working conditions and demands for out-of-hours work were all identified as factors contributing to low morale.

Input: HMCTS is using fewer buildings to hear cases

The number of cases that can be heard depends not only on the number of judges available but also on the number of days that the courts are allowed to hear cases. Those days, known as 'sitting days', are decided by the MoJ. The number of sitting days in the Crown Court was cut from 110,969 in 2010 to 103,596 in 2013. This followed several years of declining case numbers – a trend that HMCTS predicted would continue in 2013/14.[45] However, the number of cases rose unexpectedly (reaching 142,670 in 2013/14 compared with a forecast of 129,214). In response, the number of sitting days was increased to 105,052 in 2014 and to 113,966 in 2015. But sitting days have since been reduced and are expected to be cut again this year.*

The reduction in sitting days will go hand-in-hand with physical court closures. There have been two major court closure programmes since 2010: the Court Estate Reform Programme (CERP), which ran from 2010 to 2014, and the HMCTS Estates Reform Project (ERP), which began in 2015. The rationale given for closing courts has been two-fold: first, that many court and tribunal buildings are under-utilised, meaning the workload can be transferred to other courts without pushing those courts beyond capacity; and second, that more effective use of technology will reduce the size of the court estate required.

The CERP and the first phase of the ERP aimed to close already under-utilised court and tribunal buildings. Following a consultation, the CERP resulted in the closure of 92 magistrates' courts and 48 county courts.[46] The closure programme ended in September 2014. The first phase of the ERP scheduled a further 86 court and tribunal buildings for closure, including 54 magistrates' courts and two Crown Courts.[47]

Between May 2010 and July 2015, 146 courts were closed, including 95 magistrates' courts.[48] At the end of November 2017 there were 94 Crown Courts and 160 magistrates' courts still open.* The MoJ is due to publish its response to the consultation on the second stage of the ERP later this year. This second phase focused on identifying courts that could be closed as a result of changes to the way the courts system operates following reforms.

In 2017/18 HMCTS spent £253m on accommodation, maintenance and utilities. This was 5% less in real terms than was spent in 2010/11. Despite plans to reform and invest in the court estate, judges have reported a deterioration in working conditions since 2009. The 2014 Judicial Attitudes Survey found that 85% of judges felt their working conditions were worse than five years before, while only 2% thought they were better. In the 2016 survey, 76% of respondents said that conditions had further declined between 2014 and 2016, with only 2% saying they had improved. The proportion of judges saying that the physical quality of court buildings was 'poor' rose from 21% in 2014 to 31% in 2016.

Output: the number of cases that the Crown Court deals with each year has fallen since 2010/11 but hearing times have increased

The data suggests that spending and staff reductions have not impeded the passage of criminal cases through the courts. In recent years, this has been supported by a number of reform programmes designed to streamline the trial process, including:

- Committal hearings – a purely administrative procedure by which cases were sent from a magistrates' court to the Crown Court – were abolished on 28 May 2013, allowing cases to pass more quickly and with less administrative burden from magistrates' courts to the Crown Court.
- **Transforming Summary Justice** aimed to simplify the process for dealing with summary cases in magistrates' courts, including measures to reduce the number of hearings per case.
- Building on Transforming Summary Justice, the **Better Case Management** programme was launched in October 2015,[49] with the aim of making case management more robust and reducing the number of hearings, including by introducing a uniform scheme for reduced sentences in the event of a guilty plea (which came into effect in June 2017).
- The **Common Platform programme** is the fourth attempt since the early 1990s to improve the flow of information between the police, prosecutors and the courts by allowing all the players to work on a single digital platform.

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* There were also 210 county court and 141 tribunal buildings hearing civil-only cases. See Ministry of Justice, *Fit for the Future: Transforming the court and tribunal estate,* Ministry of Justice, 2018, https://consult.justice.gov.uk/digital-communications/ transforming-court-tribunal-estate/supporting_documents/hmctsstrategyapproachconsultation.pdf.

The number of cases disposed of by the Crown Court – that is, where the case reaches a successful conclusion, is dismissed by the judge or called off by the prosecution – fell by 25.5% between 2010/11 and 2017/18. However, the number of cases dealt with (shown in Figure 4.11) has exceeded the number of new cases received (shown in Figure 4.7) in each of the past three years, meaning that the backlog of cases at the Crown Court has been falling. The number of cases outstanding peaked at 55,116 at the end of 2014, before falling to 35,388 by March 2018.

Although the number of cases dealt with by the Crown Court has fallen, the average length of time taken to hear each case has increased, which can in part be attributed to the increasing complexity of cases. [50] The average hearing time for a Crown Court trial increased by 38.5%, from 2.9 hours for cases closed in 2010/11 to 4.0 hours for cases closed in 2017/18.[*]

Figure 4.11 **Number of criminal cases dealt with by the Crown and magistrates' courts (thousands), since 2010/11**
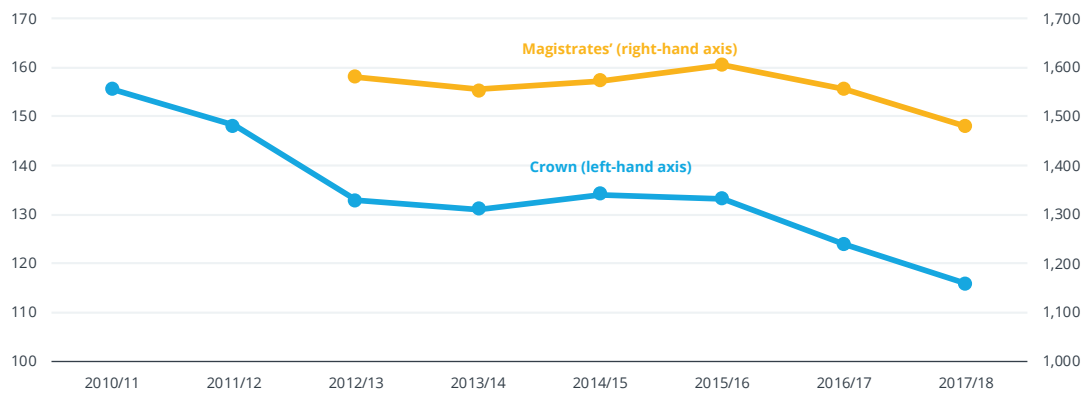
Source: Ministry Justice, 'Criminal Court Statistics Quarterly', Tables C1 and M1

The number of cases dealt with by the magistrates' court fell by 6.4% between 2012/13 and 2017/18 and the average number of hearings required per case also fell, from 1.8 in 2010/11 to 1.5 in 2017/18.

The numbers of cases received (shown in Figure 4.7) and dealt with (shown in Figure 4.11) by the magistrates' courts have moved roughly in tandem over this period. As a result, the backlog of cases has remained fairly stable. There were 318,853 cases outstanding in June 2012 and 290,532 cases outstanding in March 2018.

Output: more cases are going ahead as planned – but longstanding administrative problems persist

The outcome of each case listed at the Crown and magistrates' courts is recorded, providing some insight into how effectively the case was dealt with by the court and prosecuting authorities.

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[*]   The average hearing time for cases that went to trial and where the defendant pleaded not guilty increased by 31% over the same period, from an average of 11.2 hours to an average of 14.7 hours. See Ministry of Justice, 'Criminal court statistics quarterly: January to March 2018', Table C7, Ministry of Justice.

The best outcome for the defendant, victim and the courts is that a case is heard, as planned, on the originally scheduled date; these cases are referred to as 'effective'. In 2017/18, 35.2% of trials listed to start in the Crown Court were effective.* This was a slight improvement from 32.8% in 2010/11. The share of cases going ahead as scheduled in the magistrates' courts also increased, from 33.6% in 2010/11 to 39.4% in 2017/18. This increase is likely to reflect better case preparation, although this is not the only reason why the share of cases going ahead as planned might have increased.†

Figure 4.12 **Percentage of Crown and magistrates' court trials that went ahead on the originally scheduled date, since 2010/11**
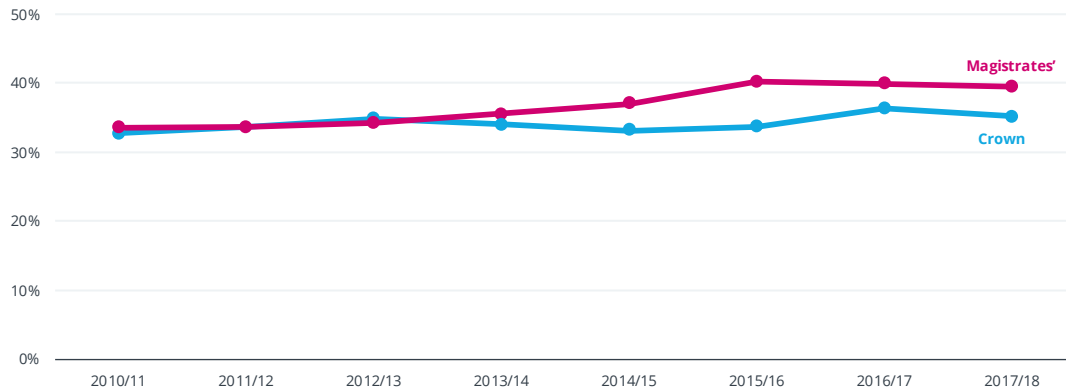
Source: Ministry of Justice, 'Criminal Court Statistics Quarterly', Tables C2 and M2

There are three other possible outcomes for cases. The trial can 'crack', meaning the case is withdrawn on the day it is due to start and is not relisted. In the vast majority of cases (82% in 2017), this is because a defendant pleads guilty.[51]

The trial can be 'vacated', meaning it is removed from the list in advance. Cancelling cases in advance has several advantages over last-minute rescheduling. It increases the likelihood that court time will be used productively, reduces costs to other parts of the justice system – for example, police officers do not waste time waiting to give evidence in a case that is ultimately not heard – and helps to reduce the stress and costs that victims and witnesses turning up to give evidence experience.

The final option – for cases that are not ready or for which there is no court room, judge or jury available on the appointed day – is for the case to be relisted. These cases are referred to as 'ineffective'.

In the Crown Court, the share of 'cracked' trials fell between 2010/11 and 2017/18 – from 31.1% to 24.1%. Over the same period, the share of trials 'vacated' increased – from 26.1% to 30.2% – and the share of ineffective trials stayed roughly constant. The

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*   We follow the National Audit Office's approach of expressing the proportion of effective trials as a share of all trials, including those that are ultimately vacated. In contrast, statistics published by the MoJ exclude vacated trials from the denominator. The National Audit Office approach has the advantage of being able to demonstrate 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. www.nao.org.uk/report/efficiency-in-the-criminal-justice-system.

†   The share of effective trials could also increase if the police and the CPS focus on easier-to-prosecute cases. Alternatively, the reduced availability of a legal aid-funded defence may mean more cases go to trial on time but under-prepared.

National Audit Office concluded in a 2016 report that this change indicates improved efficiency in the Crown Court: the courts service is becoming better at identifying which cases are likely to crack and identifying them in advance so that they can be removed from the list in good time to help make more efficient use of court resources.[52]

In the magistrates' courts, the share of trials that cracked rose slightly – from 30.3% to 32.2% – between 2010/11 and 2017/18, while the fraction of trials that were vacated fell – from 22.7% to 15.5%. The share of ineffective trials changed only marginally.

Even though the share of trials that go ahead as planned has increased, a considerable proportion of cases still have to be rescheduled because of issues within the control of either the courts or other parts of the justice system. Of the roughly one-in-ten Crown Court cases that were cancelled on the day and had to be relisted in 2017/18, in 25.9% of these instances it happened because of court administration problems (up from 21.1% in 2010/11). This includes reasons such as previous cases over-running, no judge being available, too many cases having been listed that day or problems with equipment.

Just under a third (31.4%) of ineffective trials were ineffective because the prosecution was not ready or because prosecution witnesses or the prosecution advocate were not available. This was down from 37.9% in 2010/11.[53] (See Box 4.2 on the performance of the CPS.)

There is considerable variation across England and Wales in trial effectiveness. For example, the share of magistrates' court trials that were effective in 2015 ranged from 16% in Lancashire to 51% in North Wales.[54] There are many reasons why some areas may have a greater share of ineffective trials, including differences in the type of cases heard in each area.[*] But the extent of the regional differences suggests that there could be scope for further efficiency savings in some areas.

Output: there are concerns that spending cuts and reforms may be damaging the quality of justice

The above analysis tells us that, although there are persistent issues with the quality of criminal court administration, criminal trials continue to be processed at least as effectively as they were in 2010/11, in spite of large spending cuts.

It does not tell us, however, whether the quality of justice being dispensed in these courts is the same: if the guilty are being found guilty, if the innocent are being found not-guilty, and if the victims of crime are receiving the justice they are due.[†]

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[*] There are a number of reasons outside courts' control that could explain some of the regional variation in trial effectiveness. For example, some courts may receive a higher share of more complex cases. Birmingham Crown Court has experienced a significant increase in fraud and drug cases, while Southwark Crown Court is the designated court for fraud and money-laundering cases.

[†] 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*, Ministry of Justice, 2018, www.justice.gov.uk/courts/procedure-rules/criminal/docs/2015/criminal-procedure-rules-practice-directions-2015-April-2018.pdf.

Some practitioners, commentators and researchers have expressed concern that recent spending cuts and efficiency drives are jeopardising the justice system.

They raise two main concerns. First, pressures to expedite cases – including encouraging defendants to enter early guilty pleas – may come at the cost of due process. In a book published in March 2018, the Secret Barrister (a practising junior criminal barrister who writes under a pseudonym) said, in reference to what is going on in magistrates' courts: "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."[55]

Second, court closures could undermine access to justice and the notion of local justice. Some courts were significantly under-utilised according to figures published by the MoJ – for example, Accrington Magistrates' Court was in use for only 2% of the time possible in 2014/15 – suggesting clear scope for efficiencies.[56] However, some experts have raised concerns about the impact of court closures on access to justice because it can lead to a significant increase in travel times to an alternative court and undermine the long-established principle of local justice. Increased travel times can also create additional costs for courts and the police if more witnesses and defendants fail to attend hearings as a result. A recent report by the Suffolk Institute for Social and Economic Research at the University of Suffolk provides evidence of this based on experience following the closure of two magistrates' courts in Suffolk.[57]

HMCTS intends to mitigate the impact of longer travel times by extending the use of video hearings to allow witnesses and defendants to give evidence without physically being in the court room. There are clear potential benefits to doing this because it reduces the complexity and cost of assembling all the necessary participants. But there are also potential costs. One prosecutor interviewed for a recent report by the think tank Transform Justice commented that "psychologically, it is easier to do something negative to someone when they are not physically present".[58] There is still work to be done to understand the impact of video hearings on the decisions that judges, magistrates and juries make and whether the potential costs outweigh the benefits.[*]

Further concerns have been raised about diminishing access to justice due to cuts to legal aid (see Box 4.1). Some practitioners and analysts have expressed concerns that these reforms have led to an increase in unrepresented defendants, who may not understand the grounds they have for defence or mitigation. One prosecutor interviewed by Penelope Gibbs, of Transform Justice, in 2016 said: "I have prosecuted trials against unrepresented defendants. It is a complete sham and a pale imitation of justice."[59]

Even for those who can afford legal representation, the stricter means-testing means that middle-and higher-income defendants do not receive a full refund of their costs even if they are found innocent. As a result, a wrongful accusation can have lasting financial consequences, as was highlighted by the recent high-profile case of Richard Holden.[60]

* There is some evidence on the impact of court participants appearing via video link from an experiment conducted in Australia. See Tait D, McKimmie B, Sarre R, Jones D, McDonald LW and Gelb K, *Towards a Distributed Courtroom*, Western Sydney University, 2017, http://courtofthefuture.org/wp-content/uploads/2017/07/170710_TowardsADistributedCourtroom_Compressed.pdf.

Judges and members of the legal profession have also said that cuts to legal aid fees for solicitors and barristers are discouraging high-quality lawyers from entering or remaining in the field of criminal law and those lawyers who remain are – through choice or necessity – cutting the amount of time they spend preparing each case, to the detriment of their clients. More than half of the 50 Crown and High Court judges interviewed by Jessica Jacobson and colleagues from Birkbeck University for a recently published study commented on the impact of low pay on the quality of criminal advocacy, with one judge saying: "The criminal bar has just been crucified financially… the best chambers who still have very good advocates, they supplement their income by doing private work rather than criminal legal aid, and they've essentially left the bog-standard crime in the Crown Court to pretty much second-rate people who are poorly-paid and very poorly-motivated."[61]

In all cases there is a growing body of anecdotal evidence of these issues but so far there is little hard evidence on:

- the number of people being discouraged from accessing justice
- the number of people unrepresented in the magistrates' court and the consequences for unrepresented defendants in both the Crown and magistrates' courts
- cases moving too fast and coming to the wrong conclusion
- the scale of problems with the quantity and quality of lawyers willing to carry out legal aid work.

One measure of the quality of the service provided by the criminal courts system is how the service is rated by users – victims, witnesses and defendants. Some one-off surveys have been done to assess court users' experiences but there is no consistent time-series data to gauge how the quality of the service has changed over time (although HMCTS has plans to conduct a regular survey of court users in the future). A survey carried out by Kantar Public for HMCTS between January and October 2017 found that 54% of all court users (including those using the civil and family courts) rated their experience as fairly or very good, while 28% said it was fairly or very poor. Three-in-five (61% of) court users were satisfied with the outcome of their case, while 29% were dissatisfied.[62]

A priority for the MoJ should be to collect robust evidence on the veracity of the claims that have been made about the declining quality of and access to justice. HMCTS has already started to gather evidence on court users' experiences and the MoJ is currently undertaking a review of the 2012 legal aid reforms. These are useful initiatives but more work is needed.

Have criminal courts become more efficient and can this be maintained?

Between 2010/11 and 2017/18 operational spending by HMCTS fell by 23.2% in real terms. Over the same period, the total number of cases received in the Crown Court fell by 27.7%. The number of cases received by magistrates' courts fell by 5.3% between 2012/13 and 2017/18. However, this is likely to overstate the actual fall in demands placed on the criminal courts system because the cases being heard –

particularly in the Crown Court – are now typically more complex than they were in the past. Cuts to legal aid have led more defendants to represent themselves, requiring more support from the courts than those represented by a solicitor. The average length of time taken to hear each case in the Crown Court rose by 38.5% between 2010/11 and 2017/18, although the average number of hearings required for each case in the magistrates' courts fell slightly.

With spending having fallen faster than the demands of new cases, the courts system has had to find ways to use its resources more efficiently, to allow it to process more cases for every pound spent.

HMCTS has managed to limit the cost of employing staff and judges through capping pay rises and through changes made to judges' pension entitlements. But the increased efficiency of the criminal courts system appears mainly to reflect improved productivity – getting more, in terms of the number of cases processed, for every member of staff, magistrate and judge employed and every court room used – rather than a concerted effort to cut the cost of service inputs.

"Our task," said Lord Thomas in 2014 – then the Lord Chief Justice – is "to ensure that we uphold the rule of law by maintaining the fair and impartial administration of justice at a cost the State and litigants are prepared or able to meet… The type of reform needed… requires fundamental re-thinking of our processes and procedures."[63]

There have been several targeted efficiency programmes affecting courts over the past decade that have helped the criminal courts to process cases with fewer resources than would have been needed in the past. Seven reform programmes, incorporating 52 separate projects, are ongoing in the criminal, civil and family courts.[64]

As part of this reform programme, between 2010/11 and 2017/18 the number of FTE staff employed by HMCTS fell by 28.9%, the number of magistrates fell by 44.4% and the number of salaried and FTE fee-paid judges fell by 11.5% and 10.6%, respectively. HMCTS has also reduced the number of buildings that it operates from by divesting underutilised court and tribunal buildings.

The available indicators of the quality of criminal courts suggest that the quality of the administration of cases has been maintained or even improved over the past three years even though spending has been cut. Cases are being heard in a timelier manner on average and fewer cases are being delayed by court or prosecution failures.

But concerns have arisen – as outlined above – over areas not captured by these indicators. Ultimately, whether recent increases in the efficiency of the criminal courts prove sustainable will depend on assessing how widespread the deterioration in access to justice and the quality of justice – suggested by anecdotal evidence – are and politicians' acceptance of these consequences.

Have efficiencies been enough to meet demand?

It is important that a trial proceeds in a timely manner. If the capacity of the criminal courts is not enough to meet demand, defendants and victims will have to wait longer for their cases to be heard. Courts have no control over how many cases arrive at their doors. They must plan their activities each year on the basis of imperfect forecasts of how many cases are likely to come their way.

Between 2010/11 and 2015/16 the average waiting time between a case being sent to the Crown Court for trial and the beginning of substantive hearings rose from 16.0 weeks in 2010/11 to 21.1 weeks in 2015/16. This suggests that the Crown Court did not maintain a high-enough level of activity over this period to keep pace with demand. But the Crown Court did continue to prioritise dealing with the most urgent cases.*

Part of the increase in waiting times at the Crown Court between 2012 and 2014 is explained by the abolition of committal hearings in magistrates' courts (on 28 May 2013). 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 decline in waiting times at magistrates' courts.† But this led to a corresponding temporary increase in the number of cases outstanding and the length of time cases waited at the Crown Court.

Figure 4.13 **Average waiting time (weeks) for Crown Court trials, since 2010/11**
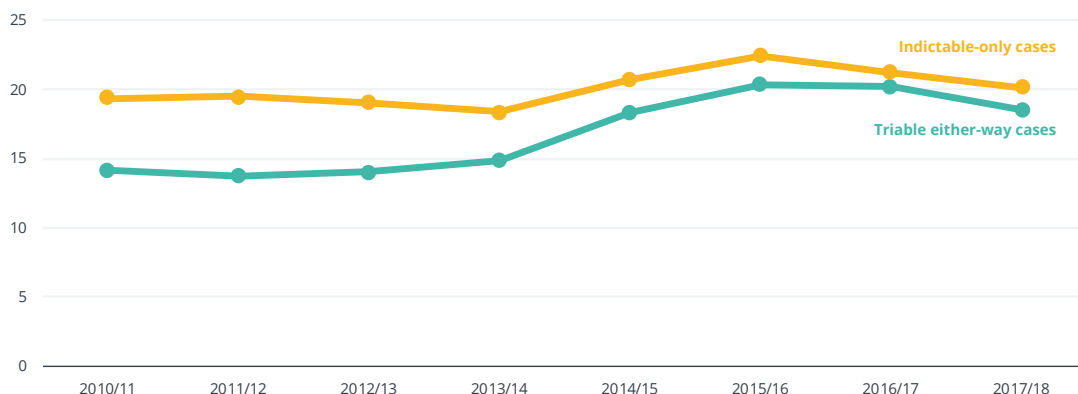
Source: Ministry of Justice, 'Criminal Court Statistics Quarterly', Table C6

However, after 2015/16, waiting times at the Crown Court began to fall, dropping to an average of 19.2 weeks by 2017/18. In part this was the result of an increase in the number of sitting days from 2013/14 onwards. With the Crown Court having managed to process more cases than it received in each of the past three years, the backlog of cases outstanding at the end of 2017 reached the lowest level recorded in 13 years.

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* 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 – meanwhile waiting times for defendants on bail rose more significantly – by 51.5%, from 15.6 weeks to 23.6 weeks over the same period.

† Committal hearings were abolished on 28 May 2013. The average number of days taken from when a case was first listed to its completion in the magistrates' courts fell from 30 days in 2012 to six days in 2014. See Ministry of Justice, 'Criminal court statistics: January to March 2018', Table T4, Ministry of Justice.

The picture is similar, though less pronounced, for magistrates' courts. The average length of time from someone being charged to their case being completed was 7.9 weeks in 2010/11 for cases heard in magistrates' courts, excluding those that eventually ended up in the Crown Court. Over the following five years the time taken increased, with a peak of 8.8 weeks in 2015/16. But waiting times have since fallen, with the average time taken in 2017/18 being 7.6 weeks.[65] As mentioned above, the number of cases disposed of by magistrates' courts has roughly tracked the number of new cases arriving over the past eight years. This means that the number of outstanding cases has remained fairly stable.

The evidence on waiting times and the size of the backlog of cases at Crown and magistrates' courts suggests that these courts struggled somewhat to meet demand between 2010/11 and 2015/16, with waiting times rising. But since 2015/16, despite continued cuts to spending and staffing, criminal courts seem to have managed to meet demand and, indeed, have gone some way to clearing the backlog of cases. This has been helped in part by a fall in the number of new cases received, particularly by the Crown Court.

Reforms have helped to bridge the gap between growth in spending and demand for criminal justice. They have reduced costs to the public purse by effectively transferring them to individuals. Greater means-testing of entitlement to legal aid and cuts to the fees paid to solicitors and barristers for legal aid-funded work mean that people are expected to meet a greater share of the cost of defending themselves against criminal charges. The closure of court buildings has increased average travel times for jurors, victims, witnesses and defendants. The desire to use court rooms more intensively means listing more cases than are likely to be heard on a given day, requiring those involved to attend court only to be sent home to return another day.[*] The transfer of these costs, whether explicit or hidden, was a predictable consequence – and, in some cases, an explicit objective – of policy changes over the past decade.

However, some commentators, practitioners and researchers have raised concerns that these changes have undermined the quality of justice dispensed by criminal courts. The decline in waiting times and the fall in the size of the backlog of cases at the Crown and magistrates' courts suggests that efficiencies made within the criminal courts system – and the explicit transfer of some costs from the state to individuals – have ensured that court output has more than kept pace with new demand, despite cuts to spending. But without more evidence on the quality of justice, it is impossible to say firmly whether it has been maintained at the same time.

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* A lack of available court rooms for listed cases was the single most common reason for cases being rescheduled in 2015, accounting for 21% of ineffective trials in the Crown Court and 30% in magistrates' courts. See Comptroller and Auditor General, *Efficiency in the Criminal Justice System*, Session 2015–16, HC 852, National Audit Office, 2016, https://www.nao.org.uk/wp-content/uploads/2016/03/Efficiency-in-the-criminal-justice-system.pdf, p. 23.

Prisons

Prisons have experienced large spending cuts and cuts to staff numbers since 2009/10. Despite promising signs in the early years of this period that this was manageable, in 2013/14 prison safety started to deteriorate sharply. Violence rates have risen, and prisoners appear to have less access to learning and development activities.

Spending has risen recently following an injection of extra cash at the 2016 Autumn Statement to tackle the decline in prison safety. The rate of deaths in prison has subsequently fallen, but the data does not yet show any discernible improvements in overall violence levels.

There are 122 prisons in England and Wales, of which the vast majority (108) are 'public' prisons, run directly by Her Majesty's Prison and Probation Service (HMPPS). The other 14 ('private' prisons) are run by private companies. These tend to be of above-average size, and house 19% of the prison population – up from 15% in 2012/13.[*]

This chapter looks at all of these prisons, including eight young offender institutions. These young offender institutions accommodate males aged 15–21, although some adult prisons also have youth wings.

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[*]   This is the earliest year for which we have comparable data.

Spending on prisons is 16% lower in real terms than in 2009/10

Figure 4.14 **Change in spending on prisons in England and Wales (real terms) (current), since 2009/10**
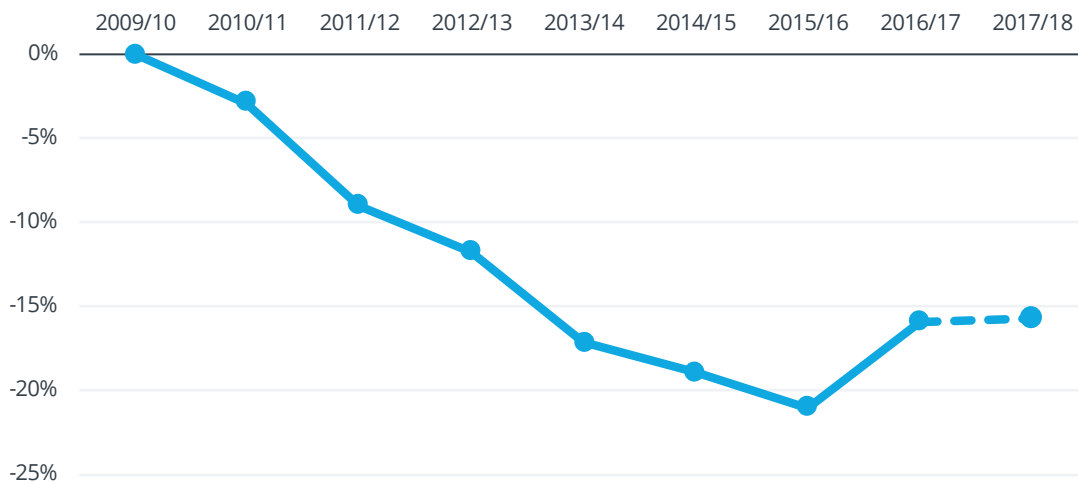
Source: 2009/10 to 2016/17: Ministry of Justice, 'Costs Per Place and Per Prisoner Per Individual Prison Establishment' (overall resourced expenditure); 2017/18: change in Her Majesty's Prison and Probation Service, 'Annual Report and Account' (total operating expenditure)

Between 2009/10 and 2015/16 day-to-day spending on prisons fell sharply – by 21% in real terms – reflecting similarly deep cuts to the wider Ministry of Justice budget. However, extra money was pumped into the prisons budget at the 2016 Autumn Statement – £291 million (m) over three years – to try to tackle the deterioration of safety levels in prisons, most notably by increasing prison officer numbers by 2,500 by the end of 2018.[1] Spending then rose in that year and in 2017/18, around £3 billion (bn) was spent on prisons, 16% less than in 2009/10.

Demand: prisoner numbers have remained broadly flat

The prison population has remained broadly flat since 2010, in contrast with rapid growth in the 1990s and 2000s. There were 82,773 prisoners in England and Wales on 30 June 2018 compared with 83,391 on 30 June 2009. This shift is in part due to reforms to sentencing in 2008 and a fall in the number of cases being received in the courts.[2] The prison population has remained consistently around 95% male.

Law and order

Figure 4.15 **Prison population in England and Wales, as of 30 June, since 2009**
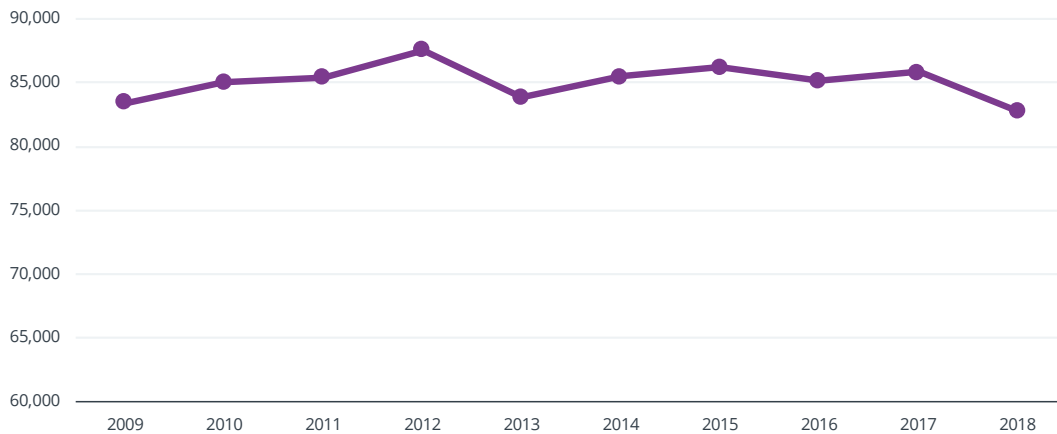
Source: Ministry of Justice, 'Offender Management Statistics Quarterly', Table 1.1

The total number of prisoners in June 2018 includes 642 under-18s (all male), most of whom are held in young offender institutions.* There has been a dramatic fall over recent years in the number of young people held in custody: between June 2010 and June 2018, the number of under-18s in young offender institutions more than halved (from 1,661 to 642).[3] This reflects an apparent overall fall in youth crime – fewer young people are being cautioned or sentenced. However, there is evidence that the remaining population of young people in custody is becoming more challenging, with a growing proportion being held for violent offences.[4]

Overall, the prison population is ageing: the proportion of the prison population aged under 30 has fallen since 2011 (from 46% to 35% in 2018), while the proportion aged 60 and over has grown (from 4% to 6% in 2018). Within this there has been a rise in the number of prisoners in the oldest age bracket – a 16% rise in the number of people aged 70 and over in prison over the past two years – which signals potential rising care needs in the prison population.[†5]

Data on the prevalence of mental illness in prisons is incomplete, but estimates range from 23% (of a sample of prisoners who reported previous contact with mental health services) to 37% (of prisoners surveyed by Her Majesty's Inspectorate of Prisons – HMIP – in 2016/17 who reported having an emotional wellbeing or mental health problem).[6] This indicates that the prevalence of mental health issues may be higher among prisoners than the general population (estimated in 2007 to be around 23%)[7] – although we do not know how the prevalence of mental health problems in prisons has changed over time.

There are also signs that an influx of new types of drugs – called 'new psychoactive substances' – is putting new pressures on prisons. New psychoactive substances – such as 'Spice' – are synthetically produced drugs, originally designed to mimic the effects of illegal substances (although they are now themselves illegal). They can cause aggression, psychosis and intense depressive episodes. In 2016, the prison and probation ombudsman described them as a 'game-changer' for prison safety.[8]

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*   These figures do not include young people in secure children's homes and secure training centres (282 on 30 June 2017, down from 433 on 30 June 2009).

†   These figures are for 30 June.

Screening for the use of new psychoactive substances in prisons was first introduced in 2016. Since then, one year of data has been published, showing that they are by far the most prevalently used drugs in prisons: in 2017/18, 10.1% of mandatory drug tests were positive for their use, compared with a 10.3% positive drug test for all other drugs.[9]

Input: the number of prisons has fallen – but prison capacity remains the same

There are 122 prisons in England and Wales, down from 137 in 2009/10. Since 2009/10, 20 prisons have closed or merged, and five new prisons have opened. However, despite a fall in the number of prisons, the overall capacity of the prison system was roughly the same at the end of 2017/18 as at the end of 2009/10, due to the larger size of the new prisons.

Only one brand new prison has been initiated and built since 2009/10: Berwyn, in North Wales. Originally announced in 2013, it began to receive prisoners in February 2017.

Two of the prisons opened since 2009/10 are privately operated: one (Thameside in London) operates under a Private Finance Initiative (PFI) contract, meaning that it was both built and is now run by a private company; the other (Oakwood in Staffordshire) was built by the public sector but is run by G4S. Another of these new prisons (Northumberland) was originally opened as a public prison in 2011 but was taken over by G4S in 2013. At the same time, G4S also took over Birmingham prison – previously a publicly run prison.

Just one prison has reverted from private to public management during this period: Wolds prison in Yorkshire, which had been run by G4S from when it opened in 1991, but was brought under public management in 2013 (following a critical inspection report and G4S's high-profile failure at the 2012 Olympics) when the previous PFI deal ran out.*

Input: staff numbers in public prisons are starting to rise again, following deep cuts

Prisons' main strategy for dealing with budget cuts has been to reduce staff numbers. Across the whole prison estate, around 40% of spending went on staff costs in 2016/17 – down from 48% in 2012/13 (the earliest year for which we have comparable data). That equates to a 21% real-terms decrease in spending on staff over that period.[10]

Below is an analysis of what has happened to the public prison workforce. No information is publicly available on what has happened to staffing levels in private prisons.

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* Wolds was merged with publicly run Everthorpe prison to form Humber prison.

Figure 4.16 **Change in the total number of core operational staff (Bands 3–5) (full-time equivalent) in public prisons, as of 31 March, since 2009/10**
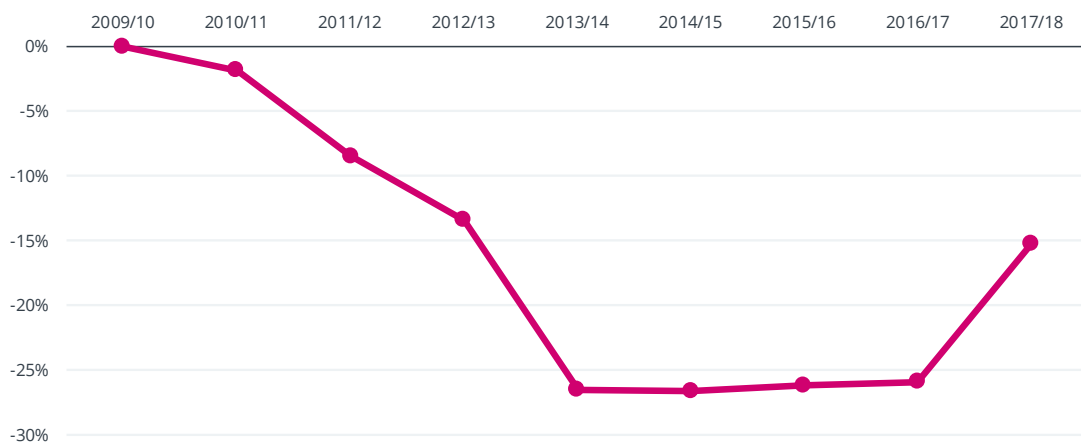
Source: Her Majesty's Prison and Probation Service, 'Workforce Statistics Bulletin', Table 3

Since March 2017, the number of prison officers has risen by 3,205 – a 17% increase. At the end of the 2017/18 financial year, there were 21,041 full-time equivalent (FTE) prison officers in public prisons in England and Wales – rising further to 21,608 in June 2018. This follows a large decline – of 26%, or 6,580 officers – between 2009/10 and 2013/14. This means that the Government has not only met its target (set at the end of 2016) of recruiting an extra 2,500 prison officers by the end of 2018, it has exceeded it.

This is the net increase – the actual level of recruitment into the prison service in 2016/17 was much higher. This has been key to meeting the Government's recruitment target, as the retention rate for prison officers is low. In 2016/17, 4,933 new prison officers joined the prison service, while 2,088 left.[*][11] If turnover continues at this rate – or worsens – HMPPS will be faced with the task of recruiting thousands of new prison officers every year, just to keep numbers steady.

This high turnover means that, even though there are now almost as many prison officers as there were five years ago, the composition of prison staff is different.

Experience levels have fallen. In June 2018 a third of prison officers had less than two years' experience (compared with 7% in March 2010); 49% had experience of 10 years (down from 56% in 2009/10).[12] While many of those individuals may well be competent and skilled, the overall decline in experience may have had a negative impact on the overall effectiveness of the workforce.[†] The Prison Service Pay Review Body has raised concern about the high levels of inexperience in the prison service, citing in particular the extra burden on longstanding officers to mentor new recruits.[13]

Although the number of prison officers has started to grow, other parts of the prison workforce have continued to shrink. The number of prison managers has fallen consistently over the past eight years, from 1,434 in March 2010 to 905 in June 2018 (a 37% decrease).[14]

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* These numbers are headcount numbers, not full-time equivalent numbers.

† For example, HMIP concluded that the "inexperience of many staff" underpinned the problems it encountered at Nottingham prison in January 2018, where conditions were so poor that an 'Urgent Notice' was invoked, making the Secretary of State directly accountable for improving performance. See HM Chief Inspector of Prisons, *Report on an Unannounced Inspection of HMP and YOI Nottingham*, HM Inspectorate of Prisons, May 2018, www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/05/HMP-YOI-Nottingham-Web-2018.pdf, p. 6.

Output: prison safety has continued to decline

The essential activity of prisons is to hold prisoners in custody – to stop them escaping. On this count, performance has been good over the past eight years. Between 2009/10 and 2017/18 there were no more than two escapes a year (where a prisoner has to physically overcome some restraint or barrier to go out of the control of the staff) – except in 2016/17 when there were four. The number of absconders – prisoners who escaped from an open environment – fell steadily, from 269 in 2009/10 to 86 in 2016/17 (while the number of prisoners in open prisons rose). However, in 2017/18 the number rose again to 139.[15]

But the work of prisons transcends just keeping people inside. We expect prisoners to be kept healthy and safe. It is also the Government's stated intention that prisons should play a role in preparing prisoners for a life outside of prison – the 'rehabilitation revolution' hailed by former Justice Secretary Chris Grayling.[16] However, the evidence suggests that prisons are struggling on all of those counts.

Output: prison violence continues to intensify…

Figure 4.17 **Number of assaults in prisons in England and Wales, since 2009/10**
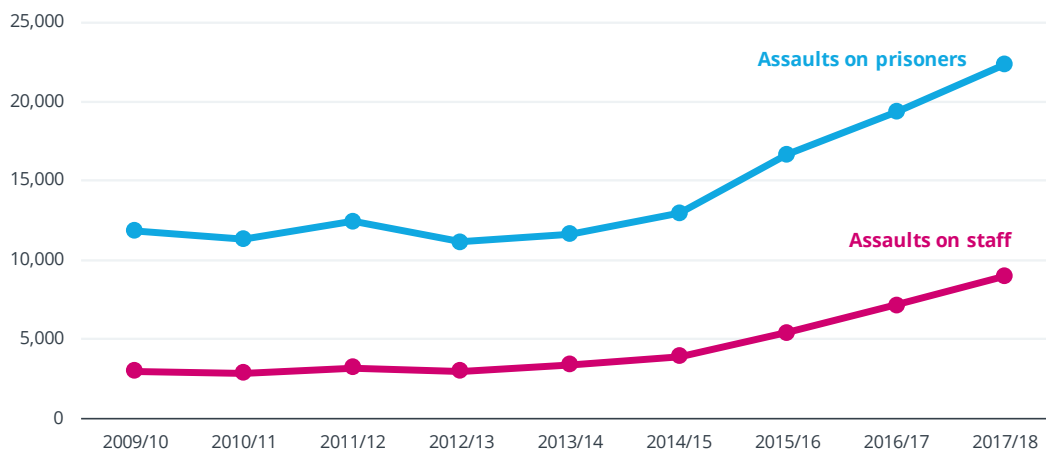
Source: Ministry of Justice, 'Safety in Custody Statistics', Table 4

Prisons have continued to become more dangerous for both staff and prisoners over the past year. In 2017/18 there were more than 9,000 assaults on prison staff (or 106 for every 1,000 prisoners). That means the frequency of assaults has almost tripled since 2009/10 – in both raw and per-prisoner terms. There was a 26% increase (from 7,159) in the past year alone. The frequency of serious assaults against staff has risen even faster – from 289 (or three for every 1,000 prisoners) in 2009/10 to 892 (or 10 for every 1,000 prisoners) in 2017/18.

Assaults on prisoners by other prisoners are much more frequent than assaults on staff. There were 22,374 prisoner-on-prisoner assaults in 2017/18 – nearly double the number that took place in 2009/10. That works out as 262 assaults per 1,000 prisoners – up from 142 in 2009/10. Serious assaults against prisoners rose even more rapidly: from 1,087 to 3,081.

These figures are themselves likely to be an underestimation of the actual number of assaults: a government audit of data collection practices in prisons this year found

that assaults were underreported by 10% last year. So the actual number of assaults was probably even higher.[17]

A number of things could have caused this serious increase in prison violence. It could be directly related to the pace of prison staff reduction. In 2013/14 alone, prison officer numbers fell by 15% (or 3,250 officers) – equalling the reductions seen in total over the previous four years. It may be that those previous reductions were sustainable, but that the 2013/14 staff cuts went too far. There may have been a 'lagged' effect, with problems caused by earlier staff reductions taking a while to show up in the data. The presence of new psychoactive substances has also clearly been a factor: due to both the violent effects induced by the drugs themselves, and also to violence associated with dealing and supply.[18] A recent evidence review commissioned by the Ministry of Justice found that "the crucial factor in maintaining order is the availability and the skills of unit staff".[19]

Rates of violence among youth offenders are far higher than among the adult population. Across the whole 'youth estate' – including all 15- to 17-year-olds, not just those in young offender institutions – there were 2.77 assaults per prisoner in 2017/18, up from 1.84 in 2012/13 (the earliest year with comparable data). This, of course, has happened at the same time as the size of the youth estate has shrunk rapidly.

... and prisoners are self-harming with increasing frequency

Figure 4.18 **Number of self-harm incidents in England and Wales, since 2009/10**
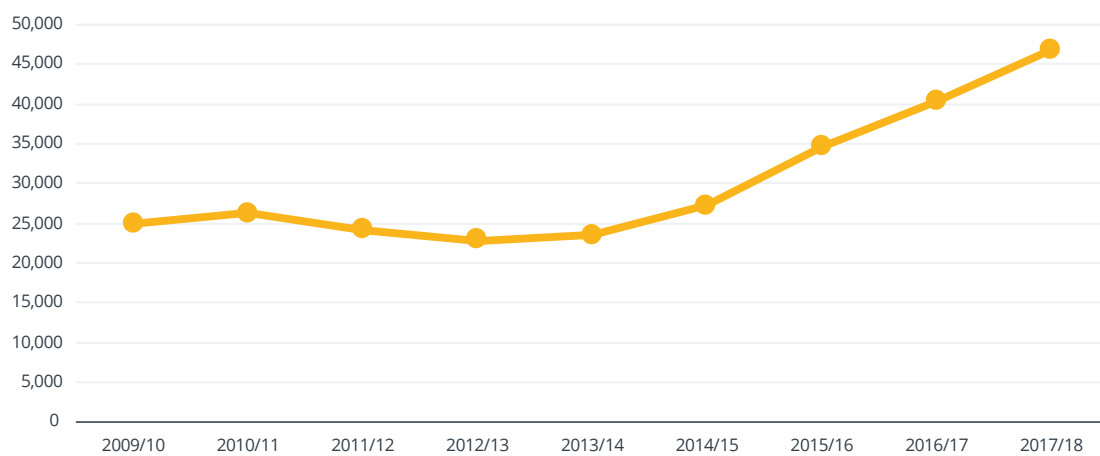
Source: Ministry of Justice, 'Safety in Custody Statistics', Table 3

Prisoners are also harming themselves with increasing frequency. The number of self-harm incidents rose by 88% (from just under 25,000 to just under 47,000) between 2009/10 and 2017/18. These incidents were gendered: there were 2,244 self-harm incidents for every 1,000 female prisoners, compared with 467 for every 1,000 male prisoners. The gender differential was much smaller among assault incidents: there were 366 assaults for every 1,000 male prisoners in 2017/18 and 318 for every 1,000 female prisoners.

One indicator is improving, however. Self-inflicted deaths in prison fell in 2017/18 to their lowest levels since 2012/13, after a big increase in 2015/16 and 2016/17. However, that still amounted to 69 self-inflicted deaths in prison in 2017/18 (0.8 for every 1,000 prisoners).[20]

Output: prisoners' access to rehabilitative activity appears to be worsening

The evidence on what prisoners do with their time – and how much access they have to activities that might support their rehabilitation and wellbeing – is limited. The Ministry of Justice stopped publishing data on the number of hours that prisoners spent "engaged in purposeful activity" (such as education or training) in 2011/12 – although, up to that point, average hours were rising.

There are concerns that the issues outlined above – a shrinking workforce and a violent environment – are limiting prisoners' opportunities to engage in meaningful activity, by increasing the time they spend locked in their cells.[21] In its 2017/18 survey, HMIP found that only 16% of prisoners were unlocked for the recommended 10 hours a day.[22] We have no consistent data on how this has changed over time.

What we do know is that fewer prisoners appear to be starting and completing accredited courses that may support them on their release from prison. The number of prisoners completing 'accredited programmes', largely designed to support behaviour change and improve thinking skills, has fallen by 22% since 2014/15 (from 6,994 to 5,479).[23] We have excluded 'accredited substance misuse programmes' from this analysis because responsibility for funding and commissioning all substance misuse treatment in prison was transferred to the NHS in 2013. There may be other cases within our figures where other activity has replaced formally 'accredited' programmes, accounting for some of the decline.

Figure 4.19 **Number of offenders achieving level 1 or 2 qualifications in English and maths, 2010/11 to 2016/17**
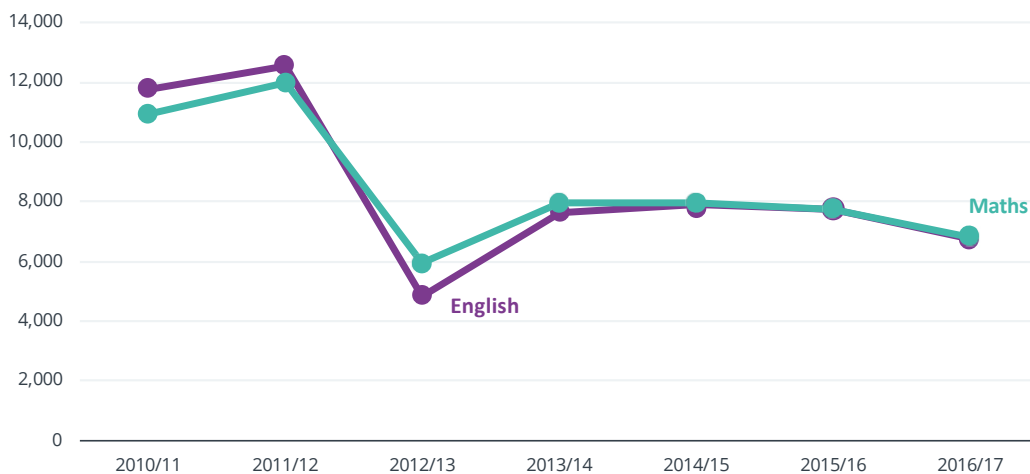
Source: Skills Funding Agency, 'OLASS: Participation and Achievement by Equality and Diversity & English and Maths', English and Maths Table

But there have been no such changes in the definition of academic qualifications. Here we can observe a clear decline. In 2016/17, 6,750 prisoners achieved a level 1 or 2 (pre-GCSE and GCSE-level) qualification in English, down from 11,760 in 2010/11 (a 43% decline). Similarly, the number achieving a level 1 or 2 qualification in maths fell from 10,950 to 6,800 (a 38% decline).

Have prisons become more efficient and can that be maintained?

In 2010, former Justice Secretary Kenneth Clarke accepted large cuts to his departmental budget. This was on the understanding that the Government would bring forward legislation to reform sentencing and reduce the size of the prison population.

However, plans to introduce sentencing 'discounts' for early guilty pleas were scrapped in 2011, in the midst of political controversy over their potential application to rapists. At a press conference to announce this change, of course, then-Prime Minister David Cameron said the gap would be made up instead through 'greater efficiency'.[24]

As with most other services examined in *Performance Tracker*, economies were made in prisons through the pay cap: pay was frozen between 2011/12 and 2012/13, and increases were subsequently capped at 1% a year. But prison officers were among the first public servants to see their pay cap broken. In September 2017, they received a 1.7% pay rise for the 2017/18 financial year – and have been awarded a 2.75% increase for 2018/19.

Pay has not apparently been a barrier to recruiting the extra prison officers needed for the Ministry of Justice to meet its 2016 target of increasing prison officer numbers by 2,500 by the end of 2018. However, it may have contributed to the growing retention problem. High turnover will not necessarily be disastrous for the service, if it can continue recruiting at the rate it has this year. But continually replacing staff is of course much less efficient than holding on to them.

Another high-profile attempt at making economies was through the outsourcing of the maintenance contract in public prisons to Carillion and Amey in 2014 – large private contractors that promised to deliver the service at a much reduced cost. However, since the collapse of Carillion at the start of 2018, it has become clear that the outsourcers had seriously underbid, underestimating the scale of the task involved. The National Audit Office has estimated that Carillion was operating at a loss of around £12m on these contracts in 2017. The Carillion contracts have now reverted to a new 'government-owned company', which is receiving an extra £15m a year to provide an adequate service.[25]

Since 2015, the Government's key set of efficiency reforms have focused on creating new prison places. The 2015 Spending Review promised 10,000 new prison places – and four new prisons – by 2020, with five new prisons due after that. Estimated savings were £80m a year.[26] However, these savings will not yet have been released: planning permission has been granted for three new prisons, but construction has not yet begun.

There are likely to have been productivity gains in some parts of the prison service. As far as we can tell (the unseen numbers for private prisons may complicate this picture), fewer prison officers are overseeing more prisoners – at this basic level, prisons are achieving more 'output' for each unit of 'input'. There are indications, too, that those prisoners are becoming more challenging to oversee – with the rise of new drugs of particular concern.

Law and order

One clear example we have is the 'send money to someone in prison' online service, which went live in 2017/18. By halving transaction costs, this is projected to save £17m over five years.[27] A handful of sites have acted as 'digital prison' pilots – giving prisoners in-cell access to online services allowing them to make their meal choices, or make orders from the prison shop.[28] But these are small-scale – and we do not know what size of savings they may have made.

Our ability to make a clear judgement on efficiency gains in prisons is hampered by the lack of data on private prisons – specifically, the lack of staff data. It is also difficult to discern what has happened to non-staff prison spending, such as catering and maintenance. However, given the scale of the deterioration in quality in both public and private prisons over the past five years, we cannot conclude that the service has become more efficient overall. This is particularly true of the past year – when spending and staff numbers rose, but violence and self-harm incidents continued to increase in frequency.

Although spending on prisons has risen, it remains 16% below the level in 2009/10 – meaning that it remains important for the prison service to maintain any genuine productivity improvements it has managed to produce. However, the more important question will be whether that extra investment is successfully used to produce an acceptable level of performance, particularly with regard to prison safety.

Have efficiencies been enough to meet demand?

The Government has more power to control the demand on prisons than for many other services examined in this report – by legislating to change the length and types of sentences that different types of offence and offender attract. But while there have been changes to legislation and guidelines around sentencing over the period since 2009/10, most of them involve increasing the use of custodial sentences or lengthening them: for example, the minimum term of a life sentence for murder with a knife was raised from 15 to 25 years in 2010, while the Criminal Justice and Courts Act 2015 restricted the use of cautions.[29]

In the case of prisons, the answer to the question of whether efficiencies have been enough to meet demand is a straightforward 'no'. Any efficiency improvements that may have been made in parts of the system have been swamped by other demands, leading to a decline in quality, indicated by rising violence. Whether or not new drugs have been the key driver of rising violence, their presence has clearly amplified the challenges the prison system has faced in managing within a tightened budget.

This is particularly true after 2012/13. Before that point, there is evidence that efficiency improvements may have made up for falling spending: spending fell by 17% while prisoner numbers fell by only 5% between 2009/10 and 2012/13, but levels of violence and self-harm remained broadly flat. After that point, however, violence and self-harm rates began to increase – a trend that continues.

5 Concern ratings

Our assessment of the risks facing the performance of public services

As the preceding chapters show, all of the nine public service areas that we have covered in this report have made at least some efficiency gains over the past eight years. The public sector pay cap played a big role in that, but there is also evidence that services are getting more out of their staff.

However, our analysis also shows that pressures are building up in certain areas – particularly when it comes to recruiting and retaining staff – which will make it harder for services to sustain current levels of efficiency. In all cases, although to differing degrees, our analysis suggests that – despite making efficiencies – services have struggled to meet all the demands placed on them within their budgets.

In this chapter, we give our view of the extent of the risk to the performance of each of the nine public services.

How we have made our judgements

We summarise our conclusions in a 'concern rating' – with a coloured 'rating' for different elements of past performance and future risks. The boundaries between the different categories are not defined quantitatively: the data is not adequate to allow this. Instead, we have made qualitative judgements – the basis of which is outlined in Table 5.1 – which are informed by the quantitative analysis in this report.

In this chapter, we take each service in turn, summarising the analysis from the preceding chapters that has led us to make these judgements. We also introduce two new pieces of information to better assess risks for the future: how demand is likely to grow, and whether there are any credible plans in place to control spending.

Table 5.1: **Methodology for concern ratings**

Category	Criteria
2009/10 to 2017/18	
Has demand risen faster than spending?	**Green:** Spending has risen in real terms at the same rate as or faster than demand. **Amber:** Demand has risen somewhat faster than spending (0–10%). **Red:** Demand has risen significantly faster than spending (>10%). **Grey:** Insufficient information available to make a clear judgement.
Have efficiencies been made?	**Green:** Clear evidence of efficiency improvements in the service. **Amber:** Mixed evidence of efficiency improvements. **Red:** No efficiencies made – or efficiency has declined. **Grey:** Insufficient information available to make a clear judgement.
Were those efficiencies enough to bridge the gap between growth in spending and demand?	**Green**: No signs of unmet demand, queuing or overspending. **Amber:** Some evidence of unmet demand, queuing or overspending. **Red:** Widespread evidence of unmet demand, queuing or overspending. **Grey**: Insufficient information available to make a clear judgement.
Beyond 2018	
How is demand likely to grow in future?	**Green:** Demand is likely to grow more slowly over the next eight years than it did over the past eight years. **Amber:** Demand is likely to grow at the same rate as it did over the past eight years. **Red:** Demand is likely to grow faster than it did over the past eight years. **Grey:** Insufficient information available to make a clear judgement.
Can the service keep operating as efficiently as it did last year?	**Green:** No clear pressure as a result of economy/productivity drives. **Amber:** Evidence of moderate pressure. **Red:** Widespread pressures. **Grey:** Insufficient information to make a clear judgement.
Are there credible plans in place to control spending?	**Green:** Plans in place to meaningfully control spending, with clear indications that their aims will be achieved and/or existing efficiency strategies have further to go. **Amber:** Plans in place, with some indication that they will achieve their aims. **Red:** No plans in place; 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. **Grey:** Insufficient information available to make a clear judgement.

Our levels of concern across public services

Table 5.2: Concern ratings for nine public services

Category	Health and social care			Children and young people		Neighbourhood services	Law and order		
	General practice	Hospitals	Adult social care	Children's social care	Schools		The police	Criminal courts	Prisons
2009/10 to 2017/18									
Has spending risen faster than demand?	Amber	Amber	Red	Amber	Green	Red	Grey	Amber	Red
Have efficiencies been made?	Green	Green	Grey	Green	Green	Green	Green	Green	Amber
Were those efficiencies enough to bridge the gap between growth in spending and demand?	Amber	Red	Red	Amber	Amber	Grey	Amber	Grey	Red
Beyond 2018									
How is demand likely to grow?	Amber	Red	Red	Grey	Green	Green	Grey	Red	Red
Can the service keep operating as efficiently as it did last year?	Amber	Red	Red	Amber	Amber	Grey	Amber	Grey	Red
Are there credible plans in place to control spending?	Amber	Grey	Red	Amber	Amber	Grey	Red	Amber	Red

Concern ratings

Health and social care

General practice

General practice has become more efficient over the past eight years, dealing with a growing workload that was rising faster than spending across most of this period (although the recent cash boost from the *General Practice Forward View* has eased these pressures). Changes to working practices – such as the use of telephone consultations, and different types of staff – have supported this. These reforms could be pushed much further, particularly the use of online consultations.

But while there is much to be positive about, there are also issues that raise concern. Waiting times for appointments have been increasing, suggesting that the changes made have not quite been enough to allow GPs to keep up with demand in the same way as before. As with most of the services we have examined in this report, the pay increases for GPs announced this year will bring new financial pressures. Meanwhile, there are signs that the Government is struggling to recruit and retain the GPs it needs, as numbers continue to fall. Additionally, the Government's manifesto commitment to extend opening hours has not been assessed for cost-effectiveness and may be more expensive to provide than existing services.[1]

GPs are likely to continue facing growing demand for their services, with demand likely to continue to grow at about the same rate as it did over the past few years.* Following the announcement of extra money for the NHS in June this year, GPs have more certainty about their future funding than many other services. There is also an explicit plan in place to manage demand and improve efficiency – the *General Practice Forward View*[2] – with some indications that it is on track to meet many of the targets.† However, GPs themselves are not optimistic about primary care reform plans.[3]

Hospitals

Hospitals have also clearly become more efficient over the past eight years – maintaining the clinical standard of care in the face of growing workloads. But these efforts have not been enough to allow them to keep up with the growing cost of care and demand for it – resulting in large financial deficits and longer waiting times for treatment.

In June 2018 the Prime Minister Theresa May announced an additional £20 billion a year for the NHS by 2023/24 (with the NHS budget now set to grow by an average of 3.4% a year in real terms over the next five years). But further efficiencies in hospitals will still need to be made to help meet expected further increases in demand, especially if the Government wants waiting times to improve. A national reform plan is due to be published with the Autumn Budget. It is vital that this plan is published before the end of the year so that individual hospital trusts can begin to work out their own strategies for the next 10 years.

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* Changes to the country's demographic profile over the next eight years (falling numbers of children, and growing numbers of older people – particularly men), coupled with predictions that there will continue to be steady growth in the share of people living with multiple chronic conditions, mean that demand on GPs is likely to grow at around the same rate as it has over the past eight years.

† For example, the target that 5,000 non-GP staff be recruited has nearly been met already; but GP numbers are falling despite the Government's target to recruit an additional 5,000 by 2020.

Adult social care

Adult social care is one of the two services that raise greatest concern. It is difficult to judge whether or not adult social care has become more efficient over recent years because so much of adult social care provision is outsourced. But it is clear that any efficiencies made have not been enough to allow the service to keep up with demand. Despite improvements, people are still waiting longer for services than they were in 2010, and unpaid care also appears to be filling some of the gap.

Local authorities have tried to manage financial pressures in social care by squeezing the fees they pay to providers – but this squeeze is reaching unsustainable levels. The Competition and Markets Authority estimates that local authorities are paying approximately 10% below the total cost[4] of care home places.[5] Meanwhile, demand pressures on adult social care are set to intensify further.* If the Government is not going to increase spending in line with that demand, it will need to support local authorities to find new ways of controlling spending. But there are currently no such plans.

The Department of Health and Social Care's principal reform to adult social care since 2010 – the creation of the Better Care Fund to improve the integration of health and care services – is not on track to make savings.[6] So far it has been used primarily as a cash injection to stabilise the market for private social care providers. This new investment has not been matched by any explicit plans to control demand.

The Department's flagship social care reform green paper, originally due to be published in the summer of 2017, has been delayed until the autumn of this year. If, as the Government has indicated, the paper includes plans to introduce a cap on individuals' liability to meet their own social care costs,[7] it is likely to increase public spending on adult social care. This may improve access to publicly funded social care and increase public satisfaction with the service but it would not help to control public spending – in fact, it would do the opposite.

Children and young people

Children's social care

Spending on children's social care has been protected compared with other services controlled by local authorities. But the rise in demand has still outstripped spending increases. Local authorities appear to have managed this primarily by increasing productivity, asking social workers to do more.

However, these efforts have not been not enough to allow services to keep up with demand: children's social care departments have consistently spent more than their budgets over the past eight years. Now, the number of vacancies for social workers is growing, and staff turnover is rising, indicating that attempts to find greater efficiencies through increasing workloads would jeopardise quality. Signs of strain are already emerging: notably the increase in the number of children who are repeatedly put on a child protection plan, after their problems had supposedly been resolved.

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* According to projections commissioned by the Department of Health and Social Care in 2015, between 2015 and 2025 the number of older people unable to perform at least one activity of daily living will increase by 30% and the number of working-age adults with learning disabilities using publicly funded care will increase by 30%. See Wittenberg R, Bo H, *Projections of Demand for and Costs of Social Care for Older People and Younger Adults in England, 2015 to 2035*, London School of Economics, 2015, www.pssru.ac.uk/pub/DP2900.pdf, p. 6.

There are many factors that influence demand on children's social care – from risk-averse behaviour among professionals, to the availability of early intervention services, to child poverty rates – but the way these interact is unclear. That makes it very hard to estimate how demand for children's social care will change in the coming years, although there is no reason to believe it will fall.

At the moment, the Department for Education's key reforms[*] in children's social care are designed to improve the quality of social work rather than control spending.[8] Raising standards could improve retention – thus reducing spending on agency workers – but there are limited indications to date that the current reforms will do so. The Department's Innovation Programme has funded some pilot projects designed to reduce demand since 2014, some of which have shown early successes,[9] but only the What Works Centre for Children's Social Care is explicitly looking at how to reduce demand for acute services, which will only start piloting trials after 2020.[10] Right now, it is unclear how the Government expects local authorities to manage demand for children's social care in the coming years.

Schools

Schools have in many ways fared the best out of all the services we have looked at in this report. For most of the period since 2009/10, spending rose broadly in line with pupil numbers – although there has been a 4% drop in per-pupil spending in real terms since 2014/15.

Overall, schools have become more productive: there are more pupils per teacher, and pupil attainment has been on an upward trend – particularly at primary school level. The public sector pay cap helped to limit cost pressures from wages, and new pay increases announced this year have been largely funded from elsewhere in the Department for Education budget up to 2019/20.

While our assessment of the past eight years is broadly positive, we have some concerns about the future. In the coming years, demand pressures will move from primary schools to secondary schools, as children of the mid-2000s' baby boom grow older. Teacher recruitment and retention issues are particularly acute at secondary school level and suggest that the sector may struggle if further efficiency drives involve increasing workloads.

The Department for Education has an evolving strategy[11] for supporting schools to make savings, including providing financial management consultancy to them, negotiating new national procurement 'deals' and creating a new website for vacancies to be advertised free of charge. Theoretically, all of these efforts could prove helpful, but it is too early to say whether they will ultimately be enough to allow schools to manage their cost pressures. The increase in school financial deficits that has occurred in recent years – even at the time when per-pupil spending was rising – suggests that schools are not managing their finances in the way the Department for Education expects.

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[*] The Putting Children First reforms aim to establish an independent regulator for social workers, and raise standards through new professional development programmes, and assessment and accreditation.

Neighbourhood services

Neighbourhood services have faced the steepest spending cuts of any of the services covered in this report. The evidence we have suggests that services have not been cut back and they have not deteriorated in quality on anything like the same scale as other services. This indicates that efficiencies have been made.

But there is insufficient data to judge the scale or source of those efficiencies accurately. For many neighbourhood services (such as community centres, tourism, museums and support for the arts) there is no data at all on service inputs or outputs. This means that central government (let alone outside observers) cannot accurately assess how far these efficiencies have bridged the gap between spending and demand, and how much further they could be pushed.

This is a real problem. Local authorities are democratically accountable for delivering services that meet residents' expectations, but the financial context in which they operate is heavily controlled by Whitehall. Central government needs a detailed understanding of the consequences of these financial decisions to judge what a reasonable level of funding is for the local tier of government.

Most of the pertinent data is already collected by local authorities. We are not advocating for further heavy reporting burdens to be placed on local government by Whitehall. It would be better for local authorities to come together and agree to adhere to common standards in the way they collect, store and publish the data they generate and use themselves as part of their day-to-day business. Then it could be aggregated to create a national picture. Central government should support these efforts – so that it can develop its own understanding of local efficiency efforts, and where key service pressure points are emerging.

Law and order

The police
The police service has managed steep spending and staff cuts over the past eight years, while being faced with rising demand in at least some areas. However, the absence of good information on the 'non-crime' issues that the police deal with, such as helping people in a mental health crisis, means that we cannot say exactly how overall demands have changed.

The data suggests that the police service initially managed to meet the demands placed on it. But warning signs have emerged in more recent years, which suggest that the police service is now struggling to meet demand while also maintaining the quality of the service. The proportion of offences that result in a charge has been declining, as has victim satisfaction with the way the police have handled crimes. Her Majesty's Inspector of Constabulary and Fire & Rescue Services (HMICFRS) has reported that a quarter of forces are struggling to deal with 999 calls in a timely way. Police financial reserves are also starting to be depleted.

Both the National Audit Office and HMICFRS have noted that there are clear opportunities for savings through collaboration between individual police forces: sharing back-office services and particular specialist units such as firearms and surveillance.[12] However, the Home Office has played little role in making this happen, leaving the onus on individual police and crime commissioners and on the forces themselves.

A four-year investment pot – the Police Transformation Fund – was established in 2016/17 to fund reform projects designed to improve police performance.[13] But it is too early to tell what the return on investment of these projects will be or whether they will be able to be scaled up. Meanwhile, an existing reform programme – the Emergency Services Mobile Communications Programme, originally intended to save £1 million (m) a day by 2017 – has been rated 'red' ('unachievable') by the Infrastructure and Projects Authority.[14]

Criminal courts

The courts system overall has managed some of the steepest spending cuts in comparison with other services examined in this report (23% in real terms since 2010/11). Although demand has fallen, the increasing complexity of cases means that it has not fallen as quickly as spending. Her Majesty's Courts and Tribunals Service (HMCTS) has begun to pursue an extensive programme of reforms to streamline the operation of the courts.

Between 2010/11 and 2015/16 criminal courts struggled somewhat to keep up with new demand but since then they have managed to reduce waiting times and clear some of the backlog of cases, despite continued cuts to spending and the workforce. This suggests that courts are processing criminal cases more efficiently. But it does not tell us what has happened to the quality of justice dispensed in those trials or people's ability to access justice. These issues are harder to assess quantitatively, but anecdotally are of growing concern. New challenges lie ahead: in particular, government plans to increase the number of police detectives is likely to increase the volume of cases coming before the courts.[15]

It is widely acknowledged that there is scope for improving the efficiency with which courts operate.[16] There are 11 major projects under way for reform of the criminal courts,[17] which, together with reform plans for civil and family courts and tribunals, are expected to save £265m a year by 2023 – equal to around 14% of HMCTS's current annual operational spending.

As our analysis demonstrates, reforms implemented so far appear to be having some success. But concerns have been raised about HMCTS's ability to deliver all of the changes planned. The National Audit Office has highlighted that most of the savings claimed so far have come from reducing staff numbers, before changes to ways of working have been implemented.[18] The Infrastructure and Projects Authority has given the whole HMCTS reform plan an 'amber/red' confidence rating, meaning successful delivery of the project is in doubt, with major risks or issues apparent in key areas.[19] However, given the scale of the ambition of these reforms, even an incomplete implementation is likely to make improvements to what is currently an inefficient labour-intensive, paper-based and outdated system.

At the same time, the success of any attempts to improve efficiency in the criminal courts will be undermined if government does not gain a better understanding of – and response to – the consequences of these changes for the quality of justice served in them.

Prisons

The serious concerns that we have raised about prisons in previous editions of this report continue, despite spending and staff increases over the past year. The sharp deterioration in prison safety, which began in 2013/14, has continued to intensify, and prisoners appear to have less access to learning and development activities that might support them once they leave. Meanwhile, the most recent projections from the Ministry of Justice suggest that the prison population will rise 4% between 2018/19 and 2022/23 – faster than the 2% rise over the preceding five years.[20]

We think that the quality of prisons is very likely to improve next year. This is when we would expect to see the benefits of the recent 18% increase in the number of prison officers show up in decreasing prison violence and increased rehabilitative activity. The issue now has vigorous ministerial attention; prisons minister Rory Stewart told the BBC in August 2018 that if there were not discernible quality improvements in the 10 worst-performing prisons over the next year, he would resign.[21] His aspirations will be supported by new investments announced this year – a total of £40m for programmes designed to improve security, the quality of facilities and training for officers.

Plans for prison improvement, then, are largely based on extra spending. There is only one plan to control spending – but its success is far from assured and even if fully achieved would save only a small fraction of prisons' running costs. The Prison Estate Transformation Programme is intended to save £80m a year by closing old prisons and opening larger, more modern ones (as well as adding extra capacity to existing prisons). That amounts to less than 3% of prisons' annual budget – far less than the scale of the budget reductions imposed in the 2015 Spending Review. This means that, even if this reform was implemented perfectly, the savings it achieved would not be sufficient. But the Infrastructure and Projects Authority has given this project an 'amber/red' confidence rating, which means that successful delivery is 'in doubt'.[22]

Public services have become more efficient – but further improvements will not come easily

Overall, this report shows that public services have become more efficient since 2009/10. But a lot of this has come from one source: the limits that central government has placed on increases in public sector pay. The two-year pay freeze that applied between 2011 and 2013 on its own was intended to save £3.3 billion (bn) compared with increasing pay in line with inflation.[23]

But the efficiency improvements made have not been sufficient to allow any of the services covered in this report to manage all of the demands on them within their set spending envelope. People are waiting longer for services – and not just in hospitals – and many services are spending more than their budgets.

There is clearly scope for further efficiency improvements in public services. But with the 1% pay cap now eased, the array of tools available to government to control spending has shrunk. There are others, such as altering pension entitlements, which government has shown little appetite for recently. Further productivity drives – if not accompanied by changes in working practices – could risk intensifying the recruitment and retention issues that the new pay increases are designed in part to solve. This is a key challenge for government.

The country faces a national choice

Improvements are possible. But in the long term, no government can maintain public services of the current scope and nature without a large rise in tax.

Projections from the Office for Budget Responsibility in July 2018 show that if current spending were simply projected forward, spending on health, long-term care and pensions and pensioner benefits alone (along with debt interest payments) would equal tax receipts within 50 years.[24] That is, if the Government chose to keep those commitments on health, long-term care and payments to pensioners, it would have nothing left for any other form of public spending (without increasing borrowing).

The Government needs to address openly the big questions about the future of public services. This report shows that governments cannot continue for long to provide the same services by simply muddling through, with dollops of emergency cash. Tough decisions will have to be made: whether tax increases, or lower expectations of services, or more individual contributions, or radical service changes.

The Prime Minister and the Chancellor must start making these options explicit – about what public services cost and how that money would be raised. They need to begin telling people clearly that they face a national choice.

List of abbreviations

Abbreviation	Description
A&E	Accident and emergency
ADASS	Association of Directors of Adult Social Services
ADCS	Association of Directors of Children's Services
ADL	Activity of daily living
BSA	British Social Attitudes
CCTV	Closed-circuit television
CERP	Court Estate Reform Programme
CMA	Competition and Markets Authority
CPS	Crown Prosecution Service
CQC	Care Quality Commission
CSEW	Crime Survey for England and Wales
ERP	Estates Reform Project
EU	European Union
FTE	Full-time equivalent
GCSE	General Certificate of Secondary Education
GDP	Gross Domestic Product
GP	General practitioner
HMCPSI	Her Majesty's Crown Prosecution Service Inspectorate
HMCTS	Her Majesty's Courts and Tribunals Service
HMICFRS	Her Majesty's Inspector of Constabulary and Fire & Rescue Services
HMIP	Her Majesty's Inspectorate of Prisons
HMPPS	Her Majesty's Prison and Probation Service
JAC	Judicial Appointments Commission
MoJ	Ministry of Justice
MRSA	Methicillin-resistant Staphylococcus aureus
PEEL	Police effectiveness, efficiency and legitimacy
PFI	Private Finance Initiative
PISA	Programme for International Student Assessment
QOF	Quality and Outcomes Framework
SHMI	Summary Hospital-level Mortality Indicator
UK	United Kingdom
UKHCA	United Kingdom Homecare Association

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Acknowledgements