



A troublesome legacy: more centralised, less preventative services

Over the last decade, health provision has become more and not less centralised, moving away from localised prevention which is so critical to addressing the complex needs of an ageing nation.



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Local government has been the unsung hero of austerity. There has been a gulf in funding between the NHS and the services run by local government whose services have had very serious reductions, even where they are complementary to health services as in prevention and personal social services. However, local government has managed change much more effectively than central government. The Care Quality Commission (CQC) has shown that local government funded services have a higher level of good or excellent services in care homes and in home care than NHS acute hospitals – 84% compared to 72%.

The NHS has had a better ride on funding than other public services, but this has been linked to greater centralisation – more funding but reduced local initiative in using it. Compulsion, indeed obsession, with targets and waiting times from the centre has increased the shift towards hospital services which now take in 62% of spending compared to 55% in 2010. This reflects government planning targets – and medical pressure towards high tech services.

The political priority of hospital targets has meant that we have an unbalanced service with worsening mental health services and services for elderly patients. There is a new hidden problem of Cinderella services. The NHS has had unsung successes – one has been to reduce mortality from Coronary Heart Disease: another the reduction in late diagnosis in HIV by 50% – from 20,000 to 10,000. These successes depended on local initiative and have had little attention from the centre: the shift towards hospital care will create many problems for the future. How do you create an integrated service in an unbalanced system?

Another part of the legacy of centralisation has been rising cost. The health service has seen a faster rate of cost increase than the economy. The cost of specialized services (as defined by NHS England) in the NHS has risen 7% per year since 2010 and there have also been cost increases affecting care services.

The NHS certainly met the Nicholson challenge in 2010–15 but at the cost of shunting some very serious problems down the road. There have already been significant effects in increasing the burden on carers.

Unlike past inspectors in health and social services, the CQC itself has made a great impact. Britain has the world's only system for inspecting quality across all health and care services. This is a new and unexpected development since 2010 and one for which ministers can take credit. Yet the CQC has raised the costs of providing care and made it more difficult for small care homes (which provide most of the homes rated as excellent) to stay in the service.

One final element in the legacy has been the increased practice of rationing – overt in local government services and mainly covert in the NHS. In home care services, out of 1.4 million requests for services, only 400,000 get any service: within the NHS, the old problem of extended waiting times for established services has recurred – together with the more inevitable problem of rationing for innovative services. Social media increases the demand for new services much faster than the limited number of innovators that can supply them. The NHS certainly met the Nicholson challenge in 2010–15 – but at the cost of shunting some very serious problems down the road. There have already been significant effects in increasing the burden on carers.

Our 2020 report made some very sensible suggestions for the management of services, but it did not have much to say on the tough question of how to meet public expectations with reduced funding. In the future lies the demographic challenge which will raise demand for services and reduce the tax paying population. However, there is one great strength which has come through in the last ten years: the commitment and care of the 2.5 million people who work in education, health and caring services. The key issues now are how to create more freedom for local and regional initiative in using this resource and how to raise productivity in terms of outcomes rather than activities. ●