

# From Hunt to Hancock: a fresh start for the NHS at 70?



*The arrival of a new Secretary of State for Health and Social Care in England is a timely opportunity for a bold new start, based on the funding commitment achieved by his predecessor, writes [Tony Hockley](#). He offers his perspective on this recent development.*

As the UK celebrates 70 years of its National Health Service, helped along by another £20bn of tax funding, people up and down the country are making declarations of institutional love for this public service. They do so with a passion that seems strangely lacking in every other country with a universal, comprehensive health system. This is strange given the relatively poor outcomes achieved under the UK system: the “warts-and-all” sort of love.

Aside from the high emotion that survival to 70 has invoked, it is worth asking if the decades ahead might be different to those that have passed. Could the volatility of tax-funding be corrected and replaced with the steady but low rates of spending growth seen elsewhere, closer associated with rate of economic growth? The commitment to an average of 3.4% over the next five years does not bode well for investment in the other public services that actually improve health rather than treat the consequences of ill-health.

What is the plan for the NHS at 70? More of the same, and the NHS taking an ever-greater share of total public spending? Or the usual, expensive, and dangerous rollercoaster of feast and famine that seems the price of funding that comes almost exclusively from general taxation? A birthday may be a time for celebration, but it is also a time to look forward. Those who really care for our health system must hope that the future does not resemble the crisis-ridden past. These financial and organisational troubles were also born in 1948. Change must happen.

Jeremy Hunt played a very difficult hand superbly. He came to the job to pick up the pieces from Andrew Lansley’s complex reforms, which were intended to “liberate” the NHS, but actually tied it in statutory knots. Hunt came free of Lansley’s considerable prior knowledge, allowing him to focus on what most needed attention from the perspective of patients; this included embedding new cultures on safety, transparency, and mental health. He has stuck doggedly to his patient-centred agenda. He also stuck doggedly to the need to make progress in modernising the doctors’ training contract, despite one of the BMA’s most furious campaigns since the government introduced prescribing controls in the early 1980s.

There comes a time, however, when every health minister has become too much of an insider to continue to be effective. As Lansley demonstrated, and as Virginia Bottomley also showed, expertise can become a serious problem. Concern for the detail and for working relationships with the many partners in the health system limits the capacity to make a difference. In the end, every health secretary becomes a large part of the problem, having been built up as a hate figure by union leaders, and it is a rare luxury to bow out with their head held high. Hunt’s legacy for Matt Hancock is extraordinary given the current economic climate. The former Chief Executive of the NHS, Sir David Nicholson, [argued on Twitter](#) that: “*I do not believe that any other of the Secretaries of State that I have worked for could have got more out of the treasury that @Jeremy\_Hunt has ... longevity has its benefits*”.

Having achieved this commitment to steady funding, compared to a history of volatility, and ahead of both the NHS England proposals on how to spend it, and the green paper on social care, the time was ripe for a fresh face at the Department of Health and Social Care. The NHS needs a new critical friend, as does the taxpayer and patient. Given the extra funding, this will be one of the most important roles for the remainder of this parliamentary term. The Health Secretary must have the full confidence and support of both the Treasury and Downing Street, in order to be able to stand up to the constant pressure from the NHS lobby for cash as the solution to every question and to properly tie the funding commitment to fundamental change.

Matt Hancock has three principal challenges:

1. To shift the health and social care system from expensive hospitalisation and institutional care, and into the community: finally turning a poorly-performing treatment service into an excellent health service;
2. To deliver the digital revolution that Jeremy Hunt committed to in his first days at Health, but which largely fell by the wayside amidst other concerns;

3. Rooting out endemic inefficiencies; running the risk that improved funding will once again entrench current practice rather than foster change.

If he can address these with the determination that Jeremy Hunt has promoted a culture of patient safety, then the funding boost will have secured lasting change and perhaps an NHS that is sustainable for the next 70 years.

---

### About the Author



**Tony Hockley** is Visiting Senior Fellow in the LSE's Department of Social Policy, and Director of LSE's Policy Analysis Centre. He was previously Special Adviser to Virginia Bottomley and to Stephen Dorrell in the Department of Health.

*All articles posted on this blog give the views of the author(s), and not the position of LSE British Politics and Policy, nor of the London School of Economics and Political Science. Featured image credit: [Pixabay](#) (Public Domain).*