The Pluralization of the UK Health Policy Process?

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Structure of The Talk

- *Have there been changes in the UK health policy process?*
- Possible health policy process changes may relate to a wider (re)framing of models of UK government;
- Are there moves away from the classic elitist model?
- Cited examples find a modest and mixed shift to a somewhat more distributed mode;
- But different faces of the state remain important;
- And only some publics have influence;

The Westminster and Whitehall Model: Parliament

Number 10 Downing Street

1. The Westminster and Whitehall model

- The classic model of the UK public policy process;
- A centralised and unitary state;
- Political power lies in SW1, London;
- House of Commons trumps the Lords;
- Majoritarian political system – 'winner takes all';
- Strong Cabinet and Cabinet ministers – 'barons';
- Policy advice comes mainly internally from civil servants;
- Each department has a (narrow) set of policy networks which it consults;

Secretary of State for Health and Social Care – Matt Hancock, MP

Department of Health and Social Care, Whitehall – Richmond House

The Classic UK Health Care Policy Process (Ham 2009)

- a small and closed health policy community based on the Department of Health (DH);
- DH Ministers, civil servants, along with the core central executive (Treasury and No 10) are key;
- Also DH SPADS (special political advisers);
- Takes advice from a 'tight' policy network notably elite clinical interest groups, such as the Royal Colleges, reflecting professional dominance;
- Extensive scientific/clinical advisory machinery, but narrowly drawn, elitist and technocratic;

2. The Network Governance Model

- '*from government to governance*' (Newman, 2001; Rhodes, 2007; Osborne et);
- The decentred state and multi layered government;
- Networks as a governance mode;
- Government steers and does not direct;
- Increased importance of civil society/NGOs;
- Democratic revitalization;
- More bottom up influences;
- From public management to leadership;
- Modernization of the machinery of government;
- *Popular ideas in the New Labour period (1997-2010);*

OR The Asymmetric Power Model Marsh et al 2003; Marsh 2008

- Elitism restated as the NG model is over pluralistic;
- English society and politics display high structural inequality;
- Some change in 'low politics' but not 'high politics';
- Central government here retains a privileged role;
- National administrative tradition is resilient;
- Asymmetric power relations endure;
- The central departments still steer 'their' fields;
- Also strong power of the Treasury;

Network Governance and The Health Policy Process?

- Alvarez-Rosete and Mays (2008) suggest the health care sector may have remained insulated (p183):
- *'while many of the trends noted by the 'government to governance' thesis are evident in the case of health policy, the process has been less affected than other areas of public policy by the appearance of new actors, the move to new institutional arenas and the transformation of relationships'.*
- They also find evidence of both models which may co exist in practice.

Scottish Parliament

Example 1: Devolution of Health Care Policy Competences

- *A major shift to multi level governance;*
- We now have 4 ministers of Health in the UK;
- Devolution of health care competences to Scotland, Wales, Northern Ireland Assemblies around 2000 under New Labour;
- Leads to different health policy trajectories (Greer, 2004);
- differences reflect political gravity– England is more pro market; Scotland and Wales pro networks and integration;
- recent devolution to some English regions (not London), within existing law; e.g. Manchester;

Example 2: The Health Policy Process and The NHS Plan 2000

- Mays and Alvares-Rosete (2014)
- During the New Labour period;
- NG ideas were in the ascendancy;
- Buoyant time financially;
- *Was there a shift to network governance? Ideal situation.*
- At first glance, an inclusive approach;
- Broadly based 'Modernisation Action Teams';
- Big tent coalition building;
- Many stakeholders signed up (literally) in the preface;

NHS Plan 2000

- BUT: they find '*a strong element of hierarchy, dominating other modes of governance*' (p 639)
- The writing of the plan was to a considerable extent still dominated by the Prime Minister, the Secretary of State for Health and a few close advisers, especially SPADs.
- This small circle at the centre was more influential in their view than the 'partial and controlled' erosion of traditional boundaries by the MATs.

Example 3: The 2012 Health and Social Care Act (Timmins, 2012)

- New Conservative/Liberal Democrat coalition elected in May 2010;
- Andrew Lansley the new Secretary of State for Health (Conservative);
- Had been shadow for 6 years and had developed clear plans;
- '*a single minded minister*';
- Government trying to move on with domestic reform quickly in many policy areas including health;
- Lansley produced a White Paper ('Liberating the NHS') in 60 days (only 50 pages);

2012 Health and Social Care Act

- Civil servants in DoH produced alternatives but the minister was not interested;
- Cameron had disbanded No 10 units so no health expertise there to challenge Lansley;
- No 'big tent' consultation exercise;
- Few clear advantages for patients, staff or NGOs;
- Tortuous passage of the Bill into an Act;
- Required a 'pause' and (minor) consultation and then changes; E.g. Health and Well being boards to have more powers;

2012 Health and Social Care Act

- Coincided with austerity and stress on efficiency savings;
- Westminster style policy making with Whitehall in a secondary role;
- Centralised political leadership from inside DoH;
- No engagement exercise initially;
- Minor Network Governance changes in the pause;
- But less evident than in 2000;
- *So no clear shift to NG in 2012!*

Example 4: From Health to Health AND Wealth

- '*Health is too important to be left to Health*';
- Ferlie et al: 2016 The rise of central economic departments and actors in some health policy making;
- Notably HM Treasury and the (then) Dept of Business, Innovation and Skills (BIS):
- Key economic role of the UK bio pharma sector;
- Global Financial Crisis in 2008 eroded the dominant economic role of the UK finance sector;

Health and Wealth

- Search for alternative sectors;
- Treasury had secured a powerful position across economic and social policy in the 2000s;
- Rediscovery of an industrial strategy in BIS, including bio pharma as a key sector (2011);
- Key reports chaired by venture capitalists or bankers that went to the Treasury; e.g. Cooksey, 2006;
- Focus on economic growth, 'good jobs' and speeding up innovation/commercialization;

Health and Wealth

- Creation of the (joint) Office of the Life Sciences;
- https://www.gov.uk/government/organisations/office-for-life-sciences
- Had a minister at one stage (George Freeman, MP);
- a new policy agenda and supporting infrastructure was created at regional level;
- E.g. Academic Health Services Networks (2011);
- Trying to foster a new NHS/Business community;

Health and Wealth

- Some broadening of involved departments within Whitehall beyond DoH;
- Consistently bringing in the key economic departments;
- And more stimulation of regional NHS/business networks;
- *But very little on local democracy, civil society or NGOs;*

Example 5: Some Pluralization of Health Policy Knowledge

- Is there some broadening of health *policy and management* knowledge sources (Ferlie et al 2019)?
- Part of wider shifts in 'the political economy' of public policy knowledge;
- Some dilution of traditional policy knowledge sources (civil service plus elite health care professionals)?
- Although embedded expert advisory committees continue in specialist fields;
- And the key role of scientific advice continues (coronavirus);

Knowledge Pluralization?

- We see the long term growth of:
- Think tanks;
- Management consultancy;
- Gurus and thought leaders;
- ‘star’ Business school and health policy faculty with well known publications;
- Often clustered in Central London; Close to ministries!
- Civil service downsized 2010-18 yet a challenging policy agenda remained;

From Big State to Big Society!

- 'Circa 2010; favoured by David Cameron as a reform narrative;
- Key text is Blond (2010) '*Red Tory*';
- Linked to Res Publica *think tank*;
- Defence of the self regulating professions;
- *Down with managerialization!*
- Staff mutuals/social enterprises an enduring legacy;
- More evident in social care than health care;
- Also consistent with strong GP influence on Clinical Commissioning Groups (set up 2012);
- Very different governance model from the PLC like NHS Trusts;

Star Authors

- Porter, M.E. and Teisberg, E.O., 2006. *Redefining health care: creating value-based competition on results*. Cambridge, MA: Harvard business press.
- Value = outcome/cost
- Over the whole care cycle;
- Gave seminar for NHS at UCL in 2010;
- Picked up and adapted by a major London hospital in a strategic change programme as a more positive response to austerity;

Management Consulting

- McGivern et al 2018
- Widespread use of management consultants by DoH to address productivity challenges (QIPP) in the NHS during the post 2010 austerity period;
- Helped devise key strategies, texts and tools;
- Case study of their impact in one Region charged with major savings targets;
- Problematic relationship with the local health care field;

Conclusion

- *No clear or unambiguous pattern;*
- Devolution is important and continuing;
- A falling back of NG approaches 2000/2012 in 2 key health policy processes;
- BUT: We see a modest broadening to include economic actors at the centre;
- Some limited knowledge pluralization too;
- Not much role for civil society;
- *Needs to be tracked further;*

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