

# Big Society

## Political philosophy and implications for health policy

### A. Introduction

David Cameron first set out his vision for a 'Big Society' in his Hugo Young lecture on 10 November 2009 outlining a new role for government: 'actively helping to create the big society; directly agitating for, catalysing and galvanising social renewal' (Cameron 2009a). In a speech on 19 July 2010 the Prime Minister re-launched the big society idea: 'You can call it liberalism. You can call it empowerment. You can call it freedom. You can call it responsibility. I call it the Big Society'. (Cameron 2010a) This speech outlined ideas for local community empowerment; identified four 'big society communities'; and launched the Big Society Bank to help finance social enterprises, charities and voluntary groups, using money from dormant bank accounts.

The philosophical thinking behind the big society, is based on 'progressive conservatism' and defined as achieving progressive aims (such as fighting poverty) through conservative means (especially decentralising power). It is becoming evident across policy areas and in health policy can be seen in the White Paper *Liberating the NHS* and its associated consultation documents (Department of Health 2010a).

There is still some scepticism about the real purpose of 'big society' thinking, with some arguing that it is being used to mask significant cuts in public spending and for shrinking the state. Recent public opinion surveys have shown although there is high awareness of the Big Society and some support for individual policies, there is little understanding of what it actually means. (Ipsos-MORI 2010). Nevertheless, some commentators who are not traditionally aligned to conservative philosophy are embracing the ideas of Big Society. For example, Geoff Mulgan of the Young Foundation wrote a recent article in the *Sunday Times* about the benefits of a stronger civic society (Mulgan 2010) and published a report outlining how the ideas in Big Society might be translated into a practical programme (Young Foundation 2010).

This paper attempts to highlight the principles that underpin the big society, outlines early examples of the thinking in emerging government policy, and suggests a range of questions for health policy makers.

### B. The argument: broken society

In Cameron's analysis, the state has expanded since the late 19<sup>th</sup> century to help achieve a fairer society but has failed to achieve this:

The size, scope and role of government in Britain has reached a point where it is now inhibiting, not advancing the progressive aims of reducing poverty, fighting inequality, and increasing general wellbeing. Indeed, there is a worrying paradox – because of its effect on personal and social responsibility, the recent growth of the state has promoted not social solidarity, but selfishness and individualism. (Cameron 2009b)

If 'big government' has failed, the answer is seen as 'neither the paternalism of the old Tory patricians, nor the rugged individualism of the Thatcher era'. (Steve Hilton, Director of Strategy for David Cameron, quoted in Barker 2010) Instead 'big society' will transfer power and responsibility to community groups, charities, social enterprises and responsible citizens.

Despite the significant cuts in civil service jobs currently being proposed, not just in health care, it could be argued that the a big society approach does not necessarily lead to smaller government: 'it would not necessarily make government cheaper, but it might make it more effective' (Fung quoted in Appleyard 2009). In his speech to the Conservative party, David Cameron talked about new skills for civil servants as 'civic servants' able to agitate and encourage social action (Cameron 2009a). The big society approach is not necessarily linked in the retrenchment of the state- instead the role of the state changes to 'remake society' with government creating opportunities for people and communities to take power and responsibility from the state.

To allow this to happen several interlinked reforms are indicated:

### **C1. Decentralisation**

Decentralisation, taking organisations from central control to control by individuals or local communities, is a defining feature of the big society. This might for example include encouraging parents to take over a school, or stimulating social enterprise and employee participation. In public services, this requires community activists, who with support from the state can be encouraged to get involved in, for example, setting up a new school. It also requires engaged citizens, with the state's role to encourage a culture of responsibility, mutuality and obligation.

Phillip Blond, Director of think-tank ResPublica, argues that mutualism and employee ownership can produce engaged workers and citizens who not only promote better services, they also make them cheaper. In Blond's analysis, falling productivity in public services is a symptom of a command and control structure and outsourcing that has demoralised staff (he uses the example of an NHS staff survey where only 27% of staff felt they had been involved by their manager). He also points to the experience of private sector businesses from Toyota to John Lewis to argue that that empowered staff are better at cutting costs and improving productivity: 'Over the last 17 years, employee-owned companies have outperformed FTSE All-Share companies each year by an average of 10 per cent' (Blond 2009).

In addition to decentralisation of structures and finances, Big Society encompasses decentralisation of innovation. David Cameron has drawn on the

work of Professor Eric von Hippel who states that users, rather than big companies, are the best drivers of innovation. Again, this links to disquiet about the effect of monopolies on innovation and creativity.

## **C2. Accountability**

In his first Big Society speech in 2009, David Cameron went beyond decentralisation, drawing on the work of Archon Fung, a Harvard professor and author of *Empowered Participation: Reinventing Urban Democracy*. Fung's key concept is termed "accountable autonomy", which provides an institutional design for public engagement.

In Fung's analysis, decentralisation alone is not adequate. He argues that, while it is clear central command of public services doesn't work, decentralisation to local control can also fail, by leading to group-think, inequality and parochialism. He argues that decentralisation should go further by giving power to local people, but only in the context of clear accountability, both sideways to their own constituency, but also upwards to government. The government role is to support local organisations through benchmarking, guidance and sharing of innovations.

Fung gives many examples, including Chicago's Alternative Policing Strategy and Local Schools Councils. In both these instances, local people who organise themselves around a police beat or school, determine priorities and approaches using deliberative techniques, the outcomes of which are then implemented by local officials. Fung also talks about the importance of implementing the right type of participative approach for a particular task. He describes 'the democracy cube', designed to consider the three dimensions of participation and accountability: 'Who participates? How do they communicate and make decisions? What is the connection between their conclusions and opinions on one hand and public policy and action on the other?' (Fung 2006)

## **C3. Transparency**

Transparency is central to big society thinking. For example the coalition government is committed to publishing details of all central government spending over £25,000 and new items of local government spending over £500 on a council-by-council basis from January 2011 (Cameron 2010b). Other examples of this approach include the Missouri Accountability Portal which allows taxpayers to see how money is being spent, or even Windsor and Maidenhead Council's publication in real time the energy use of their main council buildings, which led to a 15% reduction in energy bills.

When David Cameron came to The King's Fund to answer questions on the draft health manifesto in January 2010, he could not have been clearer about his commitment to transparency of information: "we will unleash an information revolution in the NHS by making detailed data about the performance of trusts, hospitals, GPs, doctors and other staff available to the public online so everyone will know who is providing a good service and who is falling behind" (The Conservative Party 2010a).

Technology will be a critical tool to improve accountability and to stimulate social action. Tom Steinberg, founder and director of mySociety, which runs websites including theyworkforyou.com and fixmystreet.com, has also worked closely with the Conservative Party on a new vision for government technology.

#### **C4. The post-bureaucratic state**

The underlying principle of the post-bureaucratic state is that policy should be designed to go with the grain of human nature. It uses the work of behavioural economists and social psychologists to encourage people to make 'good' choices..

A key text here is Sunstein and Thaler's book *Nudge: Improving Decisions about Health, Wealth and Happiness*. In essence, their theory suggests that people often make poor decisions for a whole range of reasons and that rather than leave people to their own devices, or give them dos and don'ts, people should be 'nudged' into following the best option, while still leaving all the bad ones open.

In one of his Strategy Bulletins distributed to the Conservative Party, Steve Hilton, Director of Strategy for David Cameron uses examples of the 'nudge' technique: in Minnesota the government did not encourage people to fill in their tax returns on time by the use of fines, or guidance or other regulatory approaches. Instead they instead publicised the fact that most Minnesotans had already filled tax returns and as soon as a social norm was made apparent the number of people submitting forms dramatically increased. In Montana, cuts were made in binge drinking among students by putting up advertising that stated "80% of Montana's college students drink fewer than four beers per week". This led to a fall in binge drinking as students did not want to be seen as abnormal. (Barker 2010)

Nick Clegg, in a speech to the Institute of Government also pointed to the use of these techniques: "The challenge here is to find ways to encourage people to act in their own and in society's long-term interest, while respecting individual freedom... The Government's new behavioural economics team, based in Downing Street, will be looking at ways in which, in a range of areas, the better choice can be made the easier choice without coercion". (Clegg 2010)

Richard Thaler is now advising the Behavioural Insight Team established in the Cabinet Office which has been set up to look at how to use behavioural economics and market signals to persuade citizens to behave in a more socially integrated way. (Wintour 2010)

#### **D. Big Society in action: implementation in health services**

Elements of 'Big Society' thinking can already be seen in emerging health policy, most notably through the White Paper *Liberating the NHS*:

##### **D1. Decentralisation of health services**

The White Paper outlines radical decentralisation to health services, promising an NHS that is 'genuinely centred on patients and carers' and that 'gives citizens

a greater say in how the NHS is run'. 'A decade of centralising, controlling government has left our public services strangled with red tape, focused on processes not outcomes, and weakened by the need to account to bureaucrats instead of the public. Too many decisions have been made nationally, rather than locally, without enough public involvement.' (Department of Health 2010b)

Key to this decentralisation is the removal of two structural levels of the health care system, strategic health authorities and primary care trusts, and devolving responsibility for commissioning services to GPs and their practice teams working in consortia, working closely with local authorities.

In addition to the decentralisation of commissioning, the White Paper also proposes a greater role for local authorities in health care, with new responsibilities for public health and oversight of plans. This is seen as a central plank of increasing democratic legitimacy in the NHS and in moving decision making nearer to local people: 'Through elected members, local authorities will bring greater local democratic legitimacy to health. They will bring the perspective of local place - of neighbourhoods and communities - into commissioning plans'. (Department of Health 2010b)

Employee ownership is another a strong feature of *Liberating the NHS*: 'We aim to create the largest social enterprise sector in the world by increasing the freedoms of foundation trusts and giving NHS staff the opportunity to have a greater say in the future of their organisations, including as employee-led social enterprises. All NHS trusts will become or be part of a foundation trust.' (Department of Health 2010a).

The introduction piloting of personal health budgets, though initiated by the previous government, is another demonstration of the principle of decentralising power and funding of health care as near as possible to the individual patient.

## **D2. Accountability**

Increasing accountability is a significant theme in the White Paper: 'The Government's reforms will empower professionals and providers, giving them more autonomy and, in return, making them more accountable for the results they achieve, accountable to patients through choice and accountable to the public at local level'. (Department of Health 2010a). The White Paper contains echoes of Archon Fung's 'accountable autonomy, being clear that with autonomy comes accountability: 'We will legislate to establish more autonomous NHS institutions, with greater freedoms, clear duties, and transparency in their responsibilities to patients and their accountabilities'. (Department of Health 2010a).

National accountability for the health service is critical. It currently receives about £100 billion of taxpayers' funding, and it is right that it is held to account for the stewardship of these finances and outcomes through Parliament. The reforms the Government set out in *Liberating the NHS* will remove ongoing political interference from the health service, through the creation of an independent NHS Commissioning Board, but national accountability will remain. In the future, there will be a more transparent relationship between national

government and the NHS, with less scope for day-to-day political interference. (Department of Health 2010b)

Accountability directly to patients is another key theme of the White Paper, and the links between the local democracy and participation and individual patient choice will need to be carefully explored, particularly as local decision making could well result in an increase in a 'postcode lottery' of available services, where local communities may decide on priorities for investment which has the potential of being at odds with the choices of individual patients.

### **D3. Transparency**

The trend towards transparency in health has been evident for a number of years. National 'star ratings' for NHS Trusts were first published in 2001, and the Dr Foster Hospital Guide was also launched that year, the first time mortality rates had been published for a whole system anywhere in the world. Outcome data for cardiac surgery was collected as early as 1977 when Sir Terence English established the United Kingdom cardiac surgical register which collected activity and mortality data on all cardiac surgical procedures performed in each NHS cardiac surgical unit. By 2009, the National Patient Safety Agency reported a seven per cent increase in the overall number of incidents reported, with a 25 per cent increase in primary care. The White Paper supports this trend: 'The NHS information revolution will also lead to more efficient ways of providing care, such as on-line consultations. Greater transparency will make it easier to compare the performance of commissioners and providers.' (Department of Health 2010a)

### **D4. The post-bureaucratic state**

The implementation of Big Society thinking in this area is likely to become clearer after the publication of the public health White Paper which is due towards the end of the year. The Conservatives public health green paper, published prior to the election pointed to this 'nudge' strategy: "There are some hugely successful strategies now emerging from cognitive science and behavioural psychology which are increasingly being used in advertising to 'nudge' people towards making desired choices without dictating what they should do. Creating or changing social norms, for example, is a very effective way of changing behaviour". (The Conservatives 2010b)

### **E. Issues and questions for health services**

So what does the big society mean for health services? Inevitably there are more questions than answers at this stage, but themes and questions already emerging include:

Community empowerment and the NHS:

- Behavioural psychologists tell us there is an optimal size for human group behaviour which appears to be around 150 people, far smaller than the size of most NHS organisations - how might this be addressed?

- Is there a risk that establishing mutual models in public services may create just the kind of overly bureaucratic structures which the policy is designed to remove?
- In addition to exploring employee ownership models, should there be a greater recognition of the importance of engaging staff NHS organisations, for example the way in which teams and individuals are incentivised?
- Will there be even greater emphasis in stimulating local markets and a moving away from monopoly providers and will that conflict with a desire for better integration of services?
- How can local priority setting be reconciled with the desire to avoid a postcode lottery?
- What are the links between greater transparency of service data and the future of regulation?
- How will services with which GPs have limited regular contact and in which they have traditionally expressed little interest, be commissioned in the future?

Patient power or professional capture: public engagement and participation in health services, moving beyond 'voice' to a much more dynamic view of patient engagement:

- How can user innovation be encouraged in health services, perhaps through the expansion of expert patient programme concepts?
- What are the implications for policies on patient choice? How does participation and engagement at local level link to a consumerist approach of individual choices?
- Do we know enough/have we invested enough in gaining and understanding about what works in public engagement in health care?
- Could/should the role of Foundation Trust governors be expanded?
- How can patients be helped to assimilate and adequately assess complex data? Should there be further development of organisations and groups who can interpret health and performance data for a lay audience?
- Are there potential perverse consequences of the open publication of data in health services? (When public reporting of post-cardiac surgery mortality rates was introduced in England, for example, concern was expressed that surgeons would avoid high risk cases and there was some evidence of such behaviour in the US. Such evidence as there now is about the UK suggests that it has not happened here).

Nudging improvements in public health: the use of behavioural psychology in changing patient and professional behaviours:

- How might nudge techniques be used to incentivise health professionals (benchmarking etc) rather than performance management techniques?
- What might be the implications of behavioural techniques on patient choice - Sunstein and Thaler criticised the Medicare Part D plan for having too many choices which confused people - rather to nudge consumers they required fewer choices with a better default option. Could this represent a slight shift from consumer choice policies?
- Could organ donation be a particular area where nudge policies could be affected, with people much more likely to be donors if they had to opt out of a system rather than opt in?

- Is there a clear view on the appropriate role of the state in public health? Research by Ipsos-MORI suggests that there is opinion is divided about whether or not it is the government's responsibility to influence people's behaviour to encourage healthy lifestyles. (Ipsos-MORI, 2010)

**Beccy Ashton**  
**Adviser to the Chief Executive**  
**The King's Fund**  
**September 2010**

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