The Big Society Debate: Is it a Panacea for Reducing the Impact of Welfare Cuts in Public Health?

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The UK economy is in serious difficulties, notwithstanding some improvements in 2012. Pursuing a strategy of cuts, in order to reduce the deficit that the country faces, further benefit cuts are scheduled by HM Government, including cuts to the National Health Service. The concept of the 'Big Society' has been presented in order to alleviate the impact of the current fiscal crisis in public health. The authors explore the development of the concept of 'Big Society' and see its roots within 19th Century ideas of voluntarism and philanthropy. Although there is merit in the Big Society's call for voluntary sector support, beyond the support provided by the State, the authors show that the reality of the Big Society is nonetheless flawed, and suggest that there is a need for mini-scale rather than macro-scale voluntarism and participation in civic society, a 'Little Society' rather than a big one.

1. Introduction

As we have noted elsewhere (Halsall et al. 2013a), in 2012 many countries in the world face economic hardships and recent IMF forecasts are for minimal or even negative growth for these countries. In the face of the current crisis many governments have introduced austerity packages with cuts to public sector expenditure. With regard to Public Health in the UK, such cuts are already beginning to bite and there are fears that a semi-privatised National Health Service (NHS) will be unable to care for the most vulnerable in society as the demands of shareholders for profit override the principle of free healthcare for all (Farmer 2012 in Halsall et al. 2013a). In response to the growing atmosphere of crisis, UK Prime Minister David Cameron and others have presented the concept of the 'Big Society' as a means of involving communities across the country in helping to provide care support at a local level, via the unleashing of voluntary endeavours in lieu of state provision.

As this work is theoretical the research is solely based on academic literature. The first section (2.1) traces some of the roots of the Big Society, primarily via the work of the academic Anthony Giddens, and the social anarchist Peter Kropotkin. The following section (2.2) summarises the key features of the importance of institutions and how these are relevant to the Big Society debate. The paper then (2.3) assesses the usefulness of the impact of the changes that the Big Society proposes to bring to the area of Public Health.

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2. Literature Review

2.1 Big Society Concept: An Overview

In terms of Government direction, as the 20th Century unfolded it seemed that the main choice of state structure was on the one hand between a large welfare state that had a high level of public expenditure, or on the other hand a reduced state that sought instead to privatise public sector provision and divest itself of public sector activities wherever possible. The first alternative carries with it the danger of a bloated and expensive public sector bureaucracy while the second alternative can seem uncaring towards its more vulnerable citizens. In an age of rapid globalisation, the neoliberal agenda that underpinned the shrinking of the State has had enormous impact around the world, but there has been a cost to the poor, who can be socially excluded from the benefits of the economic growth that neoliberalism seeks to promote via freeing up state resources for entrepreneurial activities.

As an alternative to these two contrasting tropes of state activity the influential sociologist Anthony Giddens presented the concept of the 'Third Way' as a means of helping tackle this growth of social exclusion that results from globalisation. As Giddens (1998, p. 152) notes:

> "There is a real parallel between exclusion between nations and regions and exclusion on a global scale. Increased prosperity for many leaves others stranded and marginalized."

The neoliberal agenda that underpins globalisation is difficult for states to regulate and control (Held et al. 2002; Munck 2002), while the values of 'Old Labour' cannot keep up with the pace and scale of global change. Giddens (1998, p. 26) therefore sought an alternative, a third way:

> "I shall take it that a 'third way' refers to a framework of thinking and policy-making that seeks to adapt social democracy to a world which has changed fundamentally over the past two or three decades. It is a third way in the sense that it is an attempt to transcend both old-style social democracy and neoliberalism."

Giddens influenced the likes of Prime Minister Tony Blair in the United Kingdom and President Bill Clinton in the United States, and such leaders became enthusiastic supporters of the ideas that Giddens presented. These ideas included, for example, protection of the vulnerable, no rights without responsibilities and no authority without democracy Giddens, 1998, p. 66) and its associated programme includes active civil society, equality as inclusion and the social investment state among other features (Giddens, 1998, p. 70).

As Cook (1999) noted, the project was modernising, based on maximisation of the citizen's involvement, reduction of bureaucracy and red tape, more transparent government, greater local involvement and improvement of inter-family relations. The welfare 'safety net' idea would be replaced by a concept of 'positive welfare', investment in human capital rather than provision of direct economic maintenance in order to reduce dependency. The sum total of these and other measures, including a possible 'Economic Security Council' at the UN, is to reduce exclusion, thus increase inclusion

and limit the negative elements of unfettered and under-regulated globalisation that we have seen in recent years. Environmental issues would also be tackled via global ecological management involving 'collective action involving many countries and groups' (Cook 1999, p. 152). As Cook noted (1999, p. 12):

> "It is difficult to know what to make of these ideas. In part, they seem super-optimistic and unrealistic; but at the same time they are refreshing alternatives to more of the same at the global level, whether at the scale of the global financial markets or the nation-state. There is definitely a need to have more meaningful and cooperative partnerships between different interest groups at all levels, from the local to the global...On the positive side, for example, a Social Exclusion Unit has been set up by the British government to explore ways to reduce exclusion...On the negative side, changes to the welfare system have upset lone parents and the disabled who feel that they are being discriminated against, a charge that the government denies, and there is often the feeling that business interests dominate all others, just as they did under the previous Conservative government, albeit in the shape of 'stakeholder capitalism' rather than shareholder capitalism."

As we shall see below, there are echoes within these concerns of the impact of the Big Society ideas, but what of the intellectual precursors of Third Way concepts? We can trace these ideas back to the 19th Century, through ideas of civic voluntarism in the United States for example (Verba et al. 1995) or Kropotkin's ideas of *Mutual Aid* and *Sociability*, ideas that were brought together in the book *Mutual Aid*, published in 1902. Kropotkin believed that 'Sociability is as much a law of nature as mutual struggle' (Verba et al. p. 5), and that in higher animals including humans, mutual support, mutual aid and mutual defence were key elements in evolution. He thus combated the prevailing social Darwinist ideas that competition dominated human society. Cook and Norcup (2012) provide an update on the legacy of Kropotkin, along with his follower Colin Ward who also made a major impact on studies of community and urban space, while the recent contributions of Myrna Breitbart and Linda Peake are also discussed. Concepts of community and of participation are other important elements that are also explored further by contributors to Milligan and Conradson (2011) for example.

## 2.2 Institutions and the Big Society: Theoretical Underpinnings

Social scientists have always been intrinsically interested in how institutions function within society (Sinclair 2012; Nash 2010; Scott and Moore 2005; Hertzler 1961). The theoretical discourse of institutions has been defined in many different ways. The most notable and respected work on institutions is the sociological work of Anthony Giddens. In his work Giddens has argued that the functions of an institution comprises of two key concepts: (1) agency and (2) structure. Agency is the sense of individuals of making their own choices and structure in the impression of pattern arrangements which influences or limit choices and opportunities available. As Giddens (1987, p. 61) argues 'Institutions, or large-scale societies, have structural properties in virtue of the continuity of the actions of their component members.' Moreover, Giddens (1984) has emphasised the importance of duality of structure, which social structures have an effect on the outcome of social action. This phenomenon is characterised as 'structuration' in the understanding of the complexities of globalisation that has an effect on society. However, Healey et al. (1995) have argued that both structure and agency have a tendency to compete with each other as although individuals within a society can make

their own decisions (agency) these decisions are under the umbrella of the political economy (structure). There are many definitions of Institutions and a variety of interpretations of the social and economic outputs of the functions of institutions. North (1991, p. 97) has defined institutions:

> "Institutions are the humanly devised constraints that structure political, economic and social interactions. They consist of both informal constraints and formal rules. Throughout history, institutions have been devised by human beings to create order and reduce uncertainty in exchange."

Figure 1: Organisations and Institutions
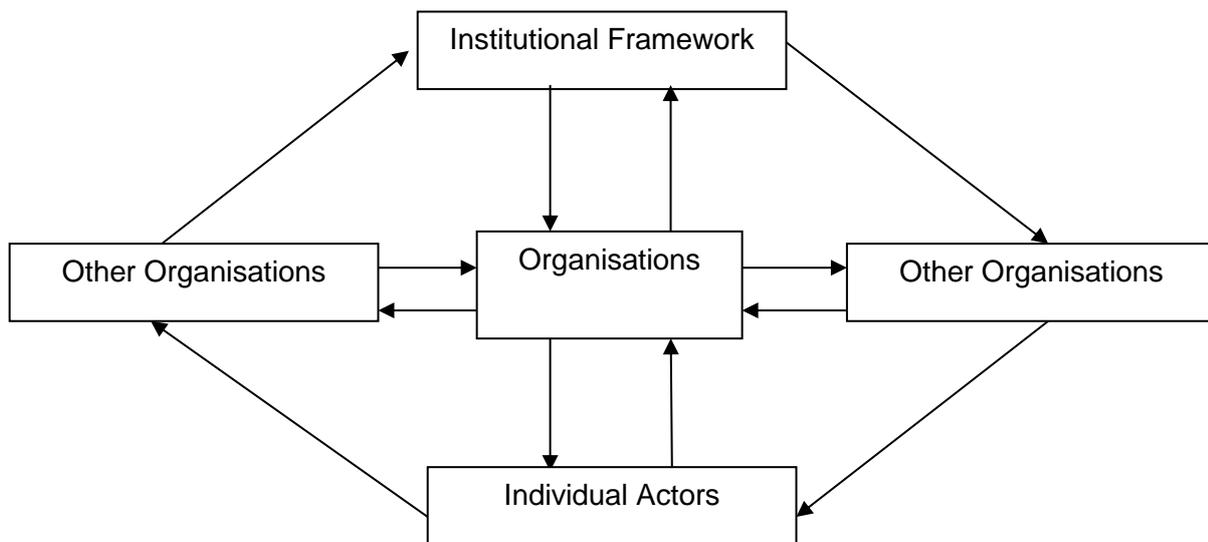
Source: Adapted from: Rowlinson 1997, p. 84

Persson (2002) has posed the question, do institutions shape government policy? In his response he argues that yes, institutions do affect government policy, but he warns that institutions come from an economic standing, therefore, 'political regimes do seem to systematically influence the choice of fiscal instruments, as well as the incidence of corruption' (Persson 2002, p. 884). Hence this impact of institutions from a globalisation process has brought new theoretical discourse on how societies are influenced by institutions. Again the contribution of Gidden's theory is crucial here. In 1997 after New Labour was elected in Britain, Giddens argued that there was a shift in the theoretical stance of institutions thus creating in a new era of 'The Third Way'.

British institutions are somewhat historic, most notably the welfare state. Since the introduction of the Beveridge Report (1942) the United Kingdom benefited from the introduction of the Welfare State. As Hughes (1998, p. 6) outlines 'The welfare state in post-war Britain has had an existence which is more than simply a collection of institutions and practices aimed at the delivery of social welfare.' The main aim of the Welfare State is to bring together a number of agencies and institutions to deliver a sustainable social welfare programme.

An alternative to the nanny state is the 'Big Society' which has become one of the key concepts in British Politics today. This policy concept is a key policy agreement in the

coalition government (Crines and Halsall, 2012). As Kisby (2010, p. 486) notes David Cameron perceived the Big Society as:

> "the implicit ideas that 'responsibility' ought not to be defined by individual citizens - through the payment of taxes to the state-ensuring that all citizens' basic needs are provided for. Rather, it is principally about citizens having a moral obligation to undertake voluntary activity in the community and to take responsibility for their own individual welfare needs."

The big society has different agendas within the public and the private sector. The new concept termed the big society has placed a contemporary emphasis on how the health care system works and is integrated into the welfare state (North, 2011). Politicians advocate that the big society encourages patients to take greater control of their own health care. Hence, the big society has allowed government to decentralise and helped the voluntary sector to become more involved in local communities (Halsall et al. 2013b; Halsall, 2012). However, using this style of approach in the National Health Service means that there is a danger of dividing different social groups.

2.3 Implementation of Big Society Concept: The case of UK

It is worth noting that in real terms spending on the NHS in the UK has risen by an average of 4% a year since the inception of the NHS in 1948 wherein the English NHS accounted for over 80% of this figure in 2011 and NHS spending as a share of UK national income has more than doubled – from 3.5% in 1949-50 to 7.9% in 2007-08 (Nuffield Trust, 2012).

The coalition government's public spending plans entailed massive cuts amounting to £67 billion across all the government departments and are embodied in the Health and Social Care Act (2012). The government's focus on reducing the welfare state has set the tone for huge changes for various components in the NHS, both structurally and financially. The government's priorities were spelt out in the 'Mandate' given to the NHS Commissioning Board Mandate (Department of Health, 2012) highlighting five key priority areas:

- Helping people live longer
- Managing on-going physical and mental health conditions
- Helping people recover from episodes of ill health or following injury
- Making sure people experience better care
- Providing safe care

It is however open to debate as to how the government will be able to fulfil its objectives given the massive cuts in health spending in the backdrop of massive restructuring of the NHS. For instance, the ambulance service will witness marked radical structural reforms including changes into the commissioning structures and transferring those responsibilities to the GPs along with the abolition of NHS Direct, thus putting more pressure on the emergency 999 calls (Wankhade 2011a). It is also worth highlighting that these fundamental reforms are being introduced at a time when the NHS faces the tightest financial settlement in many years with the Government aiming to deliver up to £20 billion of efficiency savings in the NHS by the end of 2014-15. The ambulance service is expected to play a part in achieving these savings by identifying a minimum of

4% efficiency savings within its budget, translating to around £75 million per year (National Audit Office, 2011, p.4). Mark Docherty, chair of the National Ambulance Commissioning Group has been quoted in the NHS Confederation briefing paper (2012, p.2) that "overall, ambulance service provision does not cost a lot of money – it is about 1.5 per cent of the total NHS budget, but the impact of getting it right or getting it wrong is very dramatic. It may only be about 1.5 per cent of direct NHS spend, but it probably impacts on about 20 per cent of the total NHS spend (£20 billion)."

The commission arrangements led earlier by the Primary Care Trusts (PCTs) will be transferred to the new Clinical Commissioning Groups (CCG) from the PCTs which will cease to exist from April 2013. This aspect of GP commissioning might prove very controversial without any substantial evidence of a real transformational shift in the delivery of the service and patient experience if the current changes turn out to be largely guided by making savings and reducing health expenditure. Published evidence on the success of the old regime presents a rather mixed picture (King's Fund, 2008; Smith et al. 2010; House of Commons, 2010). It will be imperative for the new commissioners to have a good understanding of the role and significance of ambulance commissioning if a safe and effective ambulance service is to be maintained as part of a high-quality urgent and emergency care system (NHS Confederation 2012).

The above discussion raises a few issues. The key question remains as to how the ambulance service will be able to show good performance with a reduced resource base. One other implication of these changes will be a more shared or joined-up approach between the various ambulance services and possibly with other emergency services providers including the Fire and Rescue Service including the private ambulance providers (Association of Ambulance Chief Executives 2011). There are still issues around accountability in terms of shared resources. For instance the FRS's call for sharing the 999 facilities with the ambulance service remains unanswered (CLG, 2010) notwithstanding the evidence from North America and Europe (Dixon and Alakeson, 2010)

While the government has introduced a set of clinical quality indicators in 2011 to complement the response time target for Category A incidents, there are still challenges to be addressed. The NAO (2011, p.11) report cited earlier, highlighted a lack of comparative information to benchmark performance alongside clinical quality indicators and argued for developing a minimum data set, including staff utilisation, with agreed definitions that services and commissioners can use to benchmark performance and to monitor service improvements. This is in conformity with the other published evidence about the limitations of response time based targets and the intended consequences arising from this (Wankhade 2011b; Cooke 2011; and Heath and Radcliffe 2010).

Ambulance services were restructured in 2006 and have since invested heavily in developing their relationship with the PCT commissioners. The new changes based upon GP commission have clear implications about the future of the ambulance service. This period of transition in the NHS presents particular risks and challenges. This includes the loss of commissioning expertise at all levels of the commissioning process since it may be the case that the specialist knowledge, cultural understandings (Wankhade 2012) and expertise about ambulance services could lie within the ambulance service itself with a risk of losing an effective counterbalance from commissioners (NHS Confederation 2012, p.5). Concerns will remain about the skills of the GP consortia, especially in their early years, in handling about £70bn of public funds

and subject to similar pressures as the PCTs but with much less management resource and experience (Ham et al. 2011).

We thus argue that such massive welfare budget cuts necessitate a bigger role by the society or social networks in the co-production of the services. The concept of social capital (Putnam 1993; 1995a; 1995b; 2000; 2007) might help in addressing some of these concerns. Ideas of social capital are also closely linked with governance (Field 2003). Skidmore et al. (2006, p. 8) identified strong connections 'between the properties of social capital and effectiveness of governance.' We therefore conclude that the success of social capital will involve development of institutions and opportunities for public engagement and involvement.

3. Conclusion

This paper has examined the theoretical debates surrounding the big society and how these impact on the UK's public health service. At the start of the paper a definition of the third way is provided and how this is theoretically linked with the big society. Furthermore, theoretical discourse of institutions was critically examined within the changing context of the British political system. There have been numerous significant events, reported and broadcast by the media, which highlight certain negative aspects of established British institutions. These events, which have shocked the nation, pinpoint the systematic failure of the very institutions that are in place to protect the vulnerable.

The paper argues that the big society is viewed as being merely a rhetoric service for government cuts, in essence a rolling back of the state. We derive our conclusions by analyzing the impact of government cuts in public spending, especially in the NHS and the impact this has had on the working of the NHS. In this process, we also highlighted several pressures within the NHS. These findings raise doubts about the claims by the government of the success of its 'Big Society' rationale. These doubts have a firm foundation based on the evidence drawn from the NHS.

Acknowledgments

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