Public service reform in the 2020s

BRIEFING PAPER

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What does 'public service reform' look like in the 2020s? This briefing considers three ways the Government might seek to ensure increased funding for public services is efficiently used in a post-austerity era.

KEY POINTS

- The idea of 'public service reform' – measures to improve the quality or effectiveness of services without substantially increasing spending – is likely to regain prominence as political debate shifts away from funding.
- Yet there seems to be little political appetite for a return to the 'new public management' approach, centred around choice, competition and marketisation, that dominated the 1990s and 2000s.
- This briefing considers three different approaches that might supplant it:
  1. **Making service delivery more evidence-based.** Practitioners can be better trained in using evidence, regulators tasked more explicitly with promoting evidence-based practice and there could be greater investment in evaluations to generate reliable evidence.
  2. **Increasing the development and use of technology.** Invest in and trial new technologies, such as robotics, and expand the use of established technologies (for example, digitising services).
  3. **Ensuring services are more user-focused and relational.** This entails four shifts in mindset and practice:
     i. interactions with public servants should be more 'human' and personal, and less transactional.
     ii. Silos between different services should be broken down.
     iii. Users of public services should be empowered to use their own capabilities rather than being passive recipients of help.
     iv. Delivery of services should be an adaptive learning process.
- While these approaches are in some ways mutually supportive, there are also tensions between them – particularly between the goal of standardising evidence-based practice and personalising services.
- Exploring these options is of urgent importance, with public service productivity flatlining for the past two decades outside of healthcare, where adoption of evidence-based practice and technology is most advanced.

INTRODUCTION: THE RISE AND FALL OF PUBLIC SERVICE REFORM

What does 'public service reform' look like in the 2020s? Though the phrase is a vague one, it is widely used among policymakers. I take it to mean measures that seek to improve the quality or effectiveness of public services without substantially increasing spending. In other words, improving efficiency, and making the money the government does spend go further.

However, the concept of public service reform has declined in prominence in recent years. To illustrate the point, compare and contrast the victorious election manifestos of the Labour Party in 2001 and the Conservative Party in 2019. The idea was front and centre in the 2001 Labour manifesto, which opened with a section on "Investment and reform: key measures for public service reform", and dedicated the second of its five chapters to explaining "How investment and reform will improve public services".[1] By contrast, the word "reform" appears only ten times in the 2019 Conservative manifesto, compared to 78 instances in the 2001 Labour document.[2]

Through the 1990s and 2000s, 'public service reform' had a relatively precise meaning and a well-developed underlying theory of the barriers to the effective functioning of public services. To simplify greatly, that theory – known as 'New Public Management'[3] – claimed that the fundamental issue was incentives. Public services relied too much on the professionalism and moral motivation of those who delivered them. They assumed, in Julian Le Grand's evocative image, that services are staffed entirely by 'knights' and totally free of 'knaves'.[4] The proposed response was to depend less on public spiritedness and make greater use of disciplining forces familiar to markets and the private sector. In that earlier period, public service reform involved stricter performance management (for example, closer monitoring and target setting), greater encouragement of user choice and provider competition, more use of contracting out, and in some cases out-and-out privatisation (for example, in the case of rail services). The objective was to increase accountability, making those delivering public services answerable to those that commission or use them; and to ensure consequences for under-performance, in terms of funding or the pay and position of individual leaders.

For various reasons, public service reform thus construed has run out of steam, and in some cases gone into reverse. Though the evidence is mixed, the reforms of the 1990s and 2000s generally only had a modest impact on efficiency and quality, often at the cost of exacerbating inequality.[5] The reform process was met with fierce resistance, and seems to have created a sense of exhaustion – perhaps the most prominent example being Andrew Lansley's gruelling efforts to restructure the NHS to promote choice and competition within it.[6] Ideologically, recent UK governments (certainly since Theresa May took office) have been less committed to market solutions as a matter of principle.

That does not necessarily mean that those older reforms are complete. Proponents of marketisation argue that the underwhelming outcomes to date are because reform did not go far enough. For example, clinical commissioning groups continue to restrict the number of providers they work with, patient choice is limited in many areas of the

health service, school allocation remains largely determined by geography.[7] But there seems little appetite to continue down the same path.

Public service reform in the broader sense has also receded somewhat in recent years. In the post-austerity era, political debate has often coalesced around on the level of spending rather than how to spend more effectively. It was striking that in his last Budget statement, the Chancellor Rishi Sunak repeatedly expressed his ambition for Britain to have "world class public services", but seemed to see this purely as a matter of funding rather than any sort of structural change.

The terms of the political debate may be changing, albeit slowly. In her speech to this year's Labour Party conference, Shadow Chancellor Rachel Reeves proposed the creation of an independent 'Office for Value for Money', responsible for ensuring "public money is spent wisely", though it is unclear how far this remit will extend beyond uncovering clear examples of waste or misconduct.[8] Health Secretary Sajid Javid was more explicit, telling the Conservative Party conference that "2022 will be a year of renewal and reform" for the NHS and arguing that "in the past, some governments chose cash, others chose reform. That's a false choice. You can't have one without the other".[9]

In neither case does it seem likely that a return to the playbook to Thatcher, Major or Blair - quasi-markets, choice and competition – is in order. So what *does* it mean to reform public services in this day and age? In this paper, I consider three leading possibilities for how the government can try to make its money go further and sketch out the diagnosis of public services underpinning them:

1. Making service delivery more **evidence-based**
2. Increasing the development and use of **technology**
3. Ensuring services are more **user-focused and relational**

These options are not exhaustive – there will certainly be other possible ways of trying to improve the quality and efficiency of public services, not least returning to the old choice and competition agenda. However, at present they appear to be the leading theories of how to drive improvement. Nor are they mutually exclusive – it is possible to pursue all three without contradiction, and in some ways they may be mutually reinforcing, though there are also tensions between them.

APPROACH 1: INCREASING AND IMPROVING THE USE OF EVIDENCE

New Public Management suggested that the main (or at least most tractable) obstacle to effective and efficient public services was incentives. According to the theory, administrators, schools, doctors, hospitals etc were insufficiently motivated to focus on the outcomes that matter to their users. But even if service providers are appropriately incentivised and motivated, their effectiveness and efficiency will be limited if they do not understand the best way to achieve those outcomes. That thought prompts the first theory I want to explore here – that significant gains could be achieved by increasing and improving the use of evidence by practitioners.

It can be extremely challenging for those responsible for delivering public services to work out the optimal approach to take. How should they allocate their staff? Should they try a different approach to teaching or treatment? Is it worth investing in a new technology? Often such decisions are guided by custom, inertia and instinct as much as evidence of effectiveness. To some extent, this is inevitable: healthcare, social care, education, policing and the rest are complex and context-dependent practices and as such will likely always require some degree of professional judgement. But even in cases where evidence might in principle be brought to bear on a question, that evidence may not be accessible, may be fragmented or may not yet exist.

This has been recognised as a problem for some time. Back in 1999, the National Institute for Health and Care Excellence (NICE) was established in order to review evidence and develop guidelines for health and care practitioners on topics like whether they should use particular drugs or technologies. In the past decade, a burgeoning network of 'What Works Centres' have tried to extend this model beyond health and social care into different areas of public policy: education, crime prevention, local economic growth, wellbeing and children's social care among others. According to one estimate, What Works Centres now cover over £200 billion of public expenditure.[10] The specific approach varies from centre to centre, but often includes collating existing evidence on the effectiveness of different programmes and practices, synthesising and reviewing this evidence, carrying out or commissioning evaluations and trials, summarising the evidence in an accessible manner and using it to support decision-makers.

For all the progress that has been made, the extent to which public service delivery is evidence-based varies widely across different institutions and services. It is perhaps most advanced in healthcare, where NICE is strongly established, works closely with the sector regulator and has statutory backing. School education has also made substantial advances: the Education Endowment Foundation – the second oldest and biggest What Works Centre – has tested over 190 initiatives, and its Learning and Teaching Toolkit is used in over 70% of English secondary schools.[11] Yet the fact that EEF is estimated to be responsible for over 10% of all randomised trials in education worldwide despite its relatively short existence highlights the paucity of robust evidence in the discipline.[12] The picture in policing appears to be less positive. According to the police inspectorate, "Many forces do not evaluate their own approaches well enough to see what works and then give this information reliably to

others in the service" and "the police service is still a long way from having immediate access to a reliable database that supplies information about what has been proved most effective in reducing crime and anti-social behaviour".[13] In fairness, the reason we know this is because there is a relatively close relationship between the What Works Centre for Crime Reduction and the police inspectorate, which considers assessing the extent to which policing practices are evidence based to be part of its remit.[14] That is not necessarily the case for other regulators: Ofsted makes occasional references to guidance from the Education Endowment Foundation, but does not use this guidance in a formal and systematic way to inform its inspection of schools.[15]

There does therefore seem to be some scope to increase the extent to which public service delivery is evidence-based: for example, by training more practitioners in the use of evidence, making the promotion of evidence-supported best practice more explicitly the responsibility of regulators and investing in evaluations to generate better evidence. Central government could also do more to ensure that its policies support evidence-based practice – for example, by avoiding knee-jerk, media-driven or excessively sweeping directives. To the extent that such measures can reduce the time and resources spent on less effective activities, they could improve public services and possibly even save money.

APPROACH 2: GREATER USE OF TECHNOLOGY

In any industry or sector, developing and implementing more effective technology is typically the most reliable long term way to increase efficiency. The relative difficulty that public services have in utilising technology – and so the extent of their continued reliance on human labour – is often cited as part of the explanation for rising costs and funding challenges.[16]

In discussions of technology in public services, it is natural to be drawn to novel hi-tech products. For example, there is been significant discussion of the potential of robots to support those giving or receiving social care – by offering physical assistance (eg with walking or carrying), or social assistance (eg robot 'companions').[17] There is certainly scope for additional investment in developing and trialling such innovations: it is striking that discussions of robotic-assisted social care, for example, is dominated by Japan,[18] whose government identified health and social care as one of five focus areas in its 2015 Robot Strategy.[19]

These examples only represent the tip of the iceberg: smartphone and wearable technology could help monitor behaviour and help people take control of their own health, telemedicine can increase efficiency, implantable drugs could help improve the effectiveness of treatment, as could digital and immersive therapies.[20] All these, and other, innovations could help the health and social care system do more with less.

Keir Starmer hailed the possible efficiency gains from robotics in his speech to the Labour Party conference last year. Describing technology that assists with orthopaedic surgery, Starmer said that "The doctor and robot working together are so efficient that patients can be discharged a whole day early. Over time, that means thousands of hospital beds are freed up".[21]

However, there are also gains to be made by expanding the use of less flashy and more familiar technologies. The most high-profile example is an electronic health records system, shared between different services, an objective at the heart of Sajid Javid's promised "digital revolution".[22] According to the Government, one in ten NHS trusts still rely largely on paper-based systems and 71% of social care providers do not have digital access to medication records, which they say imposes significant time costs on doctors and care workers. [23]

The poster child for digital public services is Estonia, which not only has electronic health records, but also online voting, tax collection, prescriptions and IDs.[24] Much of the Estonian justice system operates through a public portal and a case management system that links police, prisons and prosecutors, between them cutting the length of average civil court proceedings by a third.[25] eKool, an Estonian school management tool, claims to have reduced the amount of time teachers spend on administrative tasks by 45 minutes a day, and reduced truancy by 30%.[26]

Such measures are not straightforward to implement, however, often relying on substantial up-front investment in time and resources, tricky coordination between different institutions and systems and widespread buy-in. The National Programme for Information Technology, a project launched in 2002 to update IT systems and introduce electronic records in the NHS, is seen as a failure, poorly planned and overambitious in its timescale.[27]

The Department for Education has started to make a concerted effort to promote education technology (EdTech) in the last couple of years. In 2019, it published an EdTech strategy, promising support for schools to have the digital infrastructure necessary to make use of technologies, coordination of training schemes and help with procurement.[28] Again, there is still some way to go: while the majority of school heads and teachers are optimistic about the potential of technology to improve attainment and reduce workload, cost, skills and connectivity remain significant barriers to more extensive adoption.[29]

The COVID-19 pandemic has highlighted the practical and political challenges of increasing the utilisation of technology to deliver public services. Though many individuals and organisations adjusted quickly and impressively to shifting their services online, in many areas there was a noticeable drop-off in what could be provided. Many teachers found it difficult to adapt to new technologies, sustain student engagement and fully cover their curriculums, leading to significant 'learning loss'.[30] Surveys of patients and doctors suggest that though the move to remote consultation made things more convenient, both groups believe it has lowered the quality of medical treatment.[31] GPs have received mixed messages. In the wake of a campaign by the *Daily Mail* to "make GPs see all patients face to face"[32], NHS England's Winter Access Fund offered financial incentives to practices to increase the number of in-person appointments.[33] At the same time, NHS England guidance has been amended such that GPs are contractually required to "offer and promote" remote consultations[34], and Sajid Javid has insisted that they should continue post-pandemic.[35]

It is also far from certain that new technologies will have the transformative impact on efficiency that their most optimistic advocates expect. For all the undoubted gains produced by improvements in health technology in recent decades, they have often had the effect of raising costs rather than lowering them.[36] Despite the incredible potential of education technology, sceptics point out that it is often characterised more by aggressive hype and marketing than strong evidence of effectiveness.[37]

Technology will almost certainly have a role to play in improving the effectiveness and efficiency of public services, but how much it can change things remains – as with so many things around new technology – fundamentally unpredictable.

APPROACH 3: USER-FOCUSED, RELATIONAL PUBLIC SERVICES

The third theory (or group of theories) is the hardest to pin down, not least because it is fundamentally opposed to a 'recipe book' approach to public service delivery, instead emphasising different solutions for different people in different contexts. It finds its expression in the thinking of Hilary Cottam[38] and in a recent essay by Polly Mackenzie.[39] Another version is the idea of 'human learning systems' developed by Toby Lowe, among others.[40] This third approach suggests that public services can be more effective and efficient if delivered in a more user-focused and relational way.

This involves a number of overlapping shifts, in mindset as well as practice. First, it implies a move from a 'transactional' dynamic between users and providers to one where they engage on a more 'human' level, moving away from a standardised, replicable service to a more personalised approach. Those providing public services should be encouraged to get to know, build trust and rapport with and 'relate to' those they serve. For example, ensuring people with a long term condition see the same GP, or that an elderly person gets the same carers can help to foster these long term relationships.[41]

Second, this will often involve breaking down silos between different institutions – for example, providing a single contact person that a service user can work with different problems across different areas with together. It is, to use a sporting analogy, like moving from zonal marking (with, for example, schools, doctors, social services each staying clearly within their domain of responsibility) to a system of man-marking (where individuals are picked up and followed by somebody that takes responsibility for them, or passed onto another responsible agent).

Third, instead of 'users' of public services being seen as passive recipients of help to address their specific needs, they – and the wider community around them – should be recognised in terms of their capabilities to help address their own problems, rather than the state trying to do all the work. This can take the form of trying to empower individuals, for example by providing education and information. It can involve building relationships between individual citizens or service users so they can help one another, for example in the form of peer-to-peer patient networks or mutual support groups for parents. It can also be done through public services leveraging the resources of the community: for example, police attempting to build trust within the communities they serve or local authorities using participatory processes in designing services.

Fourth, the delivery of public services is conceptualised as an ongoing process of learning. As one text on human learning systems puts it, "It is everyone's job to learn, all the time, at whatever scale of public service system they work. The organisational strategy is to enable that learning to happen effectively".[42] Processes should be constantly and dynamically tested and refined in real-time.

The theories outlined above see incentives, awareness of evidence or technological adoption as the key limiting factors on the effectiveness and efficiency of public services. This one sees it as the conception of public services in excessively narrow transactional terms and thus the failure to build relationships, utilise the capabilities of individuals and communities or coordinate across institutional boundaries. In many ways, it is a repudiation of new public management.[43] That approach encouraged the breaking down of public services into discrete, standardised tasks (clearing case files, getting students to pass exams), the better to measure and incentivise service providers against them. It encouraged providers to fragment and compete against one in markets. It encouraged users to be seen as consumers, rather than participants. All three are shifts that the relational, user-focused approach seeks to reverse.

This new approach promises to improve public services in at least three ways. First, by directly improving the experience of public services. Even if there were no impact on objective outcomes, building relationships should make it more pleasant subjectively to access public services. Second, by catching problems earlier: for example, Mackenzie discusses the possibility of using postal workers to look out for older people that struggle to get to the door.[44] Third, by addressing more problems upstream – for example, instead of police, schools and social work all separately dealing with the consequences of a family's insecure housing situation, it would likely be more effective and efficient to deal with the housing problem at its root.

There is some evidence of a user-focused, relational approach being effective in small-scale experiments. For example, Cottam's organisation Participle helped develop 'Circle', a community membership organisation targeted at (but not limited to) older people, which not only provided practical support and helped address social isolation but also reduced unnecessary take up of statutory services, for instance cutting the number of GP visits people made.[45] Gateshead council report some success with an experiment where instead of using aggressive tactics to collect on unpaid council tax (eg sending bailiffs), they used council tax arrears as a signal that a household was in financial difficulty, and offered personalised support to address their issues. In several cases, this helped people off benefits into work, to address severe mental health or addiction issues or to avoid children requiring statutory care services.[46] Buurtzorg, a Dutch organisation, operating a system of 'neighbourhood care', has received growing international attention.[47] Its approach limits managerial direction of frontline care workers, who are instead encouraged to spend more time in direct contact with the individuals and families they support in order to act as 'coaches' for them.

However, the most prominent example of an attempt to put these principles into action in national policy has been less successful. The Troubled Families Programme offers funding to local authorities to make targeted interventions to improve outcomes for families experiencing multiple problems simultaneously, such as unemployment, poor

quality housing, mental health issues, crime and truancy. Councils are encouraged to use this funding to provide nominated key workers to gain an understanding of the family's issues and develop an action plan.[48] Yet an evaluation of the programme found no consistent evidence of any significant, systematic positive impact.[49] Participle somewhat distanced themselves from the Troubled Families Programme, arguing that it is more short-termist than the similar scheme that they developed.[50] We should not reach firm conclusions on the basis of one initiative, but this may be an indicator of the difficulties of attempting to drive a relational approach from central government.

HOW DO THESE APPROACHES FIT TOGETHER?

To reiterate, these different approaches to improving the effectiveness and efficiency of public services are not mutually exclusive. There is no need to pick one and reject the others. In fact, there are ways that they can help to reinforce one another. For example, embedding evidence-based practice can help identify the technological interventions that work best and reduce the amount of money wasted of technologies that fail to live up to their promise. Instead of a fragmented set on providers being left to their own devices to make the same mistakes (and indeed not even identify the mistakes they make), trialling, evaluating and information sharing makes it more likely that services make the most of technology. Greater use of technology can also support a more relational approach to public service delivery – for example, automating routine tasks so that providers can spend more time engaging directly with the people in front of them.

At the same time, there are also tensions between the different approaches. It is easy to imagine automation leading to reduced human contact if the saved labour time is not redeployed to more relational activities. There is also a tension between promoting an evidence-based approach, which depends to a large extent on trying to isolate different aspects of a service and identify their individual effects and the more holistic vision of the relational approach. Moreover, efforts to standardise 'best practice' uncovered by this evidence could make it harder to create space for local communities and services to develop their own distinctive solutions, as envisaged in the relational model. Advocates of human learning systems favour 'evidence-informed', rather than 'evidence-based' practice, treating knowledge from other settings as useful material to inform practitioners' ongoing learning.[51] Yet there is a danger this could devolve into an 'anything goes' approach, with particular individuals or organisations failing to adopt robustly evaluated measures because they fail to recognise its applicability to their context.

Perhaps the greatest practical tension between the different approaches to public service reform comes from opportunity cost and resource constraints. Reforming public service, in any direction, typically requires substantial amounts of time, effort and money. Some prioritisation is inevitable if any of these agendas are to succeed.
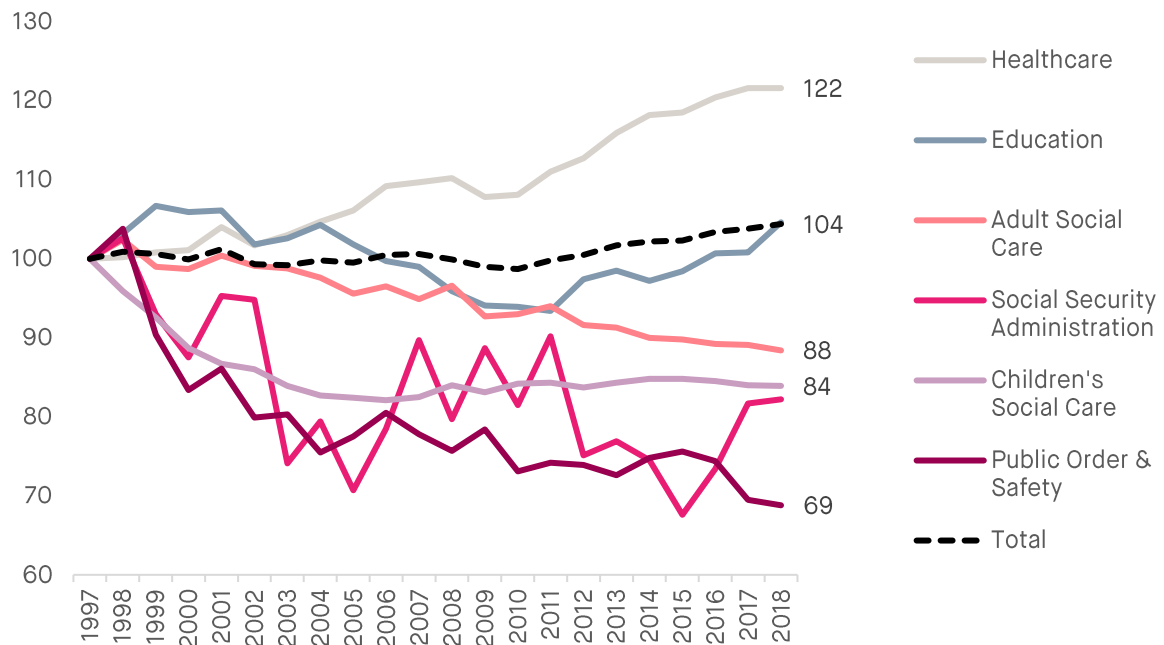
CONCLUSION: THE NEED TO REVIVE PUBLIC SERVICE REFORM

I have not in this paper attempted to evaluate these different options. All of them have some plausibility as ways to improve public service effectiveness and efficiency. All provide reasons for doubt and scepticism as well. What does seem clear is that questions of effectiveness, efficiency and value for money must return to front of our politicians' minds.

It is understandable that after a decade marked by austerity, political discourse has come to be dominated by questions of how much the government spends. Yet this is unlikely to be sustained into the 2020s. Some people – SMF Director James Kirkup prominent among them – have suggested that we are entering a period of broad consensus between political parties regarding the size and role of the state, analogous to post-war "Butskellism".[52] It has been widely observed that following the introduction of the health and social care levy, Britain's tax burden is set to rise to its highest level in 70 years[53] – reaching 36% of GDP in 2025[54] – though it remains low compared to other rich countries.[55] That reflects willingness on the part of the Conservative Government to tax and spend, but it has also contributed to some wariness on the part of the Labour Party to raise taxes any further (part of a wider international trend of growing scepticism of broad-based taxes on the centre-left[56]). Indeed, this is reflected in Rachel Reeves' recent call for lower income tax and business rates.[57]

Relatively high tax rates will not only redraw political dividing lines, but may possibly make the public more attentive to how their money is being spent. In any case, the fallout from the coronavirus pandemic, the substantial costs of net zero and the gradual process of population ageing are all likely to put pressure on public finances and public services.[58]

In this context, official estimates of public service productivity make for alarming reading. Constructing such measures is notoriously difficult and complicated, but if the ONS' figures are remotely reliable, they do not look good. Overall quality-adjusted productivity rose by just 4% between 1997 and 2018. What increase there has been has mostly been driven by improvements in healthcare, up 22% over that period, which may reflect the sector's relatively greater adoption of evidence-based practice and technology. Even so, this figure is lower than productivity growth in the economy as a whole, which was 27%, despite a period of 'productivity crisis'.[59] According to the ONS, productivity was *lower* in 2018 than it was 20 years earlier in several areas of the public sector including adult social care, social security administration, children's social care and public order and safety.

Figure 1: Quality Adjusted Productivity Indices by Public Service

Source: *ONS, Public Service Productivity Estimates*

There is, then, a lot more to be done to ensure that public services run effectively and efficiently, making the best possible use of the money they receive. How we go about doing this is not yet a prominent part of our political debate. But without concerted effort and more thorough consideration of the options, particularly those laid out in this paper, they will continue to fall short and fail to support as many people as much as they ought to. Voters are unlikely to tolerate such underperformance indefinitely.

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