From containment to conflict? Social planning in the seventies

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From Containment To Conflict? Social Planning In The Seventies*

HOWARD GLENNERSTER†

ABSTRACT

During the 1970s a complex range of formal planning procedures were developed by central and local government and other public bodies. By the end of the decade there were well over twenty 'public planning systems' in operation, each with its own timetable, procedure and information demands. A number of allocation formulae were evolved to distribute cash and capital allocations between geographical areas, and various procedures to improve service coordination were also introduced. Together these innovations have had an important impact on the allocation of social service resources and the implementation of social policies. The first part of the article describes the growth of such planning activities, while the second part seeks to analyse their purposes both in terms of the official accounts and from a rather more critical perspective. It is possible to see these changes as attempts by government to come to terms with the problem of 'overload' – the tendency for demands on government for more and better services to outrun its and the economy's capacity to respond. They may be seen as more explicit and centralized rationing procedures which seek to combine a realistic appreciation of budgetary constraints with responsiveness to varied individual and community needs. Critics see these procedures as attempts to contain public spending by insulating popular demands for improved services in increasingly technical and centralized procedures. The article ends by considering the impact of the new government's public expenditure policy.

DEFINITIONS

The term *social planning* has varied meanings in a range of distinct literatures. In the North American social work literature the term is equivalent to 'community development' or 'community organisation' and is concerned

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† Reader in Social Administration, London School of Economics and Political Science.

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with the coordination of local voluntary welfare activities and the ascertaining of community preferences.[1] In contrast, in the developing countries literature it can be taken to mean societal planning taking its place alongside economic planning.[2] Sometimes the term has been used primarily to refer to the *coordination* of existing social service provision. Both Abel-Smith and Myrdal have used it in this sense.[3] Again, it can be used merely as a collective noun for the planning of individual social services – education planning and health planning for example. Finally, urban planners have used the term to refer to the extension of town planning to encompass a wider social brief.[4]

The definition adopted in this paper reflects both this literature and the institutional developments of the last ten years in Britain. We take social planning to be: the determination of priorities, the allocation of resources and the design of service delivery systems undertaken in implementing social policies. It lies, therefore, midway along a spectrum of decision making that extends from the formulation of highly generalized social policies at one end to day to day administration at the other. In some areas of policy, like social security, where the original legislation and subsequent regulations are detailed, the middle phase is less important than in health care or the personal social services where judgements about resource priorities and standards are subject to continuing debate and long term decisions must be taken regularly. In functional terms social planning can be seen as the interaction between economic and public expenditure planning; the planning of individual social services; the conduct of urban and transport planning; and the allocation of resources within and between local authorities.

In methodological terms the practice of social planning as it emerged in the 1970s owed its origins to at least five distinct traditions: the scientific

[1] Two definitions are: 'A way of concerting community influence towards achievement of a common goal', J. L. Ecklein and A. A. Lauffer, *Community Organisers and Social Planners*, Wiley, New York, 1972, p. 212; 'The equipping of disadvantaged groups with the technology and organisation to exert pressure on centres of power for a more favourable distribution of power', R. R. Mayer, *Social Planning and Social Change*, Prentice Hall, New Jersey, 1972, p. 20; see also R. Perlman and A. Gurin, *Community Organisation and Social Planning*, Wiley, New York, 1972.

[2] H. Gans, *People and Plans*, Penguin, Harmondsworth, 1972, ch. 7; J. Midgley, 'Developmental Roles for Social Work in the Third World: The Prospect of Social Planning', *Journal of Social Policy*, 7:2 (April 1978), 173–88, includes a review of social planning literature from the perspectives of developing countries.

[3] G. Myrdal, *Beyond the Welfare State*, Yale University Press, New Haven, 1960, p. 23; B. Abel-Smith, 'The Need for Social Planning' in Peter Townsend (ed.), *Social Services for All*, Fabian Society, London, 1978.

[4] D. V. Donnison and D. Eversley, *London: Urban Patterns, Problems and Policies*, Heinemann, London, 1973; J. B. Collingworth, *Problems of an Urban Society*, vol. 2, 'The Social Content of Planning', Allen and Unwin, London, 1973. R. Williams, 'The Idea of Social Planning', *Planning Outlook*, 19 (Autumn 1976), 11–19.

administration school, in its later formulation; welfare economics; cybernetics and the use of information systems; operational research; and social administration itself with its traditional emphasis on the measurement of need and coordination between services in the interests of particular client groups.

THE CHANGING NATURE OF SOCIAL PLANNING

During, and immediately after the Second World War, planning had a distinctly utopian connotation. It was associated with the aim of building a new social order that would arise from the ruins of war. Abercrombie's *County of London Plan*, 1943, *The Greater London Plan*, 1944, and the New Towns movement envisaged a new urban and social order. Beveridge referred to his report as *The Plan for Social Security*[5] and argued that it was only part of a much wider set of necessary principles of social reconstruction – children's allowances, a comprehensive health and rehabilitation service and the maintenance of full employment. The Labour Party, at the outset at least, was committed to centralized economic planning which was to establish a new economic order. In a policy document presented to, and approved by, Annual Conference in 1942 it said: 'The basis of our democracy must be planned production for community use. . .A planned society must replace the old competitive system'.[6] In 1947 a Central Planning Staff was created to draw up a programme of economic recovery and development for the period 1948–52.

The whole political philosophy which underlay these attempts at economic and social planning was attacked in such classic works as Hayek's *The Road to Serfdom*[7] and Jewkes' *Ordeal by Planning*.[8] The passing strictures of war and the government's failure to produce an instant or quickly detectable utopia led to a revulsion against planning, though from our present vantage point one may marvel at what was achieved. Economic planning was only resurrected in its temporarily indicative form with the appearance of the National Economic Development Council and the Department of Economic Affairs over a decade later. The utopian vision was never to reappear. While urban planning survived it became less ambitious in its goals. It was left to writers like Peter Townsend to keep alive the more utopian vision of social planning as a means of restructuring society.[9]

[5] *Social Insurance and Allied Services* (Beveridge Report), Cmd 6404, HMSO, London, 1942, para. 17.

[6] Quoted in A. Budd, *The Politics of Economic Planning*, Fontana, London, 1978, who provides an account of the fortunes of economic planning in Britain since the Second World War.

[7] F. A. von Hayek, *The Road to Serfdom*, Routledge and Kegan Paul, London, 1944.

[8] J. Jewkes, *Ordeal by Planning*, Macmillan, London, 1948.

[9] P. Townsend, *Sociology and Social Policy*, Penguin, Harmondsworth, 1975.

Within each of the individual social services there were sporadic attempts at long term planning in the 1950s and 1960s. They were mainly the result of central government departments' concern to promote or guide building programmes: for schools (1944, 1958), hospitals (1962), technical (1956) and higher education (1963), and housing (1965).[10] Sometimes central government sought to prompt local authorities into action, for example in extending community care.[11] There were various, rather unsuccessful, attempts at manpower planning for teachers and doctors.[12] However, it was the introduction and gradual extension of the system of public expenditure planning and control (PESC) after 1961, and especially after 1968, which forced central departments to justify their bids for resources from the Treasury with broader forecasts of the costs and demands on their services for the medium term, and to begin to make conscious decisions about future priorities within set budget constraints.[13] Then, in the 1970s, central departments began to extend this process downwards to local authorities, regional and area health authorities and nationalized industries.

Social planning developments in the 1970s fall under three broad headings. First the gradual establishment of service based or 'vertical' planning systems linking central government and local agencies within which localities are asked to produce plans which are consistent with central government's public expenditure strategies. Second, attempts at inter-service and inter-departmental collaboration. Third, the use of territorial indicators of relative need to allocate resources between different geographical areas.

Service based planning systems

The introduction of the transport policies and programmes procedure in the early 1970s set the pattern. This procedure was, it was claimed, designed to

[10] *Education Act 1944*, section 11, and *Secondary Education for All*, Ministry of Education, Cmnd 604, HMSO, London, 1958; *The Hospital Plan for England and Wales*, Cmnd 1604, HMSO, London, 1962; *Technical Education*, Ministry of Education and Secretary of State for Scotland, Cmd 9703, HMSO, London, 1956; *Higher Education*, Committee on Higher Education, Cmd 2154, HMSO, London, 1963; *The Housing Programme 1965–1970*, Ministry of Housing and Local Government, Welsh Office, Cmd 2838, HMSO, London, 1965.

[11] *Health and Welfare: The Development of Community Care*, Ministry of Health, Cmnd 1973, HMSO, London, 1963.

[12] *The Supply and Demand for Teachers, 1963–1986* (Bullock Report), 9th Report of the National Advisory Council on the Training and Supply of Teachers, Department of Education and Science, HMSO, London, 1965; *Report of the Inter-Departmental Committee on Medical Schools* (Chairman Sir William Goodenough), Ministry of Health and Department of Health for Scotland, HMSO, London, 1944; *Report of the Committee to Consider the Future Number of Medical Practitioners* (Willinck Report), Ministry of Health and Department of Health for Scotland, HMSO, London, 1957; *Royal Commission on Medical Education 1965–8*, Cmd 3569, HMSO, London, 1968.

[13] H. Glennerster, *Social Service Budgets and Social Policy*, Allen and Unwin, London, 1975.

encourage county councils to develop a longer term strategy for their support of public transport, and give them greater freedom to develop their own priorities.[14] In order to receive a transport supplementary grant county councils had to make bids, backed not merely by estimates of expenditure in the coming year but by a long term (10–15 year) strategy statement and a five year programme of spending. The Housing Investment Programmes (HIPs) were closely modelled on this precedent. Housing authorities have always had to seek loan sanction approval for new house building, and for slum clearance and improvement schemes. They also had a duty to review housing conditions in their area. The Labour Government, in 1977, produced the results of its long awaited housing policy review, and one of the few concrete proposals was the intention that:

> Each local authority should draw up a strategic statement backed by statistics on the local housing stock and households and expected changes over the next few years and a programme for its own proposed housing investment. In working out the local housing strategy, local authorities will need to take account of policies in other fields – such as transport and employment, health and social services.[15]

Once again ministers claimed the new system would combine overall control of the level of spending with greater freedom for local councils to choose their own priorities.

Under the HIPs procedure, which was first adopted for the 1978/9 financial year, local housing authorities make bids for permission to undertake a capital programme one year ahead, the total size of which must be consistent with the provision for housing investment in the public expenditure white paper for the relevant year. The bids must be backed by a written statement of the authority's housing strategy and relevant statistics on dwellings and households over a four year period. The bid covers new house building, slum clearance, improvement of council houses and acquisitions – all coming within one 'block' of public sector spending. Another block covers the private sector, improvement grants and loans for house purchase, and a third block covers housing associations. Separate approval for each block is required though some movement between them is possible.

The National Health Service planning system developed on somewhat similar lines. In the early 1970s the DHSS developed a programme budget structure which allocated expenditure between broad client groups and provided some basis on which to forecast demands posed by each. It was a significant methodological advance in planning method though far from the

[14] *Circular 104/73*, Department of the Environment, 1973.
[15] *Housing Policy: A Consultative Document*, Cmnd 6851, HMSO, London, 1977, paras. 6.05 and 6.06.

ambitious goals set by its American originators.[16] It enabled the Secretary of State to set out service priorities in two consultative documents in 1976 and 1977, setting norms and suggested growth rates which could be translated into guidelines sent by DHSS to regional health authorities. In the light of this guidance area and regional health authorities are supposed to make strategic (10–15 year) and operational (3 year) plans according to detailed instructions and a tight timetable. These are then passed upwards to the next tier for revision and approval. As a result future guidelines may be relaxed or amended to meet the practical constraints shown up in the last round of plans.[17] However, the actual allocation of funds to regions is based on a quite separate basis discussed below. The Merrison Commission on the NHS clearly found the whole process somewhat difficult to understand:

> Even after listening to careful explanation by representatives of DHSS about the way in which the needs of particular priority groups are taken into account in the allocation of resources to health authorities, we remain mystified.[18]

Two of the research reports undertaken for the Commission, by Kogan and Korman and the team from Warwick, were critical of aspects of the planning system: its complexity; the difficulties caused by uncertain and changing resource constraints; and deficiencies in information and methods.[19] In their consultative document *Patients First* the new Conservative Government suggested that while it broadly approved the attempt at planning the system was to be 'simplified'.[20]

Running in parallel to the NHS system but very different in nature were the local authority social service departments (SSDs) planning statements to the DHSS. In 1962 and 1972 local authorities were asked to prepare 10 year plans for community social services. Both turned out to be largely paper exercises, the last, in particular, based on unrealistic guidelines about available resources, but, in 1977, the DHSS tried again, SSDs were asked

[16] Glennerster, *op. cit.*; G. T. Banks, 'Programme Budgeting in the DHSS', in T. Booth (ed.), *Planning for Welfare*, Martin Robertson and Basil Blackwell, Oxford, 1979, pp. 150–72.

[17] *Priorities in the Health and Personal Social Services*, Department of Health and Social Security, HMSO, London, 1976; *Priorities in the Health and Personal Social Services: The Way Forward*, Department of Health and Social Security, HMSO, London, 1977; and the detailed planning instructions in *The NHS Planning System*, Department of Health and Social Security, 1976, p. 4.

[18] *Report of the Royal Commission on the National Health Service* (Merrison Report), Cmnd 7615, HMSO, London, 1979, p. 56.

[19] *The Working of the NHS* Royal Commission on the National Health Service, Research Paper No. 1), HMSO, London, 1978; *Management of Financial Resources in the National Health Service* (Royal Commission on the National Health Service, Research Paper No. 2), HMSO, London, 1978; and the *Report of the Royal Commission on the National Health Service*, *op. cit.*

[20] *Patients First: Consultative Paper on the Structure and Management of the National Health Service in England and Wales*, Department of Health and Social Security and Welsh Office, HMSO, London, 1979.

to submit a written account of their future strategies and priorities, and statements of their expected expenditure, capital and current, broken down by client group for the next three years, together with population and provision figures for each client group. Again 'norms' were recommended by the DHSS for separate client groups (typically workers or places per 1,000 population).[21] Central government does not directly finance these services. It merely contributes indirectly through the Rate Support Grant. The procedure was seen both as a way of guiding SSDs forward thinking in ways that conformed to DHSS priorities, providing information used by the department in its negotiations with the Treasury and Department of the Environment for PESC and the Rate Support Grant settlement, and no doubt as some basis for deciding loan sanction approval. The procedure was discontinued in 1979.[22]

The relationships between the Department of Education and Science and local education authorities (LEAs) remained largely unaffected by such formal planning systems. In fact, educational planning developed rather earlier. The Robbins Committee's long term projections of demand for places in higher education were regularly revised by the DES.[23] The one overall attempt at planning was conducted within the DES almost entirely in secret by the Department's own planning organization.[24] A procedure and a system roundly criticized by both OECD examiners and a House of Commons committee.[25] Once again an important tool was a programme budget, but school building schemes were still approved on an individual basis. Reorganization schemes urged on, and finally required of LEAs under the *Education Act, 1976* were the nearest the DES came to requiring long term plans from local authorities. This department, despite its early pioneering in educational planning in the 1960s, remained aloof from the fashionable rush into planning systems.

The 1970s, therefore, ended with a complex array of service planning

[21] See the requests for planning statements: *Circular LASSL (77) 13*, Department of Health and Social Security, 1977; *Circular LASSL (78) 19*, Department of Health and Social Security, 1978; and an analysis of the 1977 returns in *Local Authority Personal Social Services Summary of Planning Returns 1976–7 and 1979–80*, Department of Health and Social Security, 1978.

[22] For a more detailed account of these various attempts see Booth, *op. cit.*

[23] The last published example was *Higher Education in the 1990s: A Discussion Document*, February 1978, but also see the education section in the annual public expenditure white papers. *Report of the Committee on Higher Education*, (Robbins Report), Department of Education and Science, Cmnd 2154, HMSO, London, 1963.

[24] *Education: A Framework for Expansion*, Department of Education and Science, Cmnd 5174, HMSO, London, 1972.

[25] *Policy Making in the Department of Education and Science*, Tenth Report from the Expenditure Committee, HC 621, Session 1975–76, HMSO, London, 1976; for an account by the Permanent Secretary see: Sir William Pyle, 'Corporate Planning for Education in the D.E.S.', *Public Administration*, 52 (Spring 1974), 13–25.

systems, which originate in the PESC cycle in Whitehall, linking the individual spending departments with their corresponding local and health authority counterparts at the periphery. The general tendency of the innovations was to increase the compartmentalism of service delivery systems emphasizing the vertical links between service administrators at local, regional and central levels. Yet, during the same decade there were also various attempts to increase inter-service cooperation, corporate and joint planning, both within central government and at the local level.

Inter service coordination

In his review of the record of the 1964–70 Labour Government in the social policy field Townsend concluded that one reason for its relative failure to make any major impact on inequality was the absence of any means by which the separate activities of government in the field of taxation, incomes policy and the social services could be drawn together. What was needed, as he argued, was:

> a strong research, information and planning unit, perhaps under a Social Advisory Council, with direct responsibility to the Prime Minister, which has the job of converting the social objectives of government into an operational programme. This unit would undertake research on social conditions and needs, monitor the social effects of changes in fiscal, incomes and social service policies and produce forward plans.[26]

The *Joint Framework for Social Policies*, evolved by the Central Policy Review Staff (CPRS) in 1975,[27] was a tentative attempt at an inter-departmental approach to social policy within central government. There were to be fairly infrequent meetings between social policy ministers to review longer term issues and trends, and a series of studies undertaken by CPRS of areas of joint concern. The meetings of senior ministers fell into abeyance. The whole initiative, limited though it was, seems to have been scaled down over time. A few brief papers have been published, for example on housing, central-local relations, population trends and education and industrial training.[28] Evidently more pungent and critical papers have not been published.

Within local authorities there were also some attempts to adopt a more

[26] Peter Townsend, 'Social planning and the control of priorities', in P. Townsend and N. Bosanquet (eds), *Labour and Inequality*, Fabian Society, London, 1972, p. 298.

[27] *A Joint Framework for Social Policies*, Central Policy Review Staff, HMSO, London, 1975; W. S. L. Plowden, 'Developing a Joint Approach to Social Policy', in Kathleen Jones, Muriel Brown and Sally Baldwin (eds), *The Yearbook of Social Policy in Britain 1976*, Routledge and Kegan Paul, London, 1977.

[28] *Population and the Social Services*, Central Policy Review Staff, HMSO, London, 1977; *Relations between Central Government and Local Authorities*, Central Policy Review Staff, HMSO, London, 1977; *Housing and Social Policies*, Central Policy Review Staff, HMSO, London, 1978; and *Education, Training and Industrial Performance*, Central Policy Review Staff, HMSO, London, 1980.

corporate and less departmental approach. There were essentially two strands to the set of changes proposed by the corporate reformers. The first was an attempt to adapt the essential elements of rational comprehensive planning, embodied in the concept of planning programming and budgeting to a British local government context. Part of this approach entailed strengthening the strategic coordinating function of the authority by the appointment of a Chief Executive the creation of a chief officers' group or team, and the establishment of a Policy and Resources Committee of members. A central analytic capacity was frequently added in the form of a corporate planning section. The second strand, similar to that found in the Seebohm and NHS reforms, was the goal of improved interdepartmental coordination. Following the political changes in local government in the late 1960s, and the reorganization of local government, these ideas spread to many of the new authorities encouraged by both the Bains Report and the work of Professor Stewart and others at INLOGOV.[29] The trend continued with some setbacks until at least 1977. There were other attempts at interservice cooperation on a less grand scale. The institution of joint planning arrangements between health authorities and local authorities – especially social services departments – was the main example.

Territorial allocation procedures

One of the most significant methodological innovations of the decade was the increasing use of statistical indicators to allocate resources between geographical areas according to some measure of comparative need. The concept of *territorial justice* and indices of comparative need had first been explored in this country by Bleddyn Davies in the late 1960s.[30] In the following decade indicators came to be used by government for three purposes: to help distinguish authorities to be given exceptional assistance because of the unusual concentration of social problems they faced; to provide a basis for allocating grants of a more general kind to local and health

[29] For some of the early arguments see: *New Local Authorities Management and Structure* (Bains Report), Department of the Environment, HMSO, London, 1972; J. D. Stewart, *The Responsive Local Authority*, Charles Knight, London, 1974; J. Skitt, *Practical Corporate Planning in Local Government*, Leonard Hill, Leighton Buzzard, 1975; R. Hambleton, *Policy Planning and Local Government*, Hutchinson, London, 1978; Royston Greenwood, C. R. Hinings, Stuart Ranson and K. Walsh, 'Incremental Budgeting and the Assumption of Growth: The Experience of Local Government', and C. R. Hinings, Royston Greenwood, Stuart Ranson and K. Walsh, 'The Organisational Consequences of Financial Restraint in Local Government', in Maurice Wright (ed.), *Public Spending Decisions: Growth and Restraint in the 1970s*, George Allen and Unwin, London, 1980, pp. 25–48 and 49–67. For an evaluation of the impact of new budgetary procedures see: R. G. Greenwood, C. R. Hinings and S. Ranson, 'The Politics of the Budgetary Process in English Local Government', *Political Studies*, 25:1 (March 1977), 24–47.

[30] Bleddyn Davies, *Social Needs and Resources in Local Services*, Michael Joseph, London, 1968.

authorities; to help local authorities give priority to certain districts or institutions within their boundaries.

There is no need to do more than indicate examples of each kind since the theoretical origins have been discussed by Bebbington and Davies in two earlier articles.[31] Indicators of urban stress were developed to assist in the identification of small areas that should receive priority treatment. The needs element in the Rate Support Grant came to be distributed according to a complex formula that reflected the tendency of local authorities to spend more on different categories of their population. But perhaps the best example of the contribution which this methodology can make to attaining territorial justice is the report of the Resource Allocation Working Party for the Health Service (RAWP) and the similar reports for Scotland, Wales and Northern Ireland. The committee saw its task as finding a means of reducing 'the disparities between the different parts of the country in terms of the opportunity for access to health care of people at equal risk'.[32] It could be said that this had been one of the primary aims of the NHS at its inception. The failure to achieve any significant narrowing of geographical inequalities in access to hospital care especially, may be variously laid at the door of entrenched medical interests and the sheer inertia of incremental budgeting practices. Even with the political will to change this situation little might have happened without the technical means of quantifying the extent to which resources would have to be redeployed in order to make equal access a reality. This is not to suggest that the measures themselves were uncontentious. A voluminous literature now exists disputing the use of standardized mortality ratios, rather than morbidity data; the assumption that equal funding alone will lead to equal access; the costing of teaching and research functions; and much else.[33] Nevertheless, it has provided a basis for rational debate and a practical, if complex, allocative tool. Finally, some authorities have used an index of deprivation to distribute additional resources within their localities to different areas or schools with potentially more demanding pupils, as part of a policy of positive discrimination.[34] The index produced by the Inner London Education Authority turned a general principle into an administrative fact.

[31] A. C. Bebbington and B. Davies, 'Territorial Need Indicators: A New Approach', Parts 1 and 2, *Journal of Social Policy*, 9:2 (April 1980), 145–68, and 9:4 (October 1980), 433–62.

[32] *Sharing Resources for Health in England: Report of the Resource Allocation Working Party*, Department of Health and Social Security, HMSO, London, 1976.

[33] *Allocating Health Resources: a commentary on the report of the Resource Allocation Working Party* (Royal Commission on the National Health Service, Research Paper No. 3), HMSO, London, 1978.

[34] Alan Little and Christine Mabey, 'An Index for Designation of Educational Priority Areas', in A. Shonfield and S. Shaw (ed), *Social Indicators and Social Policy*, Heinemann, London, 1972, pp. 67–93.

In all, therefore, the 1970s were a decade of significant innovation in the techniques of resource allocation and attempts at forward planning in the social services, but this took place against a background of tightening expenditure constraints and the two were not unrelated. How is it possible to view these new arrangements?

OFFICIAL AND CRITICAL ACCOUNTS

By analysing the official descriptions and justifications that have accompanied many of the new planning procedures, and the academic work of its advocates, it is possible to piece together a reasonably coherent account of their place and purpose. Equally, a critical literature began to emerge at the end of the decade questioning the overt purposes of the new procedures and suggesting more critical accounts of what was happening. They can be grouped in each case, into three broad intellectual traditions, each of the official accounts paralleled by a comparable 'unauthorized' version.

Official	*Critical*
(1) Social planning as social learning.	Social planning as colonizing the future.
(2) Social planning as the rational determination of social priorities – a response to 'government overload'.	Social planning as legitimating cuts in public spending – a response to 'fiscal crisis'.
(3) Social planning as the coordination of social provision.	Social planning as constrained bargaining between service providers.

Social planning as social learning

It is this perspective that dominates the official accounts. Planning is seen as the means by which public bodies learn systematically about their environment, the problems and needs of a local community or relevant client groups. While feedback from the local real world system can be obtained from authority members, pressure groups, professionals and participation exercises, these give only a partial viewpoint. A more systematic search for information about its environment will help the authority adapt effectively to the changing needs of its area or clients.

> Public learning. . .involves public institutions actively seeking out problems and opportunities in the community and responding creatively to these challenges by continuously adapting ongoing institutional behaviour.[35]

This quotation refers to local authority policy planning, but a similar

[35] Hambleton, *op. cit.*

philosophy lies behind the stated objectives of the NHS planning system. It goes further than most in setting out its broad philosophy and defining its terms. It begins, 'Planning can be defined as deciding how the future pattern of activities should differ from the present, identifying the changes necessary to accomplish this, and specifying how these changes should be brought about'.[36] In a diagram headed 'N.H.S. planning is a learning process' an iterative process is pictured beginning with 'definition of aims' continuing through 'review of existing state of services' to 'selection of options in the light of resource availability' to 'implementation, monitoring, evaluating, reconsideration of aims'.[37] This view owes its origins to systems theory and cybernetics. The sequence of its intellectual antecedents will be familiar to those who recall the planning, programming, budgeting literature of the 1960s, but in its stress on the identification of the 'problems and needs of people' it also draws upon the terminology and the rhetoric of social administration. The process is meant to be a circular one, DHSS not merely giving guidelines but adapting them in the light of the detailed information it receives from the regions. In practice, the system seems to have relied much more on the guidelines from the centre than feedbacks from the field. The regional health authorities strategic plans for the next ten to fifteen years had to conform to a pattern laid down by the DHSS.

A letter to regional health authorities in 1978 attached a set of standard tables designed to 'summarise the effects of the strategy selected on central resource assumptions'.[38] These 'SASP tables' were not only to form part of the regions' submission to the DHSS but also were to go to area health authorities to provide a framework for their strategic planning up to 1988/9. They began with population estimates, and then for each broad client group or group of services that corresponded to the Department's programme budget categories the regions were asked, where appropriate, to estimate the number of cases, the probable 'throughput' and unit costs for 1976, 1981, and 1988. This provided the basis for estimating the level of provision aimed at in each of these years. Manpower and capital spending estimates, categorized in different ways, were also asked for. Just how regions obtained these figures was their business, but the very form of the instructions concentrated the mind almost entirely in terms of marginal changes to input ratios, and population trends. The area health authorities had to try to work within the resource constraints and guidelines set by region but they and the districts had the task of matching resources to the needs of their area. Slowly the areas and districts began to set up planning

[36] *The NHS Planning System*, *op. cit.* p. 4.
[37] *Ibid.* figure 3, p. 9.
[38] Letter to Regional Administrators, Department of Health and Social Security, 11 January 1978.

groups for some of the priority client groups like the mentally handicapped and ill, the elderly and children, but by the time they began to report there was little if any money to allocate to the schemes they were advocating.

The HIPs returns, in addition to requesting a general statement of the council's housing strategy, asked for a summary of housing needs in their area which justified their requests for a capital allocation over a four-year period. Needs were to be calculated from a crude household-dwelling balance – households plus 'concealed' households requiring a dwelling set against the housing stock taking account of vacancies and second homes. Only the most crude guesses could be made by most authorities about even these figures. To them were added the authorities' estimates of need for limited special categories of housing – sheltered housing, for example – but the disaggregation of needs was very limited. The information was enough to enable the regional offices of the DOE, using a formula and their own judgement, to allocate their part of the total PESC housing allocation.

The local authority personal social service planning returns, in addition to a narrative account of future priorities and patterns of care, asked for information on the existing levels of provision – residential or day care – distinguishing between the various client groups, such as the elderly, mentally handicapped, mentally ill and children. Also illustrative projections of current and capital spending, and population projections by age group were requested.

As these examples show, the nature of the planning information contained in the national returns was fairly crude and largely concerned with inputs of capital or manpower. They clearly provided some yardstick by which central government could compare one area with another to allocate funds or use as the basis for Rate Support Grant allocations. The learning element as far as central government was concerned was minimal. That should not obscure the fact that some health authorities, local departments and corporate planning groups were beginning to make attempts to seek out client needs and measure them in an imaginative way, but the experiences were varied and the methods in an early stage of development even by 1980. For many critics the dominance of the centre and the weakness of the learning mode is no accident.

Colonizing the future

The Swedish writer Ake Sandberg, in his book *The Limits to Democratic Planning*, argues that planning methodology itself, particularly trend planning, reflects the dominant interests in society, and helps to foreclose future options in their favour by persuading politicians to view the future through the eyes of these dominant interests. 'The colonisation of the future means

that today's powerful interests organised in established institutions, prolong the prevailing situation into the future'.[39] They do this through planning methods that produce self fulfilling prophecies or by de-politicizing policy decisions by mystifying them in complex mathematical modelling. It is not necessary to accept the whole case to see that important issues are being raised here about the relationship between established interests, information and planning method. Perhaps the most obvious example is the forecasts made by urban planners of traffic demands which, by extending the network of roads for the benefit of the private motorist, helps to prove the forecasts right. Similar criticisms can be made of the planning methods used by the DES for higher education. They have been wholly concerned with estimating the demand for places from school leavers generated by existing trends which, in the 1970s, involved widening inequality of access. Health planning now seems to be dominated by the bed-population norm or staffing ratio concept for periods up to ten years ahead. The goal of the new regional strategic health plans seems to be to achieve convergence towards national norms. If we had some efficiency criterion for adopting these norms in the first place the process might be less worrying. As it is there must be fears about producing an even less adaptive or responsive service. Planning for preventive medicine is virtually non-existent. Thus existing interests in the medical care system are indeed laying claim to future resources. Moreover, many of the new methods evolved in health planning are predicated on the existence of a centralized and powerful decision-taker. They are extremely complex and can inhibit external criticism.[40]

These Marxist critiques of planning method have to be set alongside the criticisms levelled at the centralizing consequences of the related organizational changes in local government. In an account of changes in local government organization Dearlove suggests that the democraticization of local government increased working class power at the local level and hence made it more difficult for the dominant interests in society to control local government spending.[41] Corporate planning and the larger scale of authorities were designed to contain such spending and to reduce the 'relative autonomy' of local government from the dominant interests in society. Cockburn developed similar arguments from a case study in Lambeth.[42] Dearlove's earlier detailed study of 'policy maintenance' in Kensington and

[39] A Sandberg, *The Limits to Democratic Planning*, Liberforlag, Stockholm, 1977.

[40] The case is argued by J. Rosenhead, 'Operational Research in Health Service Planning', *European Journal of Operational Research*, 2, (1978), 75–85. Also see: G. Parston, *Planners, Politics and Health Services*, Croom Helm, London, 1980.

[41] J. Dearlove, *The Reorganisation of British Local Government: Old Orthodoxies and a Political Perspective*, Cambridge University Press, London, 1979.

[42] C. Cockburn, *The Local State*, Pluto Press, London, 1977.

Chelsea illustrated the extent to which councillors can isolate themselves from any external sources of information and pressure that run counter to their existing values and presumptions about the world.[43] Politicians only hear or learn what they want to learn. Castells sees urban planning as the technical forum within which the dominant and the working class interests battle for power. He argues that urban planning methods in France 'act as an instrument of negotiation and mediation for, on the one hand, the dominant classes and their differing demands for the realization of their common interests, and on the other, pressures and protests of the dominated classes'.[44]

Marxists are not the only critics of current planning methodology. From the opposite ideological perspective equally critical questions are asked about the interests that are reflected in the very nature of planning methods used. In this view social planning is merely one more factor reinforcing the growth of government or defending it from attack; it commits governments to future spending, and mobilizes professional and client group support. Niskanen and later writers from the public choice school of American economists argue that budget allocations reflect the interests of senior administrators who will gain in income, power or status terms by larger or more manpower-intensive budgets.[45] At the moment this 'theory' remains largely speculative, but it is not necessary to accept the whole elaborate set of assumptions which are adapted to USA, and particularly Washington, politics to see that it raises questions of significance for social planning. In particular, it makes us ask questions about the self interest and professional interest of those who generate, use and exclude information from the planning process. Certainly much of current social service planning that is dominated by input norms and staffing ratios is entirely consistent with public choice theory. Perhaps the classic example is the idea of extrapolating a steadily rising and apparently exponential trend in the doctor patient quotient through to the next century regardless of the budgetary consequences, which we find in the Royal Commission on Medical Education in 1968, an approach only partly revised in more recent attempts to suggest appropriate medical manpower requirements.[46]

[43] J. Dearlove, *The Politics of Policy in Local Government*, Cambridge University Press, London, 1973.

[44] M. Castells, *City, Class and Power*, Macmillan, London, 1978, p. 87.

[45] W. A. Niskanen, *Bureaucracy and Representative Government*, Aldine Atherton, Chicago, 1971; D. C. Mueller, *Public Choice*, Cambridge University Press, London, 1979.

[46] *Report of the Royal Commission on Medical Education*, Cmnd 3569, HMSO, London, 1968; *Medical Manpower – the next twenty years*, Department of Health and Social Security, HMSO, London, 1978; A. Maynard and A. Walker, 'Medical Manpower Planning in Britain – a critical appraisal', in A. J. Culyer and K. G. Wright, *Economic Aspects of Health Services*, Martin Robertson, London, 1978, pp. 165–90; see also the

Rationing scarce resources

The earlier part of this article showed how this element has become an increasingly important part of the official accounts. The DHSS describes its programme budget, which forms the starting point of its planning system, in the following way:

> Its central purpose is to enable the Department to cost policies for service development across the board so that priorities can be considered within realistic financial constraints.[47]

Much the same could be said of HIPs which enable the Department of the Environment to exercise priority between spending on improvement and new building. RAWP and the other territorial allocation formulae are geographical rationing devices just as most of the vertical planning systems can be viewed as examples of more explicit financial or capital rationing systems.

During the 1960s and early 1970s public expenditure grew in relation to the economy as a whole, and came to be seen as a major economic 'problem'. Some political scientists argued that the high expectations and political demands being placed on the system for improved services were unrealistic and that the subsequent disappointments were tending to undermine support for the system of government itself. This became known as the 'overload thesis'.[48] Within that framework it is possible to see the development of the national planning system and allocation procedures as ways of taking the heat off government. Publications like the DHSS priorities document helped to educate the medical profession into the realities of limited resources and force a consideration of options and priorities. The emphasis in the planning systems on realistic resource guidelines helped to damp down future expectations. The 'objectivity' of the allocation formulae like RAWP helped to deflect some of the political hostility and debate that might have arisen, significant though it was.

Containing the fiscal crisis

A different interpretation can be put on essentially the same events. In this analysis capitalist states in the West, and most noticeably the USA and Britain, began to face the consequences of internally inconsistent tendencies. The need for more extensive public spending to sustain investment and legitimate the capitalist system was in conflict with the system's incapacity

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same authors' evidence to the Royal Commission, *Doctor Manpower 1975–2000: alternative forecasts and their resource implications* (Royal Commission on the National Health Service, Research Paper No. 4), HMSO, London, 1978.

[47] *Priorities for Health ad Personal Social Services in England*, *op. cit.* p. 78.

[48] See R. Rose and G. Peters, *Can Government Go Bankrupt?* Macmillan, Basingstoke, 1978.

to finance such spending through higher taxation. This, by now well known account by James O'Connor,[49] could be said to form the background to the developments described earlier. The increasing use of the public expenditure system and the derived planning systems for the purposes of control, containment and finally cuts in spending are consistent with such an account. Social planning comes to be seen as the means of legitimizing cuts in public expenditure. The instructions to health authorities on the nature of planning contained in the *NHS Planning System* emphasized the need for 'realism'. 'Planners should be on their guard against unrealistic resource assumptions' and 'avoid making unrealistic demands for finance and manpower'.[50] The guidelines from the DHSS to both the NHS and local authorities set out roughly how much more money they can expect to spend in the period of the Public Expenditure White Paper or longer. The Rate Support Grant settlements came to stress expected levels of spending for each service. Some critics have seen both RAWP and the priorities document as no more than disguises or legitimations for cuts.[51]

At the local level corporate planning can be seen as the way in which chief officers or the party leaders have sought to get 'a handle on' the budget. Yet, taken on its own, this will hardly suffice. Some of the highest spending and growth-oriented authorities are firm adherents of corporate planning. HIPs and NHS plans can as readily be seen as legitimizing the need for more spending. Such general assumptions need more local comparative study before they can stand as more than assertions.

Social planning as coordination

There is a strong tendency for social services to be provided in distinct and unrelated packages despite their interdependent effects and clients' interrelated needs. The factors causing such fragmentation are inherent in the very nature of social services. There is no profit motive to induce the doctor, the social worker and teacher to co-operate as there is in the case of a plumber, carpenter and plasterer who, albeit rather erratically, manage to repair my house. Each social service agency has its own set of loyalties and perceptions of the world. The natural organizational differentiation is reinforced by legal responsibilities which are almost entirely service based and which largely determine any statutory authority's view of its responsibilities. Moreover, agencies are also professionally distinct. The social service departments' perceptions are those of the social work profession. The health authority has a medical view. Each department in a local authority is

[49] J. O'Connor, *The Fiscal Crisis of the State*, St. Martin's Press, London, 1973.
[50] *The NHS Planning System*, *op. cit.* p. 4.
[51] Radical Statistics Group, *Whose Priorities?*, London, 1978.

engaged in a battle for resources which can only be gained at the cost of another department. The importance of countering these tendencies is clear. The joint planning procedures between health and personal social services, corporate planning, the experiments with area management, regional children's committees, the Joint Framework for Social Policies were all attempts to achieve results through giving some body or committee the role of 'strategic coordinator' – or 'coordination by overview' as Lindblom has called it – a superior coordinating body designed to bring together subordinate agencies.[52] The CPRS document, *A Joint Framework for Social Policies*, actually called the group of social policy ministers who were to meet at regular intervals a 'strategic' forum.[53] It is not a procedure that has proved notably successful. Similar difficulties have arisen with corporate strategies in local government,[54] and joint planning.[55]

Social planning as constrained bargaining

The relatively poor showing of the 'strategic coordinator' mode fits well enough into Lindblom's critique of this form of inter-organizational co-operation. The inter-actions are too complex to be ordered by a central committee, he argues. Divergent interests are ignored. If co-operation is in the mutual interests of two departments or agencies it will take place naturally. If it is not in their interests no co-ordinating committee can succeed. In fact such agencies proceed through a process he calls partisan mutual adjustment (PMA). He then goes on to analyse and categorize PMA under various headings. The categories are helpful in thinking about the nature of interdepartmental relations. One may act without any regard to another. An area health authority could close an old peoples' hospital without warning or discussion with the local authority. A housing department may frame its housing investment strategy with no regard to the social services or education department, or it may act without formal collaboration to avoid unpleasant consequences for the other agency. This process Lindblom calls adaptive mutual adjustment. There are other more interactive forms:

(1) straightforward bargaining (for example about inter-authority flows of patients);
(2) a shift of appreciation achieved through the exchange of information about the other authorities' future intentions, some joint planning between the NHS and social service departments is of this kind;

[52] C. Lindblom, *The Intelligence of Democracy*, The Free Press, New York, 1965.
[53] *A Joint Framework for Social Policies*, *op. cit.* p. 6.
[54] Dearlove, *The Reorganisation of British Local Government*, *op. cit.*
[55] Booth, *op. cit.*

(3) compensation – financial inducements by one authority to another – joint finance might fall under this heading;
(4) reciprocity – one organization undertakes to do something in return for some future benefit from others – the regional agreements about special provision for children might fall under this heading;
(5) authoritative prescription – one department accepts the other's professional judgement – a site for a school or home might be deemed unsuitable on environmental or design grounds;
(6) unconditional manipulation – one department simply tries to outmanoeuvre the other.

Guidelines, cash limits and expenditure planning can be seen as the introduction of certain rules into the budget or planning 'game' which make it possible for mutual adjustment and bargaining to take place without recourse to the easiest option – raising the total level of spending to accommodate everyone's claims. However, the theory needs considerable development to test its applicability to the social planning context. Who are the 'partisans'? How do we identify them and their interests? Do they have an explicit bargaining agenda? How are bargains arrived at? What is the currency? How is it traded? Can we identify how much is given up by whom to gain what? What impact does the introduction of, or changes in, the rules of the game make? What factors inhibit adjustments and what promote them and in whose interests?

Friend, Power and Yewlett[56] sought to adapt some of these ideas in operational research terms, and in the urban planning context, using the idea of decision networks which could be fostered by 'cultivating a network of human relationships' and contacts. This view puts great faith on the effect of information and personal persuasion to break down organizational barriers – only one of Lindblom's categories. As critics have pointed out this misses out the power dimension. It is not enough for the other part to be informed, its interests, professional and bureaucratic, have to be satisfied if collaboration is to happen.[57]

TOWARDS CONFLICT?

We have, therefore, two rather different views about the growth of social service planning systems in the past decade. One sees more formal planning as a response to the scale and complexity of the tasks heaped on government

[56] J. K. Friend, J. M. Power and C. J. L. Yewlett, *Public Planning in the Inter-Corporate Dimension*, Tavistock, London, 1974.
[57] P. Healey, 'Networking as a Normative Principle with Particular Reference to Local Government and Land Use Planning', *Local Government Studies*, 5:1 (January 1979), 55–68.

– local and national – in the 1970s. As government grew and local authorities became larger they came to need more elaborate listening devices, and means of making difficult choices and cooperation with agencies undertaking related tasks. As resource constraints grow so the need for planning will become evident.

On the other hand it has been argued that whatever the ideals the procedures have had more to do with control than responsiveness. The effect of tightening resource constraints is likely to reduce concern with building new futures – the basis of much planning practice. Even increments for growth have gone. Thus the will to participate in planning will evaporate. In periods of expansion central government was prepared to initiate explicit planning because it could take credit for any intended improvements. If there are to be cuts only in the future no government will want to take the blame.

How will social planning survive the harsher climate of the 1980s? Some commentators have concluded that it will encourage greater 'rationality'. Without a regular increment to distribute it is argued that local authorities will be forced to consider their base spending and make hard choices. It will become more important to consider the relative effectiveness of different programmes or activities. Authorities and professionals will be forced to question the purpose of many of the things they traditionally do. Services will emerge, as from a health farm, toned up, slimmed down, altogether more effectively planned and coordinated. This is a logical position for a 'strategic cordinator' to take but it is balanced by opposing interests with their own logics. How do we suppose politicians in central government will react faced with the commitment to make the maximum cuts in spending but combined, we must presume, with the minimum of political unpopularity both for their party nationally and for themselves as spending ministers?

Two eminently logical strategies appeared to be emerging by early 1980. First, if you have to cut, cut someone else's budget not your own. Local government was to bear the major burden of cuts while central government spending continued to rise. Second, obscure the issue – use unrealistic cash limits to cut spending and let inflation do the work.[58] In this way the responsibility for making hard choices is devolved to the local authorities or health districts, and to the professionals in the front line. The unpredictability of such an approach in an inflationary period makes even plans a year ahead uncertain. Moreover, it is a game that two can play for local authorities will wish to make clear where the political responsibility lies.

[58] For more on this theme see H. Glennerster, 'Prime Cuts: Public Expenditure and Social Service Planning in a Hostile Environment', *Policy and Politics*, 8:4 (October 1980).

Thus the opposing political logic calls for central/local confrontations and political conflict.

The planning systems developed in the mid-1970s depended crucially on some degree of certainty about medium term resource constraints – on the *volume* figures in the public expenditure white paper. As these become meaningless with the imposition of unrealistic cash limits so the whole purpose of the exercise is undermined. By the beginning of 1980 there were signs that this was in fact happening. The March 1980 public expenditure figures were less detailed than previously and focused on the year ahead.[59] The personal social service planning statements had been discontinued. The health service planning system was to be 'simplified' and was not in practice working at the local level in many instances. The last HIPs returns by authorities had been so severely cut as to produce a near standstill in public housing in 1980. A further effect of tight financial constraints may well be to reduce inter-agency cooperation. Where resources are contracting a department's natural desire is to unload its difficult or expensive cases onto another agency and to avoid taking on any extra commitments. The nature of social planning will have to change once more to adapt to a very different climate in the decade to come.

[59] *The Government's Expenditure Plans 1980–1 to 1983–4*, Cmnd 7841, HMSO, London, 1980.