APPENDIX 1

'Planning under difficulties: the move to decrementalism', with I. Roberts in K. Jones (ed.)

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1 Planning under difficulties: the move to decrementalism

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One of Piet Hein's 'Grooks' reads: (1)

Our choicest plans
have fallen through,
our airiest castles
tumbled over,
because of lines
we neatly drew
and later neatly
stumbled over.

This article is concerned with some of those lines.

In the field of social policy, innovation is no longer news. 'Developments' - 'improvements' - 'reorganisation' - 'planning' - are part and parcel of everyday experience. Such changes can be related to each other within the context of a broader trend, the pursuit of rationalism. At its most general, rationalism may be thought of as belief in the superiority of reason; in more specific terms it presupposes that rational methods can be applied to any problem or situation, regardless of its own special characteristics. In the health and personal social services this supposition now faces a particularly severe challenge as those involved in planning come to terms with decrementalism - the business of coping with cuts.

THE CULT OF RATIONALISM

Rationalism has a long history in public affairs in general and social policy in particular. The vision of a scientific solution to social problems can be traced back to Plato's 'Republic', while modern contributions include an emphasis on quantification and precision, the rise of humanism, of natural science and of sociology. Increasingly, over the last hundred years, governments have come to be credited with the ability to forecast and plan for the future, and to achieve the solution of social problems through the application of organised administrative intelligence.

If rationalism began in the old world, it mushroomed in the new - initially in the constitution and institutions of the United States

and later in the growth of American industry. Efforts to improve effectiveness both on the factory floor and in the manager's office led to work like that of F.W. Taylor, whose 'one best way' expresses well the blend of definitive method, practical innovation and overall optimism characteristic of the rationalist. Rationalism in American government leapt forward with the creation of major public works in the 1930s and, again, as part of the war effort in the 1940s. However, it was in the late 1950s and early 1960s that methods such as systems analysis, Planning Programming Budgeting Systems (PPBS) and so on came to the fore in American social policy. In 1964, for example, the Governor of California called for bids from the systems engineers of the aerospace industry to work out plans for major policy areas: transportation, information, waste management and, most significantly, new ways of coping with criminals and the mentally ill. (2) Government by contract, by study, by project and by plan was beginning to threaten the traditional power of politicians, government employees and pressure groups alike.

Following perhaps a five-year time lag, similar developments in Britain began in the fields of public sector pricing and project appraisal, where an important landmark was the unprecedented inclusion of considerable mathematical justification in the 1966 White Paper arguing against a new dock at Portbury near Bristol. (3) By the late 1960s management, especially the corporate variety, had become a growth industry. In this context, local and central government both underwent review, and within a few years Output Budgeting, Programme Analysis and Review and the Central Policy Review Staff all became part of the central planning and control machinery. Although these rationalistic reforms, by their very nature, emphasised technique rather than style in management, it is probably fair to observe that personnel policy occupied a more important place than might have been expected. We shall return to this theme later; our point here is that the more recent changes in social policy seem to represent merely a more optimistic and energetic pursuit of the old rationalism. Reorganisations are more thorough and more frequent; management and planning are more expert and more specialist; research is more obscure and more costly; and projects are more temporary and more frantic.

PLANNING AND REORGANISATION

The spread of rationalism in British social policy is exemplified in the history of the NHS and the local authority personal social services. With 'improvement' as the watchword, faith in the special efficacy of rational planning in resolving intransigent social problems has become increasingly obvious. This has grown side by side with belief in the necessity of reforming the structure of social service organisations, and has been overshadowed by it to the extent that the very act of reorganisation seems lately to have become the 'one best way'.

From its inception the NHS has struggled to meet high expectations through the operation of a very large and extraordinarily complex system in which, until 1974, interdependent policies were determined by three separately accountable authorities and where, even within a single institution, a variety of organisational patterns could be identified. (4) In 1956 the Guillebaud Committee (5) drew attention to some of the weaknesses of the tripartite structure of the health services, a view endorsed in 1962 by the Porritt Report, which went on to suggest 'single administrative units' that would help 'to produce regional and central operational research on which future planning and development of the service can be rationally based.' (6) Alongside such recommendations for administrative reform and better planning, significant changes were already taking place. Hospital doctors began to acknowledge the limits of personal autonomy by submitting to the decisions of organised medical committees. Senior nursing staff structures were reformed. In some hospitals secretaries, senior doctors and former matrons were beginning to undertake joint planning, and throughout the 1960s growing co-operation between local authorities, general practitioners and hospitals was transforming the organisation of health care. Meanwhile, many Regional Hospital Boards were expanding their management services divisions, and 'scientific' techniques such as PPBS and cost-benefit analysis, already applied to non-clinical activities like catering and laundry, gained wider acceptance as appropriate tools for the analysis and improvement of patient care. The 1974 reorganisation (7) reinforced these trends and the interdependence of organisational structure and planning; managerial reform was designed to facilitate rational decision-making, while the planning system was intended to promote more effective management.

Unlike the NHS, the local authority social services appear to have embraced rationalism largely as a consequence of organisational change - notwithstanding parts of the Seebohm Report (8) and the ten-year plans. (9) The amalgamation in 1971 of personal welfare services and the single-purpose child care and mental health services, subsequent changes in local government boundaries, and a variety of other legislation successively raised new administrative problems, while the broad acceptance by local authorities of the Bains Committee's recommendations (10) had irresistible consequences for social services departments. Although the new patterns of departmental management vary, formal hierarchies, information and planning systems and the like are de rigueur, and all are now firmly enmeshed in the corporate machines of local government.

THE FEASIBILITY OF PLANNING

Whilst institutional reform and the introduction of planning in the health and personal social services may at the time have seemed inevitable, in retrospect we are forced to ask the question: Were they really expected to work?

The critics of planning

Growth of support for rationalism in government and social policy has been paralleled by growth in criticism of it, particularly of that version which emphasises the formal and the comprehensive. It

has been argued that formalism and holism are not only unrealistic, but also politically dangerous and philosophically unsubstantiated; that planning is essentially a political activity, operating to the advantage of existing power-groups; and that fundamental innovation is less likely than the creation of institutions and plans which are 'memorials to old problems'. (11) These criticisms have gained credibility from accounts of the American experience. Bertram Gross, for example, has described PPBS as 'putting people and institutions - with their motivations, divided responsibilities and unpredictabilities - into the models, a task far more difficult than putting a man or even a colony on the moon.' (12) This kind of thinking has prompted alternative approaches to planning - 'disjointed incrementalism', (13) 'the science of muddling through', (14) or simply 'piecemeal planning'. (15)

Complexities of social policy

The rationalistic approach certainly does not easily fit in with the uncertainties characteristic of social policy. For one thing, efficiency in the distribution of publicly financed services is bound to be limited, for demand is potentially infinite and there is no objective yardstick, like market price, by which to direct and control the use of resources. Furthermore, the effectiveness of policy is hard to measure. Goal-setting and evaluation are essentially qualitative; discrepancies between ideals and possibilities, and negotiation between conflicting values and interests, determine the objectives to be attempted, and changes in human health and welfare can rarely, if ever, be attributed directly to particular policy decisions. Such problems reflect an underlying, inherent dissensus; the interests of the public as taxpayer, citizen, public employee and client diverge, creating tension between the aims of restraining public expenditure and improving services, and between social service and social control. They also help to explain the apparently inevitable inconsistencies in social policy; it has been argued, for instance, that the achievement of equality and adaptability is frustrated both by hierarchical organisation and by public participation. (16) Rationalistic methods may help to extend and clarify the choices open to the policy makers; but they cannot eliminate the ultimate necessity of taking political and moral decisions, whether these relate to the setting up of social programmes or evaluating their effectiveness.

Organisational snags

Reform of the health and personal social services in the 1970s has in part been an attack on the shortcomings previously attributed mainly to the persistance of archaic organisational structures. However, the new arrangements have not eliminated significant organisational snags, and appear even to have accentuated some. Mechanisms built into the structures to promote effective planning seem themselves to have built-in spanners.

In the NHS the continued autonomy of clinicians is an important constraint, even though their commitment to corporate plans through representation on decision-making teams was a stated objective in the NHS management arrangements. Their sectional influence on policy may, indeed, increase, with medical advisory committees having the right to press their views on authorities that now govern the whole range of health services. Moreover, in his clinical role the doctor's command over the distribution of resources remains immune from direct administrative controls. A second difficulty is the potential impact of peripheral committees - CHCs, JCCs and the professional advisory committees. At the least, the existence of these bodies and their status vis-à-vis the health authorities suggest the possibility of increased delay and compromise in health service decisions. As if this were not enough to confound rational planning, matters are further complicated by the patterns of membership in, and cross-membership between, authorities and committees; such participation seems likely to encourage the expression and defence of contrary interests rather than foster the rational integration of policy.

The most important organisational constraints confronting social services departments arise from their position within corporate local government. This limits their freedom for manoeuvre both internally and in negotiation with other organisations, in particular their capacity to collaborate freely with the health authorities via the JCCs. Accommodation to external interests is no new experience for these departments, but the introduction of career administrators and new career grades for professionals may bring greater diversity of interest into the organisation itself. In the NHS, on the other hand, the reorganisation attempted to reconcile internal diversity through multidisciplinary management, but it also exposed new sources of conflict as 'those involved in planning ... (are) caught in the lateral tangle of political activity with other agencies and interest groups and in the hierarchical tangle of relationships with superior authorities.' (17)

Financial uncertainties

The question marks hanging over the feasibility of planning in social policy take on special relevance when we consider present economic and social conditions. Social policy in Britain has grown alongside, and mainly as a consequence of, general economic development; for example, public expenditure in the most dynamic sector, personal social services, increased over six-fold between 1953 and 1973. (18) Almost all commentators agree that this trend is now at a standstill, if not in reverse. Adjustment to such economic change involves new kinds of uncertainty, and is being faced in conditions of persistent social, political and ideological change, and conflicts that might be compared with the strife of the 1930s. In short, social policy organisations are operating in a 'turbulent environment'. (19)

In this context, two conditions in particular contribute to the uncertainty surrounding financial management in social service organisations. First, the likelihood of shrinking or, at best, static resources in place of a gradual expansion of public

expenditure raises the prospect of real decline, rather than a mere slowing of the growth-rate associated with economic squeezes in the past. Recent changes include, for instance, reduction in the rate support grant and the imposition of cash limits. While the forecast expenditure on health and social services in 1976-7 is 1·5 per cent above that of 1975-6, (20) this gross figure is bound to conceal considerable variations within the services and between authorities. For example, the 'First Report of the Resource Allocation Working Party' of the DHSS recommended a new redistribution formula under which five Regional Health Authorities would receive a reduced revenue allocation in 1976-7. (21)

Second, there are the effects of inflation itself. These range from the very general, such as the undermining of certain widely-held social values and the redistribution of savings and incomes, to specific matters such as the difficulty of estimating rising capital costs. Perhaps more important than the general level of inflation is the variation that may exist between the rates of inflation in different parts of the economy and society. Social policy organisations have to cope with significant and unpredictable changes in the relative costs of the products they seek. In the short run this can cause operational difficulties; in the longer term it can account for changes in the values put upon the products and upon the services themselves.

So financial management is taking place in a general environment characterised by turbulence, static or shrinking resources and inflation. This is not all. One of the very real difficulties in attempting to construct an appreciation of the current situation, whether for observers like ourselves or for a social service authority undertaking forward planning, is the complicated financial environment within which work has to be done. Organisational complexity appears to be almost as great a factor in creating uncertainty as the cold economic facts themselves.

Central government has little direct control over local authority current, as against capital expenditure (in personal social services a rise of 13·8 per cent in 1974-5 over the previous year, when there was a 25 per cent fall in capital spending). (22) Moreover, there are a variety of ways in which capital projects can be financed, and in the early 1970s approximately a quarter were funded other than through key sector schemes. (23) This degree of latitude may sound rather heartening even though it involves much subtle management of central-local government relations. But the options open to local authorities do not eliminate from social services departments budgetary constraints that impinge on their internal planning. They must compete and co-operate with others in a corporate system with its own shifting priorities; hence funds available to them, at least in respect of their discretionary activities, can fluctuate unpredictably from year to year.

For the NHS, the reorganisation blueprint prescribed financial arrangements integral to the proposed 'planning cycle'. Allocations matching the estimated costs of agreed plans, with planning conducted in the knowledge of what funds would probably be forthcoming in the short-, medium- and long-term, seems little short of idyllic. The reality may be somewhat different - not least because the general economic climate limits the feasibility of forecasting, and because the hierarchical control of financial resources allows unpredictable variations in their allocation to subordinate authorities.

Over and above these complexities, the basic framework within which health and social service planning is expected to proceed is not easily known or accessible. Central government expenditure forecasts are now notoriously unreliable and often ambiguous. As Rudolph Klein has observed, 'if the predictions (of central government) for 1978-9 turn out to be accurate, it will be a minor miracle'. (24) Similarly, the guidelines issued for the benefit of planners often seem to be inconsistent over short periods. Authorities are urged to moderate expenditure on domiciliary services (25) and then, less than a year later, to attach particular importance to them; (26) while the repeated 'about face' on the question of community hospitals has been hardly credible.

These problems seem to be at least as important as national inflation and general shortages of finance in creating difficulties in planning at the local level. Paradoxically, uncertainty is now an inescapable fact of life.

PLANNING UNDER DIFFICULTIES

This, then, is the backcloth against which planning is being attempted. Few would go as far as Roland Freeman, former Finance Chairman of the GLC, in advocating a stop to all local government capital expenditure except where a legal obligation exists, (27) but most commentators agree there is a crisis. Yet, regardless of present cuts, expenditure levels in social services remain well above what they were ten, or even five, years ago. The turbulence of the environment contrasts markedly with the steady progress of planning itself. This contrast may be anything but a contradiction. Planning arises out of our inability to predict the future, and yet depends for its success on an ability to do so, hence it may flourish at the very time when it is least likely to be effective. In the health and social services, the new systems of planning and decision-making add their own brand of uncertainty to an already disturbed situation.

The re-orientation of existing personnel, the recruitment of experts and the establishment or expansion of special units may all have lasting effects; for the way in which they are managed is crucial for an activity that, ipso facto, requires an organisational overview. Recognisably different strategies seem to have been adopted by the NHS and local authority social services departments, the former building on and bringing together pre-existing functional posts, the latter creating more new positions specifically labelled for 'planners'. Equally important seems to be how and at what level those doing the planning are integrated into the existing hierarchy. Even if planning represents a reforming element in the short term, it does not appear to challenge hierarchical arrangements that may be inappropriate for the pursuit of welfare. Whatever the outcome in specific authorities, planning seems to be defined more in terms of its personnel than its method or rationality. 'Personnelistic optimism' may be superseding 'rationalistic optimism'

certain sorts of behaviour are recognised as appropriate for them. These will probably include the production of their own documents, and especially plans; the use of quantitative data to support that documentation; and an orientation towards a relatively long timescale. Further constraints on planners' activities derive from the form in which plans have to be presented. Personal social service plans are based around capital investment, net revenue expenditure, numbers in residential or day care, premises and staff. (29) NHS guidelines emphasise capital allocations, capital programmes, revenue allocations, service objectives and manpower targets. (30) The choice of 'building blocks' is clearly significant for the nature of the plan produced. Different approaches may stress demographic changes in the community, or the availability of finance, or the extent of hidden need. The 'building blocks' that are used are not immutable, so the decision to select some rather than others can either augment or reduce uncertainty within the organisation itself.

While such behaviour may be expected by colleagues, planning staffs themselves often realise the technical limitations of rigid blueprint plans. In recent years, the tendency has been to 'move away from concentration on the production of a plan and to focus more on current problems and the action that can be taken here and now.' (31) Indeed, there is one sure way of planning unsuccessfully when working in a changing environment, and that is to persist with excessively rigid plans. This may place considerable strain upon social service planners attempting to establish a prescribed system within the organisation while wishing to innovate still further.

In addition to uncertainties arising from the technical development and impact of planning, there may be others of a more political nature. Furthermore, it is likely that those employed to plan soon come to realise that for a variety of reasons they do not possess the resources or power to do so:

> ... approaches are bound to fail (when) ... they are founded on the belief that technical solutions in terms of minor adjustments to local and national government systems will provide a basis for the solution to the problems (of the poor). A more fundamental analysis of the problem is required, if we wish to bring about any kind of real change. (32)

The concentration of resources and energies (in the personal social services) is mainly devoted to work that is remedial ... the only rational development would be the adoption of strategies that are preventive if successive generations are not to encounter identical and accumulating problems of deprivation and need. (33)

the documentation of social problems provides no guarantee that they will be resolved. There are too many facts and too little possibility of implementing policies. (34)

Decision-making lies not only with planners, but with politicians and administrators locally and at the centre; but even this process is far from clear. 'It would not be a grossly misleading generalisation to suggest that the majority of Directors (of Social Services) have regarded the allocation of loan sanctions in recent years as a thoroughly irrational process.' (35)

Despite all this, those employed as planners will find it difficult to argue explicitly for the demise of planning. Public employees rarely stand out against their employing organisation for very long. Instead, they may alter the orientation of their work, finding ways of 'making out' within the system, acceptable to themselves, their colleagues and their superiors. Rather than trying to plan the organisation's resources in the future, they may simply attend to guarding against the worst risks in the present. By attention to co-ordination, information systems, social indicators and record-keeping they seek to avoid 'scandals' at a time of limited resources. We have recently witnessed the emphasis placed on the review of record-keeping following the case of Maria Colwell and others like it. (36) This sort of work allows the planner to 'play safe' and avoid personal conflicts in his job; it also enables the organisation to 'play safe' and so avoid public outcries. In this climate, 'planning' may be little different from more traditional 'administration', with innovation becoming routinised from the start.

If planning is not solving structural problems, and if planners realise this and 'make out' within the confines of their employing organisation, doubts arise over the status and meaning of planning in this context. Its upsurge may be just another device through which bureaucracies survive intact in a changing environment. Following the creation of more senior, administrative and planning posts, some of the responsibility for doing society's 'dirty work' has been transferred from field-level professionals to a band of 'institutionalised scapegoats' in the planning office. This may provide some protection for front-line staff, but does not solve structural contradictions within society, public bureaucracy or the helping professions themselves. This suggests that planning is as much an institutional or bureaucratic phenomenon as an agent of change. In other words, the readiness to accommodate planning in health and personal social services could have more to do with the increasing sophistication of professions and professionals than anyone's faith in prediction and rational policy.

THE SEARCH FOR DECREMENTALISM

Throughout most of its recent history planning has been chiefly concerned with the allocation of increasing resources and it has usually been safe to assume that talk of objectives and priorities implied the question: Who should get more? That cosy situation has gone. Niggling doubts that always lay behind the apparent consensus - the shortfall of resources to meet agreed social policies, the poor take-up of what was offered, and the rationing always done by social workers and other gatekeepers - now jump into stark relief. It is not that rationalists 'fail to recognise that political problems exist, it is just that they see these problems as resolvable within the status quo.' (37) With static or declining resources the situation has to be redefined, with the doubts becoming central issues. Consensus is harder to maintain as organisations

groups and individuals are all threatened. The climate is right for disagreements and disputes, even between those with similar interests and ideas.

Social service planning is now engaged in the business of decrementalism. The coming together of planning innovations and an unfriendly environment resurrects some old problems, but also introduces new ones. 'In other words, planning in an age of stagnation is not the mirror image of planning in an age of increase. It is an activity different in kind, rather than degree.' (38) Decremental planning is contentious, complex and time-consuming, so it is likely that only a limited number of alternatives will be considered, and that decision-makers will tend to adopt the first one that appears good enough. The structures, language and personnel may be those of rational planning, but such decisions are symptomatic of crisis management.

'Crisis talk'

The need for cuts may precipitate talk of a crisis, but the elaboration of 'crisis talk' itself may be a prerequisite for extensive cuts to be made. If both the NHS and local government are reported to be near collapse, any 'frills' or 'luxuries', for example, holiday homes for the elderly, are obviously threatened, but so too are former 'necessities'. In 'crisis talk', a proposed new cut is identified with an event or set of circumstances widely viewed as a crisis, and is therefore justified 'in view of these exceptional circumstances.' (39) Central government may look towards regional allocations, while local organisations are more concerned with adjustments to particular services; in either case competition for resources for different programmes is likely to grow in intensity and to enhance the prevailing sense of crisis.

Two obvious targets for economies at the local level are buildings and staff. Delays on capital work programmes are now accepted as almost inevitable. For example, Devon County Council cut personal social services capital projects from fifty-two to three in 1974. (40) Even the DHSS recently proposed the dismal expedient of allowing new buildings to stand empty, (41) and there have already been instances of the closure of existing institutions. Staffing policies are rather more sensitive. Blatant reductions in staff, especially full-time professionals, are accomplished only with considerable difficulty, but the freezing of staff levels and a reduction in the use of part-timers, such as home helps, are now familiar ways of cutting the wage bill whilst minimising staff protests and avoiding individual redundancies.

Less direct cuts include various ways of suppressing the demand for services, that is, charging or increasing the charges for services; reducing publicity; simply keeping offices or facilities open to the public for shorter hours; or allowing waiting lists to lengthen. In other words, services are effectively rationed, intentionally or by default. Such deterrents fulfil ideal conditions for 'crisis talk'. They can be justified by reference to crisis, and they may bring about considerable savings. Yet they can easily be the thin end of the wedge; the initial decision to make such adjustments may attract little notice but, once made, the way is open for more significant changes of the same kind.

A third version of 'crisis talk' is the attempt to justify narrowing the range of services offered. This may be more likely where there are clearly defined 'core' activities recognised as substantially more important than others. Discretionary services, especially those that are also newly established or innovatory, come under most pressure, and the way in which statutory duties are interpreted when they are not precisely defined - as with the provision of home helps and services for the handicapped - can be crucial. (42) Overall, 'crisis talk', an example of 'satisficing', (43) emphasises the short- rather than the long-term aspects of both problems and preferences, and is incompatible with the relatively long time-scales of NHS and personal social services planning systems.

'Planning talk'

There is no single way in which decremental planning may develop. Plans may be made more flexible so that cuts do not make them obsolete; plans may determine what kind of 'crisis talk' is appropriate; in some instances planning may be abandoned altogether. What seems most likely is that a hybrid version of planning will evolve, partly systematic and partly ad hoc, for dealing with the problems of how and what to cut. With 'planning talk', a proposed new cut is identified with an event or set of circumstances widely viewed as a plan. 'Planning talk' helps to rationalise, in planning terms, the unpleasant decisions reached through 'crisis talk'. 'Planning talk' is preoccupied, above all, with references to objectives and priorities, client groups and needs.

The analysis of priorities as a way forward in decrementalism is currently receiving support from many quarters. By implication, high priority services should be protected; but it is also becoming clear that low priorities are not necessarily the same as 'negative priorities', that is, items that are most easily disposed of or dispensed with. For example, the treatment of incurable disease and terminal illness in general may figure as a relatively low priority for funding by a health authority, but it can hardly become a 'negative priority'. Alternatively, preventive measures may stand as high priorities for achievement, as well as being particularly attractive as 'negative priorities'. Quite simply, the sorts of things that are easiest to argue for can often also be easily argued against, while others that are poor contenders as top priorities cannot readily be dislodged. Current attempts to stimulate the discussion of priorities inevitably bring with them the parallel discussion of 'negative priorities', with implications that may not have been foreseen.

A second example of 'planning talk' is client analysis. Central government planning machinery recognises general client groups such as the elderly, and also stresses the importance of groups in particular need, such as children at risk of ill-treatment. The development of decremental planning around the idea of client groups may appear logical and sensible, except that not all groups are

identified and not all needs are thought to be equally legitimate. Certain sorts of objectives are more readily formulated, and certain groups consequently implicitly favoured. Current interest is clearly strong for children, but rather less for some other groups - such as widows, housebound mothers, the lonely and adolescents - which are not the special concern of a powerful pressure group. The concentration on specific groups may also distract attention from processes that may affect all or large sections of the population, such as stress at work or ageing. Furthermore, certain needs are credited with more legitimacy than others, for instance, accidents and emergencies rather than health education and screening. Although client analysis may seem a rational procedure for planning, by rigidly categorising people and segmenting problems it tends to inhibit the development of new thinking and creative policy. In the words of a recent observer, this type of approach may be 'a recipe for increasingly desperate improvisation and decline'. (44)

The translation of 'crisis talk' into 'planning talk' might be metaphorically termed 'cooking the books'. This involves fitting decisions into the form of planning system required. It raises the general question of whether planning should be geared to exploiting loopholes in financial and other control systems, or an expression of what is seen as best for a particular authority, irrespective of such opportunities. During times of stringency, the ability to transfer funds, either officially or unofficially, from a well funded sector where help is no longer needed to a less healthy sector, may take on special importance. This reaffirms the key role of the treasurers and finance officers in the NHS but may raise complications in those authorities where participatory planning is getting off the ground. The juggling of funds may be difficult to pull off at the best of times, but it may be all the harder when the plans for specific activities and sectors are widely debated. Decremental planning rarely begins with a blank sheet of paper. 'Disjointed decrementalism' is more usual than 'blueprinting'.

Some repercussions

Although an authority may chip away in several different ways at once, the probable net outcome will be either narrowing the range of activities or services, or flattening the level of expenditure or effort put into existing services, or a combination of the two. One way of achieving a flattening effect is to impose across-the-board cuts, for example, reducing the budget of every section by 10 per cent. For fairly obvious reasons this device is rarely used; its main effect is little more than the delegation of decision-making. It does illustrate, however, the more general point that what may begin as flattening at one level can become narrowing at the next, and vice versa, unless very tight budgetary control is maintained throughout.

A second point is that cutting services often merely transfers costs to other individuals, groups or organisations. So they can be false economies. Reductions in domiciliary care are likely to increase pressure on residential provision, and vice versa. The cost of residential care for one elderly person is enough to provide a home help for as many as eight clients. (45) Clearly, similar arguments can be applied to social policy in general for economies in, say, housing and education can be expected eventually to place more demands on the health and personal social services. Narrowing is simply the prelude to a good deal of reshuffling, both inside and outside the organisation concerned.

Third, the effect of reductions in the availability or standard of services on members of the public often depends on the interpretation of decisions at the clinical and fieldwork level. For instance, practitioners can decide to limit their attention only to crisis situations or to help out with routine jobs formerly done by ancillary staff, and unqualified assistants may begin to undertake work previously believed to be outside their competence.

Finally, services provided and services required could become so out of phase that genuine rethinking takes place. It is now realised that 'more isn't always good'. (46) If a problem cannot be solved, one can always try to change the problem. Attention may be directed towards matters that have up to now rarely been seriously questioned - such as the nature of local democratic control or the status of clinical autonomy. Rethinking social policy could lead in a whole variety of directions - more self-care and individual responsibility; further shifting from service to neighbourhood orientation; and most ironically, more not less expenditure on the kinds of service least likely to lock up resources, for example aftercare or voluntary help, or even on experiments that might prove useful in tackling further uncertainties.

CONCLUSION

We have noted the cult of rationalism; its manifestation in the health and personal social services; the various difficulties under which planning is attempted; and, finally, some current forms of decremental planning. If recent events merely illustrate some of the methodological criticisms levelled at planning they are entirely unsurprising. As one recent American survey began: (47)

> Planning theory is in trouble. Although many of us realise that a more civic-minded political theory is needed, the various attempts to deal with these problems seem to end up in binds. Each effort is more tragic, as the quality gets better and the circles more vicious.

Alternatives to comprehensive planning, on the one hand, and piecemeal planning on the other, have included 'mixed scanning'; (48) planning for the obvious and the probable; (49) and planning for the unexpected. (50) One cannot help feeling that they all owe more to the need to try something different to see if it works than to the traditional confidence of rationalism.

Planning practice, like planning theory, seems to have its own processes of redefinition. For assumptions about the forms of rationalism and planning that go on are not supported by recent observations. A study of planning in ten social services departments in 1975 (51) found

> little evidence of a systematic process for setting priorities and resolving conflicts. The usual approach was to aggregate the

forecasts for the separate parts of a department: little time was spent on re-examining programmes in terms of their impact on objectives, their interaction with other programmes, or their implications for the effective use of resources.

Nevertheless, and in spite of the private ambivalence of many of those involved in planning, 'planning talk' continues to be held in high regard, expressing resistance to crisis and uncertainty. But are the evident discrepancies between the structure and practices of planning, participation, and shortage of resources necessarily a bad thing? Since crisis is endemic in social policy, perhaps crisis management is not as inappropriate as it is generally thought to be. By reducing over-commitment to rational planning, some of the strain of maintaining unrealistic expectations might be mitigated, together with the sense of crisis itself.

NOTES

1 Piet Hein, On problems, in 'Grooks', Hodder, 1966, p.17.
2 Ida R. Hoos, 'Systems Analysis in Social Policy: a Critical Review', Research monograph 19, Institute of Economic Affairs, London, 1969, p.11.
3 'Portbury: reasons for the Minister's decision not to authorize the construction of the new dock at Portbury, Bristol', HMSO, 1966 (quoted in David Fishlock, ed., 'The New Scientists', OUP, 1971, p.91).
4 Ralph Rowbottom et al., 'Hospital Organisation: a Progress Report on the Brunel Health Services Organisation Project', Heinemann, 1973.
5 'Report of the Committee of Enquiry into the Cost of the National Health Service', Cmnd 9663, HMSO, 1956.
6 Medical Services Review Committee, 'A Review of the Medical Services in Great Britain', Social Assay, London, 1962, para. 609.
7 National Health Service Reorganisation Act 1973, HMSO, 1973.
8 'Report of the Committee on the Local Authority and Allied Personal Social Services', Cmnd 3703, HMSO, 1968, paras 139-54.
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2 Lessons from the National Health Service reorganisation
A Reorganisation in retrospect

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This is a good time to start taking stock of the major reorganisations of 1974. The long-term consequences of changes in local government and health service administration will not be seen for several years, but by that time it will be difficult to sort out what was due to reorganisation and what to other factors. Moreover, long-term benefits have to be discounted against short-term costs. The immediate effects of reorganisation are visible enough now. Few find them attractive. In the course of arguing for another look at London government, a 'Times' leader-writer recognised (1)

> the pusillanimous doctrine, coined in the light of recent events in local government and the health service, to the effect that any existing administrative structure, however chaotic, is preferable to any conceivable reorganisation, however rational it may appear in prospect. The upheaval, with its rancour, jobbery, horse-trading and cost, cannot possibly be justified by any system that rancour, jobbery and horse-trading would ever allow to come to pass.

Has the NHS reorganisation in fact been a gigantic failure? (2) If it has, there will be many red faces, including the writer's. A paper in the first of these Year Books suggested that even if the reorganisation did not achieve a great deal, at least it need not, in the long term, do a great deal of harm. (3) A textbook written in mid-1974, when more details were known, reviewed some possible weaknesses but nevertheless concluded (4) that

> the structure as a whole is sophisticated and functional. It incorporates up-to-date ideas about decentralisation subject to constraints, and explicitly recognises the division of power between the government and the professional interests on whose co-operation the government depends.

It is hard to remember that the details of the new structure have been discussed and negotiated over the years, especially with the professional bodies from whom much of the present criticism is emanating. Politically, it was unfortunate that a reorganisation which was decided upon by the 1964-70 Labour government was worked out in detail by the 1970-4 Conservative administration, which went out of office a few weeks before the appointed day. The reorganisa-