Chapter 4: Evidence based policy and public value management: mutually-supporting paradigms?

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This chapter considers the role(s) of evidence as part of public service reform processes and what 'evidence' now represents in governance processes. Policy narratives seem to suggest that evidence-based policy can now be taken for granted and that there has been a shift towards 'evidence-based practice'. We refute these assumptions, arguing that the rhetoric of 'evidence based policymaking' has been used to serve political agendas by legitimising various logics of public management and innovation and marginalising others over time. We explore the changes in public management cultures and discourses, and compare these with congruent changes in discourses about evidence use, including the evidence needs implied by successive paradigms of public management – namely, traditional Public Administration, the New Public Management, and Public Value Management as a response to networked governance (Stoker, 2006). We reflect on how this has been supported by changes in the broader science policy environment; specifically the management and assessment of publicly-funded research, and in funding of research to support evidence-informed policymaking.

To discuss these changes in the EBP and public management paradigms, we draw on empirical examples from the UK healthcare policy and science policy. In the UK, there has been a substantial literature on public management which we draw on to explore how fluctuating managerial emphases have evolved across different political administrations. Also in the UK, there has been a long-standing interest in the role of evidence-based medicine in the broader debates, which makes it possible to explore notions of evidence use (beyond generation) through health care given the particular relationships between science policy and the NHS in strategic, operational and evaluative terms, as well as highlighting relevant professional power dynamics.

To do this, we explore three themes – evidence generation, evidence use, and organisational learning – across the policy domains of higher education, health care policy, and broader science policy. Higher education and broader science policy create a policy and organisational environment within which significant investment in evidence generation is made. Although much research and knowledge capture happens in civil society and within private organisations, our focus is on how predominantly publicly-funded research evidence is generated, shaped, and managed. Similarly, healthcare policy has often been at the forefront of operationalising and reflecting on how administrators and managers respond to and use evidence of different kinds, and have in many cases developed techniques to enable organisations to learn about how they use data and evidence internally.

Therefore, juxtaposing structural and political developments in healthcare and higher education, we discuss how these developments helped the discourse move beyond academic

research evidence and consider other forms of knowledge, information, data use in situ and the significance of these for public managers.

Evidence-based policy and practice: a historical discourse

The role of evidence and evidence producers of different kinds, has evolved over the last 50 years. Empirically, there has been a huge increase in the number of professional researchers, and governments around the world have invested more and more money in infrastructure to support evidence use (Science, 2018). Alongside this expansion has been a growth in research and commentary *about* evidence production and use. Early commentators on the roles of scientists talk about the importance of 'heroic scientists' who assist governments to overcome national crises and, by harnessing the innovative capacities of technologies, bring wealth and prosperity to nations (Killian, 1959; Truman, 1968; B, 1969; Aurum, 1971). In medicine too, the production of evidence was presented as the means to ensure that doctors made good, effective decisions about treatments (Cochrane, 1972). Both in medicine and in public policy and management more broadly, evidence production and use was seen as a straightforward, linear process, which operated for the good of society. Uptake of new knowledge was similarly uncomplicated and seen as unequivocally beneficial. A good example of this is the formulation in the Cooksey Review, which was a review of health research funding in the UK conducted by Sir David Cooksey, commissioned by HM Treasury. His review led to a restructuring of health and medical research funding, and explicitly which set out

> [T]wo key gaps in the translation of health research: translating ideas from basic and clinical research into the development of new products and approaches to treatment of disease and illness; and implementing those new products and approaches into clinical practice. (Cooksey, 2006:3)

Today, we know that knowledge production, use and evaluation are inherently political processes, with the framing of problems, selection of methods, dissemination of results, and support and infrastructure of research understood as social processes liable to influence by a range of stakeholder and institutional processes (Jasanoff and Polsby, 1991; Collins and Evans, 2002; Latour and Woolgar, 2013). Similarly, the processes by which evidence enters policy discourses have been interrogated, with some arguing that ideas are more likely to pervade policy environments than distinct studies (Smith, 2013). Academics themselves are advised to adopt more entrepreneurial roles if they are to impact on policy and practice (Oliver and Cairney, 2019). We know that evidence is judged differently according to the contexts where it is being assessed, and that its credibility is therefore contingent on factors such as the audience, with the messenger as important as the message. We also know that the evidence base itself is a complex puzzle, with interpretations shifting as new pieces slot in or disrupt current understandings. Thus, the relationship between evidence and policy/practice is relational, contingent, complex, contested and bounded by power disparities – much like our current understanding of the decision-making world.

In short, our understanding of how policy decisions are made has evolved over time, from linear simple models, to more complex networked relationships shaped by power and context. Similarly, our understanding of the evidence-poilcy relationship has also shifted from a simplistic pipeline to a more contested and relational model. The discourses of evidence use and public management have mirrored one another as they changed over the last 70 years; mirrored, shaped, and, we argue, mutually supported one another.

Evidence use and public management discourses

To explore this co-evolution in discourses we describe the changes in public management and broader governance discourses over the last 50 years, and how these correspond to shifts in the types of evidence valued by decision-makers, the discourses about evidence use, and how these have influenced both policy and research processes and environments. Political scientists have characterised the evolution of public management cultures in several ways; as 'paradigms' (Stoker, 1998), 'archetypes'(Osborne, 2006), or 'waves' (Dunleavy and Margetts, 2010). These terms refer to relatively distinct cultures of thought within and about public administration and management which draw on different theoretical roots (Osborne, 2006).

Each of these paradigms has its own internal logic and rules, which imply a distinct relationship to world of evidence. However, before exploring these relationships, we should make clear that in our view the empirical case for distinct paradigms has not been made. Rather, we argue that elements - such as hierarchies, markets, networks - from all these paradigms coexist, albeit with differing degrees of emphasis within each paradigmatic discourse (Exworthy, Powell and Mohan, 1999; see also John Connolly's chapter in this volume). Jones (2017) has written helpfully about the contemporary context of 'sedimented governance' in the UK context, drawing on the work of Bevir (2011, 2013) exploring the interactions of hierarchies, markets and networks. Such an approach aligns with Newman's classic work on modernising governance:

> *'Different elements of policy and practice are overlaid on each other in complex ways. New elements of policy interact with institutionalised norms and practices established under earlier administrations, producing struggles between old and new ways of working and problems for a government determined to deliver fast and visible change to satisfy the electorate and secure re-election. All of this produces tensions in the process of institutional change and dilemmas for those working in public service organisations.'* (Newman, 2001); p39)

This co-existence of elements has important implications for the evidence-use discourse. Users of knowledge may have competing, even contradictory, organisational aims as a direct result. For example, the imperative to foster competition implies a need to measure effectiveness; yet this may be in direct conflict with the idea of creating services which reflect the needs of diverse stakeholders with a view to maximising public value. A good example of this can be found in relation to localised health service re-design, or regional reconfiguration in the NHS. Jones et al (2019) highlight the critical importance of framing and the mobilising of an 'evidence' discourse to strategies of change pursued by senior clinicians and managers in order to justify decisions to centralise services in certain hospitals and consequently down-grade service provision in others. However, this 'technicist' framing in which measurement is of primordial importance neglects the countervailing importance of that which cannot be so

easily measured – for instance 'presence', 'belonging' and 'community' or a sense of what is 'ours' and 'who we are' - issues that matter to publics and patients (Fraser et al, 2019). Service reconfiguration is better understood as a social phenomenon rather than merely a policy problem (Stewart, 2019) and local publics have different views on what evidence is and why it might (or might not) be of importance, thereby fostering tensions between stakeholder groups. So, management and consequent evidence paradigms are in direct conflict in terms of how decisions (and problems) are framed, addressed and evidenced. One implies a market-place for ideas, and the other a collaborative, inclusive approach to knowledge generation. These logics also raise important questions about what types of evidence and knowledge are considered robust, credible and legitimate within each paradigm.

Our contribution to this literature is to describe the evidence use discourses which pervade and support each of these paradigms (see Table 1 for a summary). Previous attempts to map the evolution of public management have not included this aspect of governmental activity; yet, as argued above, the production and framing of knowledge is a fundamental part of public policy activity.

Therefore, we briefly describe these paradigms of management (Stoker, 2006) chronologically, and explore when, how and why they overlap, and what the implications of these dynamic shifts hold for evidence generation and use. For each paradigm, we ask:

- What evidence is preferred, according to the internal logic of each paradigm of public management?
- What is this evidence used for? What purposes does it serve?
- How have organisations learned and adapted internally?

We explore these questions using examples drawn from healthcare policy, higher education and broader science policy.

Table 1: How evidence interacts with paradigms of management

	What evidence is generated and by whom?	How is evidence used?	Organisational learning
Traditional Public Administration	Evidence/knowledge embodied within expert professionals Pipeline/linear models of dissemination from centre	'Evidence' is of low discursive significance in wider policy terms Professionalised knowledge is mostly static (e.g. no CPD) Weberian rule based/task oriented modes of organising in public sector organisations	Minimal audit/policy learning
New Public Management	Domination of positivist modes of thinking (power of	'Evidence' is of high discursive significance in wider policy terms	Single loop learning – i.e. basic level of detection and

	numbers and 'facticity' Rose, 1999). Rise of technocracy Systematic review, hierarchies of evidence	Dynamic (increased external surveillance, ongoing measurement, CPD) Disciplinary power (Bevan & Hood, 2006) & economic signalling – e.g. Value for Money discourse	correction of error (Argyris & Schon, 1997; Davies & Nutley, 2000; p339)
Public Value Management	Inclusivity and plurality of voices in setting the policy agenda and in interpreting the relevant evidence (Boaz et al, 2019) Varieties of knowledge, evidence matrices	'Evidence' is of medium discursive significance in wider policy terms Dynamic (increased *self*-surveillance, ongoing measurement, CPD) Deliberative, negotiated contextualised approach to evidence	Double loop learning – i.e. learning that leads to a redefining of the organisation's norms, goals, policies, procedures or even structures (Argyris & Schon, 1997; Davies & Nutley, 2000; p340)

Historic paradigms of public management and evidence use: 1948-2015

Traditional public administration

The post-war period in the UK involved major reconfigurations of the public sector across the UK, exemplified in the UK by the birth of the Welfare State, particularly the National Health Service (NHS). Alongside this major investment in state facilities and infrastructure following the devastation of World War II was a recognition of the importance of scientific technology and innovation (Killian, 1959; Merton, Cole and Simon, 1968; Sapolsky, 1968; Truman, 1968; Wolfle, 1968; Cape, 1969; Aurum, 1971). Governments on both side of the Atlantic invested in governmental research facilities (often repurposed from military research institutes) and created roles for "heroic scientists" to advise government officials and politicians to help rebuild broken countries. Here, evidence is conceptualised as being essentially a means for the state to create wealth and infrastructure, in a relatively linear fashion.

Through the 1960s and 1970s, public administration scholars conceptualised the problem-solving role of government as a linear process with bureaucratic oversight and central command/control of the policy and implementation process at a strategic level. At an operational level, public sector professional bureaucracies (hospitals, schools, universities) *tended* to be management-free zones. For instance, NHS hospitals functioned through 'consensus management' negotiations through administrator, treasurer, nurse and doctors throughout the 1970s (Harrison, 1994). This approach relied on formal authority and aligns with a professional dominance narrative (Freidson, 1970). Professional work was rule bound

and task-based rather than evidence-based with high levels of professional autonomy (Timmermans and Berg, 2003) and very little surveillance or audit. Throughout this period, professionals were deferentially characterised by both policy-makers and the wider public more as knights than knaves (Le Grand, 1997), which meant that the evidence which they provided was often not questioned. Traditional public administration, therefore, paid little attention to the role and potential of evidence for policy. Evidence which was valued was that which enabled governments to build infrastructure or technologies; and expertise vested in individuals was highly weighted. Evidence producers, primarily universities, were generally provided with central funding by government, and remained relatively unmonitored (Perkin, 2007).

New Public Management

The rise of the New Right on both sides of the Atlantic represented by President Regan and Prime Minister Thatcher ushered in a more aggressive environment, in which a 'value for money' discourse pervaded the relationship between government and public services throughout the 1980s and 1990s. Through this period, governments were starting to demand visible returns on investment, in terms of evidence as well as public services.

Alongside greater monitoring and control of higher education and research funding, the growth of social science evidence about social interventions and policies enabled debate about *whe*n and *if* evidence demonstrated which policies should be supported. It is the case that from the 1970s there was a growing recognition of the potential uses of evidence to reduce harmful practice and increase efficiency and effectiveness in healthcare (Cochrane, 1972) and policy. Alongside this recognition came another development in the social sciences – that the generation and use of evaluation evidence was *de facto* a political process (Weiss, 1979). This stimulated broader thinking about the nature of knowledge production and use, and paved the way for a more nuanced understanding of how policy is made, the politicised nature of decision-making and evidence use, and the relational nature of both – all of which played a part in the shift towards New Public Management.

The role of the government was reframed so as to 'steer' rather than to 'row' (Osborne and Gaebler, 1992) – in essence, the state should increasingly purchase rather than provide public services. Concurrently, the age of professional deference appeared to be over – with both practical and epistemological implications. On a practical level, in the healthcare sector, 'consensus management' as an idea was rejected by the influential Griffiths Enquiry in to NHS Management in 1983 (Hood, 1991; Pollit *et al.*, 1991; Harrison and Lim, 2003; Harrison, 1984). In its place came the New Public Management (NPM) reforms in which managers 'must manage' (Hood, 1991). Along with more management, more markets (notably heralded by the purchaser-provider split on 1991) and more measurement came to characterise the radical reforms to the organisation of public service delivery in the NHS and beyond (Ferlie and Pettigrew, 1996). A process of disaggregation and quasi-marketisation, benchmarking, league tables and an overall 'audit explosion' (Power, 1999) that characterised professionals more as knaves than knights (Le Grand, 2003) represented a paradigm shift in public sector governance and management.

On an epistemological level, an internally driven reform agenda within the medical profession on both sides of the Atlantic intent on medical improvement and logics of standardisation crystallised as the Evidence Based Medicine (EBM) movement. This fused

with both the end of the age of professional deference and a reaction to the monitoring required by NPM, supporting a predominantly positivist epistemology.; valuing scientific, rational forms of understanding that consciously sought to transcend the political. This bled into the political domain with the start of the evidence-based policy (EBP) movement, in the 1990s, which promised a seductive simplicity and discursive power that offered policy-makers the potential for post-ideological technocratic solutions to problems of public policy as we see below.

The evolution of new public management towards networked government

Many of the rhetorical features of NPM could still be found in the New Labour administrations, in addition to an explicit focus on 'networks'. There is an enduring debate about the extent to which the New Labour reforms represented an extension or a diminution of the Conservative NPM reforms (see Chapters 1 and 2 of this volume). There is a large political science and management literature on 'hollowing out of the state' (e.g. Newman, 2001; Rhodes, 2003, 2007) and growing dominance of networks as an organising force (supplanting hierarchies and markets) and competing labels or views about an appropriate management response (Dunleavy *et al.*, 2006; Osborne, 2006; Stoker, 2006). It is the case that some of the unintended consequences of the NPM drive towards disaggregation were fragmented, poorly integrated services which New Labour sought to remedy through 'joined-up government' initiatives and whole-area working. However, simultaneously, other NPM aspects such as central target setting, performance management and the Private Finance Initiative intensified (Ferlie et al, 2019). It is undeniably the case, however, that the New Labour administrations continued to exploit the Evidence-Based Policy agenda. For instance, they invested heavily in evidence for policy and practice across all policy domains through the What Works Centres. These institutions were set up to provide evidence for policymakers in the form of evidence briefs or even professional guidelines. The first and largest of these was the National Institute for Health and Clinical Excellent (NICE) in 1999, which has produced professional guidance on over 1400 topic, and assesses technologies, interventions and drugs on the basis of cost-effectiveness to determine whether the NHS ought to fund their use. Since the 2000s, the What Works Centres have expanded to include education, criminal justice, and other policy domains. They now number 9 (including two affiliates) (Gough, Maidment and Sharples, 2018).

These served the Labour administration by effectively depoliticising major policy decisions (Flinders and Wood, 2014; Hartley, Pearce and Taylor, 2017). Being able to point to high-quality, effectiveness evidence – in other words, evidence considered most valuable under the terms of the prevailing management discourse – the government was able to disarm opposition by making dissent appear effectively irrational (Newman, 2001).

Alongside these, less formal policy and practice-focused research collaboratives were supported. For example, the National Institute for Health Research, the UK's primary health research funder, has put over £150 million towards the Collaborations for Applied Heath Research and Care, which are alliances between universities and NHS organisations aiming to generate actionable research evidence (NIHR, 2009). As Newman (2001) has highlighted, the Blair-Brown project to modernise government was characterised by conflicting narratives that emphasised competing and sometimes contradictory models of governance through their time in power. The discursive significance of *evidence* reached its apogee under New Labour under the mantra of 'what matters is what works', which can be seen in the promotion

of the systematic review (Young *et al.*, no date; Boaz, Ashby and Young, 2002), and hierarchies of evidence which rank effectiveness evidence most highly (Petticrew and Roberts, 2003).

Similarly, there was increased attention to the structural and broader environment by which evidence informs policy. The research councils, amongst other funders, supported the growth of networks such as Nesta's Alliance for Useful Evidence (Nesta, no date) which aimed to provide a forum for evidence producers and users to develop networks. Similarly, a number of universities began to develop initiatives such as Cambridge's Centre for Science and Policy (2004) which included fellowships for policymakers to spend time within universities. Government also responded, with the Government Office for Science setting up visiting fellowship schemes. The Parliamentary Office for Science and Technology which operates across both the Houses of Parliament was established in 1989, originally with charity funding, and since then has developed ways to help parliamentarians engage with scientific research. These initiatives attempted to increase the 'networks' by which evidence could infiltrate decision-making circles (Oliver and Faul, 2018).

Within higher education, the assessment of how universities use public funds was strengthened through the Research Excellence Frameworks. Universities were required to undertake regular audits of staff performance, as measured by outputs (publications) and, lately, research impact (Smith and Stewart, 2017). These were undertaken roughly every four years, with increasing amounts of data collected at each round, including proportion of staff who were 'research active' (i.e. generating evidence outputs), the quality of these outputs as ranked by peers, and so forth. Most recently, in the 2014 REF, universities were asked to submit impact case studies, in which selected academics were invited to describe the societal impact of their work. This implies, once again, a linear and instrumental view of how evidence influences the world around it, and how this process can be understood.

Indeed, as can be seen in contemporary critiques of the evidence-use movements, many researchers and commentators demonstrated an equally simplistic understanding of how evidence is used in policy and practice; bemoaning 'policy-based evidence' (Marmot, 2004; Nutbeam, 2004) and arguing strongly for a louder voice for research evidence in policy and practice decisions with an apparent linear conceptualisation of this process (Lavis *et al.*, 2003). Although caution was urged by others (Black and Donald, 2001), the simplistic notion that more evidence would, with some effort, translate into better policy, became widespread and underpinned funding mechanisms, research assessment processes, and research partnerships such as the CLAHRCs and the NIHR as a whole. More critical commentary started to appear with the recognition that traditional positivist research methods were not sufficient to guide policy and practice. This shift had already occurred within the health care sector, where greater attention was paid to developing research methods to allow incorporation of patient experience and organisational context to guide clinical practice (see for example Greenhalgh, 1999; Gabbay and le May, 2004). This went alongside a health policy focus on quality improvement, patient safety, and attempts at large-scale technological innovation to gather data to guide decisions. The reflexive turn within healthcare was mirrored by policy discourses such as Patient Choice, with its 'no decision about me without me' rhetoric.

In essence, a well-cultivated evidence based rhetoric allowed the New Labour governments to depoliticise potentially contentious issues and disarm a hostile press, enabling some (reasonably) radical reforms to be implemented, such as the minimum wage, the Child Poverty strategy (through Sure Start), and the abolition of smoking in public places. However, by the end of the New Labour years in office, there was general acceptance that traditional research approaches were not sufficient to inform policy and practice decisions, and it is notable that the successive Coalition and Conservative majority and minority governments appeared to feel less need to 'badge' their policies as 'evidence-based' than the previous Labour administrations. We now turn to these more recent administrations.

Networked 'Big Society'

Ferlie et al (2019) have characterised the early coalition years (2010-12) as following a 'proto narrative' of reform guided by communitarianism (Etzioni, 1995) encapsulated within the *Big Society* project. This marked a discursive shift from the neoliberal 1980s Conservatism. For instance, the 1980s for profit mode of privatisation was replaced by much greater emphasis on the roles to be played by the third sector and the development of mutual, or cooperative provider models to be spun out from traditional public sector organisations (Ferlie, 2019). It also sought to mark a discursive shift from the technocratic managerialism of New Labour and its centrally driven target culture and alignment with the NPM. This new mode of thinking, re-establishing the importance of professionals and individuals (and downplaying the roles of managers) in reformed and diversified public sector service providers builds on 'Red Tory' ideas (Blond, 2010; Ferlie, 2019).

This also has parallels with the narrative for networked governance found in the Public Value Management paradigm (Stoker, 2005) in advocating a shift from markets towards networks and a focus on outcomes, impacts and prevention. The logics of this paradigm would suggest that a more open, collaborative government style opens the way for a more heterogeneous evidence diet (Ferlie, 2019). However, the Big Society 'proto narrative' of public management reform was subsumed under an NPM-friendly Treasury led discourse of austerity from around 2012 (Ferlie et al, 2019) which reasserted central budgetary control and tightly mandated targets and intensified performance management across the public sector. Despite the intention to open up contracts to social enterprises, it appears that large corporate for-profit providers such as Virgin Care hoovered up the majority of contracts that shifted from NHS providers throughout the years of the coalition government (Sheaff *et al.*, 2016; Ferlie, 2019) This translates into a desire to control costs, a reassertion of the central tenets of NPM and a consequent return to the positivist evidence preferred under those rules. It is important to note here that the NPM rupture followed the economic overthrow of Keynesian orthodoxy. In many ways, the potential of PVM is constrained by ongoing neoliberal economic dominance (hence the refusal of the NPM to die).

In broad terms, we suggest the three and a half decades from 1948 were characterised by a relatively stable paradigm of Traditional Public Administration. The mid-1980s marked a decisive shift from many aspects of the Public Administration mode to the NPM. Whilst both the New Labour administrations its successor coalition government rhetorically rallied against aspects of the NPM paradigm from 1997 and 2010 respectively, and both introduced reforms

that pointed towards principles of network governance and required a PVM response, empirically it appears that the NPM has not been replaced, and remains embedded (Trenholm and Ferlie, 2013) so that the prevailing discourse is of a hybrid NPM-network governance context in which evidence interacts with policy and practice.

Contemporary paradigms of public management and evidence use

Public value management is structured around a collective and inclusive striving for 'public value' by managers and broader stakeholders as opposed to the rigid target focused culture of the NPM. Stoker developed four propositions around the pursuit of public value in his 2006 work. These are reproduced below. In this section we explore the implications of these propositions for the generation, use, and evaluation of evidence to inform policy.

1. *Public interventions are defined by the search for public value*
2. *There is a need to give more recognition to the legitimacy of a wide range of stakeholders*
3. *An open-minded, relationship approach to the procurement of services is framed by a commitment to a public service ethos*
4. *An adaptable and learning-based approach to the challenge of public service delivery is required*

These propositions set out a vision of PVM, which are both aspirational and prescriptive. A critical reading of PVM might suggest it represents a normative approach that down-plays the role of ideology, power, politics and actor interests. It might therefore be perhaps better suited to the technocratic mid-late New Labour years before the Banking Crisis (in which it emerged) as opposed to contemporary times subsumed by the subsequent regimes of austerity – during which ideology has very much reasserted itself. At the macro-political level, understandings around key concepts such as 'equity' 'efficiency' and 'accountability' have undergone fundamental shifts in the aftermath of the Great Recession to the point where Stoker's concluding sentence of his 2006 paper may appear somewhat naïve:

> *'People are, [Public Value Management] suggests, motivated by their involvement in networks and partnerships, that is, their relationships with others formed in the context of mutual respect and shared learning.'* (Stoker, 2006; p56)

Interpretations of equity, efficiency and accountability and, ultimately, 'public value' are fundamental to the work that public managers do. However, judgements about what these terms mean in practice are not only subjective, but also strongly directed by political ideology and trends in fiscal policy in ways more openly apparent in 2019 than 2006. For instance, the trend towards conditionality in respect to welfare payments within the wider context of reduced public spending and the political contestation this has provoked is indicative of the difficulty in arriving at a shared conception of 'public value'. A further (and highly tragic) example might be how the actors (local residents, local council officials, the tenant management organisation, architects and private building contractors) involved in the networks and partnerships related to the upkeep of the Grenfell House tower block in London demonstrated very different interests and understandings around 'public value' (see also Robert's Pyper's discussion of Grenfell in Chapter 2 of this volume).

The idea of what public value means then is highly ambiguous (Rhodes and Wanna, 2008) and is open to critique from different standpoints.

Furthermore, in our view, the case for public value management is yet to be empirically made. Stoker's propositions above suggest that politically speaking, we all are on the same side, in the sense that there is no broad disagreement about aims, merely the specific paths we take to reach them. To us, this seems both aspirational and potentially naïve for the reasons outlined above. However, having outlined our reservations about the PVM paradigm, the propositions put forward by Stoker appear to have a degree of real-world currency; to have reified ongoing discourse in public management, and can thus be treated as social facts. Thus, cognizant of the critiques of Stoker's position, we can still use Stoker's four propositions to examine the contemporary cultures of Public Management and how these interact with evidence generation, use and evaluation. Our contention is that each of Stoker's propositions implies corresponding evidence needs, which in turn require a mobilisation of research and knowledge infrastructures (see Table 2) and harnessing of local information and data. Whether consciously or not, public sector leaders may be seen to be aligning themselves with these precepts, and knowledge producers are responding in particular ways. Below, we set out these changes and responses, which we discuss in the context of historic evidence use discourses.

Table 2: Four PVM propositions and their implications for evidence use:

PVM Propositions (adapted from Stoker, 2005 p47-49)	Implication for evidence use	Policy examples
1. Public interventions are defined by the search for public value	Impact of evidence/research /knowledge must be demonstrated Embedded assumptions of VfM discourse, attribution, quantitative methods	Universities – REF, counter – 'biomedical bubble' (Jones & Wilsdon, 2018) Health – outcomes focus
2. There is a need to give more recognition to the legitimacy of a wide range of stakeholders	Co-production/co-creation of evidence Negotiating power imbalances between different actors, epistemologies?	Discursive importance and spread of PPI, consultations etc.
3. Collaborative commissioning for public service ethos	Role of evidence in framing questions and debates, raising issues, enabling scrutiny – but power dynamics obscured Pluralistic.	Big Society and social entrepreneurship, co-operative delivery models

4. An adaptable and learning-based approach to the challenge of public service delivery is required	Double-feedback loops (local data and reflective practice)	Health – Patient Reported Outcome Measures to foster better local responses - in theory, better, localised actions

First, Stoker argues that *public interventions are defined by the search for public value*. Whilst such ideas are political and subject to contestation as already discussed, we take this to mean that public sector organisations are motivated to seek out programmes and strategies which lead to identifiable changes in population outcomes in line with strategic aims, and that there is a need to demonstrate these changes evidentially. This implies that evaluations of ongoing and new programmes and interventions are carried out in order enable learning, and to establish that desired outcomes are being met. We note the normative assumptions which underpin this use of evidence - about 'best value', such that it is clear to all what is best, that this is a shared view, and that that the desired outcomes of the interventions are equally obvious and shared. One can trace responses to this policy paradigm amongst the university infrastructures, and the discourse about evidence use at a more granular level (see Box 1).

Box 1: The search for public value: the example of Higher education

Public value has been used as a justification for increased monitoring and centralised funding of research and education. In the UK university sector, this can be seen in the development of the first Research Assessment Exercise in 1986. This exercise essentially required universities to report on the extent and quality of their research through a peer-review process, with central government funding decisions (so-called "quality-related" funding) being based on the outcomes of these reviews. Over successive iterations (1989, 1992, 1996, 2001, and the Research Excellence Framework which followed, in 2008, 2014, 2021), the amount of reporting required of universities grew. The 2014 Research Excellence Framework including for the first time a significant portion of funding awarded for research impact; that is, case studies submitted by universities in which their research was shown to have had an impact on policy and practice. In the forthcoming 2021 REF, this proportion looks likely to increase, and Universities UK have announced a new assessment framework, the Knowledge Exchange Framework, which will specifically examine how well universities translate their research into 'real-world' change: "Impact" (Reed and Evely, 2016; Holliman and Warren, 2017).

In the wider higher education sector, the UK government created a number of arms-length bodies designed to monitor and guide the teaching and research activities; the Office for Students and the introduction of the Teaching Excellence Framework (TEF), and in the near future, the Knowledge Exchange Framework (KEF) These initiatives aim to collect data about university activity and performance, although there are significant concerns about how well they are able to capture meaningful data. For example, the TEF relies heavily on student evaluations, which re known to be heavily biased against female lecturers, and does not include any assessment of teaching management (e.g. regularity of syllabus update) or administrative support. However, they are likely to continue, with the stated objective of improving the value for money offered by the higher education sector.

Taken together, this implies a valuing of research knowledge for what it can do in society; it conceptualises research as a means to an end, rather than as a useful or meaningful activity in its own right. This 'impact agenda' creates pressure on universities and research funders to show public benefits for public spend, and increased managerialism within universities enabled leaders to institute organisational changes to how academics were performance managed against grant income and output metrics. Practices of research have themselves adapted to this public value narrative, particularly in the health sector. The rapid growth of theory and methods for improvement and implementation science have focused the attention of researchers on demonstrating changes to outcomes, to attributing societal changes to particular interventions, usually using quantitative methods to do so. In health as well as other sectors including probation, active labour market and youth engagement policies, the UK government has pioneered experimentation in outcomes-based contracts including high profile Social Impact Bond projects (Disley et al, 2016; Fraser et al, 2018). An interest in the scaling-up of evidence-based interventions with well-funded evaluations to test attribution in the pursuit of long-term social outcomes was deemed central to such approaches (at least in the early years) – however, contestation around 'public values' amongst different actors and perceptions of conflicts of interest attest to the difficulty of achieving these goals (Fraser et al, 2018; 2019). The epistemological challenges of evaluating outcomes-based payment programmes are also notable (Fox and Morris, 2019).

Second, Stoker's call to *recognise the legitimacy of stakeholders* in public decision-making has an obvious corollary in the growth of interest in coproduction (Durose *et al.*, 2013). Coproduction, as conceptualised by Ostrom (and discussed in Chapter 1), refers to the development of responsive, personalised public services through 'the joint working of people who are not in the same organisation to produce goods or services' (Ostrom, 1996; Iedema and Carroll, 2011; Durose *et al.*, 2017).

Box 2: Recognising the legitimacy of stakeholders: the example of public and patient involvement

Although there has been significant interest in involving the public in research processes for some years, it is only recently that researchers have been significantly incentivised to 'engage' with different stakeholders, with some funders having this as a routine prerequisite. For most health funders, this takes the form of public and patient involvement (PPI) where 'lay' participants are invited to participate as advisors, or co-researchers, in research projects, with the aim of making research more useful and applicable to patient experience (Duncan and Oliver, 2017). This movement aligns with similar drives to involve service users in their design and delivery (Elinor Ostrom's 'coproduction') and the recognition of 'lay' expertise in shaping public discourse (Wynne 1992).

In health, PPI has been institutionalised by funders such as the National Institute for Health Research (NIHR). For every grant application. Regardless of topic, applicants must explain how patients will be involved in the research. For some, this has led to the important task of public engagement with research, and wider discussion about impact outside the academy, becoming tokenistic (Oliver, Kothari & Mays 2019). However, the broad consensus is that learning how to work meaningfully with potential audiences for research, and those implicated in research on interventions and policies , is the most democratic and ethical way to do research (Frickel, Albert & Prainsack 2016).

This implied a recognition of the rights to participate in decision-making, and these principles can also apply to knowledge production – indeed, joint knowledge production may be a way

of achieving public participation in service design and delivery (Filipe, Renedo and Marston, 2017). Collaborative research practices, which can include co-design, co-creation, stakeholder and public engagement, participation /involvement and integrated knowledge translation are now very widespread (Fransman, 2018). The shift to coproduction tallies with calls across academic disciplines to make knowledge production more accountable, transparent and 'democratic' by including a broader range of stakeholders (Fransman, 2018). Recent investigations into the value of interdisciplinary research have led to calls for joint inquiry (Prainsack, 2018) and public-led innovation (Mazzucato, 2011; Mazzucato and Robinson, 2018), to generate public 'equity' (Ooms *et al.*, 2014), all of which would require great attention paid to the ethics, values and methods required to democratise knowledge for public policy. Yet, to address needs identified by a wide range of stakeholders, researchers would have to fundamentally adapt their practices; research funding streams would have to radically alter from slow, proposal-led funding towards core support for researchers enabling long-term partnership working; and performance management and career incentives for academics and universities would have to adapt (Oliver, Kothari and Mays, 2019). This type of radical shift is, as yet, not on the foreseeable future for the higher education sector. There remain significant questions about how public universities should act (Stirling, 2010; Morgan, 2017; Wilkinson, 2017), and how to best 'democratise' knowledge so that the possibility of publicly focused policy and practice becomes a reality (Oliver and Duncan, 2018). Similarly, health care practitioners and other public managers would have to have capacity and capability to engage in deliberations about evidence with different partners; to be genuinely open to policy change; to be able to implement far-reaching organisational changes and to be able to continually reflect and learn.

Third, Stoker's call for an "open-minded, relationship approach to the procurement of services framed by a commitment to a public service ethos" (Stoker 2006: pp.48) implies, in our view, a practical recommendation to commission services on the basis of collaborative discussions. This proposition is rather ambiguous, but suggests moving away from strictly contract-led service provision towards a more negotiated, relationship, where local stakeholders work in tandem with commissioners to determine need and make provision accordingly. Such an approach requires reconsiderations around the legal requirements and governance traditions through which local health (and other) services are put out to tender and ultimately agreed. Encouraging commissioners to be more collaborative may place stress on existing relationships and lead to dilemmas (Fraser et al, 2019).

Box 3: Collaborative commissioning

The Government Outcomes (GO) Lab at Oxford University was set up as a centre for both academic research and practical guidance for outcomes-based commissioning of services in 2016. The GO Lab promotes collaborative commissioning approaches whereby multiple agencies (e.g. Local Authorities, Clinical Commissioning Groups, third sector and private sector organisations) come together in order to tackle 'wicked issues' which they define as 'social problems for which there are no clear links between cause and effect – like homelessness, chronic unemployment or educational achievement' (Blundell et al, 2019). These approaches often draw on ideas of social entrepreneurship and sometimes cooperative models of delivery. Qualitative comparative work of collaborative commissioning across a selection of UK Local Authority areas led by the GO Lab developed a typology of collaborations:

- **Collaborative councils**: Broad programme of change where collaboration is a mechanism for the local authority to reform their own way of working and the way other local public agencies work
- **Collaborative Markets**: Aim to transition the relationships between local social sector delivery organisations from competitive to collaborative ones in part using alternative service contracts, procurement, and contract management practices
- **Agents of Change**: External to the frontline teams and organisations whose practice they are trying to meaningfully shift, but responsibility to improve the public sector is co-owned
- **System Connectors**: Enable integration of the public and voluntary sectors to improve health and social outcomes by leveraging existing assets without fundamentally uprooting existing relationships and structures
  (Blundell et al, 2019, p8)

Whilst the authors of the report identify some encouraging developments such as increasing trust amongst local actors from different organisations and evidence of a desire to more directly engage local communities in the design and delivery of services through efforts at collaborative commissioning, they also identified resistance to such new ways of working and difficulties in embedding collaborative practices within existing bureaucratic decision-making processes. Crucially too, whilst participants expressed the belief that collaborative commissioning *could* result in reduced costs and improved impact, the evidence to back this up was limited and the authors call for further rigorous independent evaluation in this space (Blundell et al, 2019, p25)

*This proposal has several implications. It suggests that stakeholder's preferences and view would frame and constitute the evidence base, in order to surface the political and personal interests at play. It suggests an evidence base which draws on multiple sources and methods, including the historical and local service context; budgetary and governance constraints. All of these types of evidence would need to be valued and weighed alongside more traditional research and experimental evidence about the effectiveness of new interventions.

From a more critical perspective, we can see that evidence of different kinds here plays a role in framing questions and encouraging debate, as well as enabling scrutiny. However, with the requirement to be 'open-minded', it is likely that it becomes impossible to address the challenge of determining which types of evidence are most credible and useful for different purposes. If all problems are (said to be) solved through deliberation and discussion, the most powerful interests may dominate the understanding of these, leading to a replication of existing power dynamics (Fraser et al, 2018; Lowe et al, 2018; Morley, 2018).

Finally, Stoker calls for 'adaptable and learning-based approach[es]' (see Box 4), which is echoed by the recent rise in participatory and particularly action research methods employed

to evaluate public services and policies (Rycroft-Malone *et al.*, 2015; Holmes *et al.*, 2017). Complex systems analyses tell us that as public services adapt and evolve through double-feedback loops, research practices have also incorporated process-driven methods which enable evaluators and implementers to grapple with real-time localised actions, and to adapt and improve (Fletcher *et al.*, 2016). The abilities of public (and increasingly third) sector providers and their commissioning partners to design systems for the collection of robust data, and capacities to use these become more important (Boaz et al, 2019).

Box 4: Adaptable learning

One approach to adaptable and setting-based learning which has become popular particularly within healthcare, is the use of 'embedded researchers'. There are variations, but in general, an embedded researcher is one who works inside a host organisation (a hospital or primary care practice, for example) not as a member of staff, while remaining affiliated with a host research / academic institution (McGinity and Salokangas, 2014). Their role goes beyond that of a traditional 'knowledge broker' who might attempt to act as a boundary spanner, bringing research and academic expertise into a new setting. Rather, these researchers act collaboratively with local partners to do research together; to identify, design and conduct research studies and share findings which respond to the need of the organisation, and accord with the organisations' unique context and culture" (Vindrola-Padros *et al.*, 2017, pp.70).

The concept of the embedded researcher therefore quite directly addresses the call for adaptable and learning-placed approaches, emphasising

- Developing trusting and meaningful relationships with local staff
- Becoming an 'insider' to the organisation, to meet challenges and share goals and interests
- To generate locally-relevant knowledge *with* local staff, enabling organisations to respond to highly-relevant evidence to improve their own performance, and
- Facilitating greater local research capacity, and enabling critical reflection by both the embedded researcher and the local team

This last is seen as an integral part of 'embeddedness', and describes the mechanism by which locally-produced learning could be shared, owned and acted on in an adaptive manner. Indeed, the tension between of becoming an insider (and losing critical perspective) and the need to maintain distance to enable this critical reflection is regarded as a key challenge for embedded research (Segalowitz and Brereton, 2010; Vindrola-Padros *et al.*, 2017).

Taken together, these propositions allow us to see the responses made by evidence providers; with a focus on evaluation, mixed methods, inclusive and adaptive research designs. We can also trace responses at the higher education policy environment. The REF and associated polices have incentivised researchers to focus on projects with 'real-world' impact, and have emphasised a discourse of public-facing research. Stoker's propositions prescribe a set of public management values, the echoes of which can be seen in the responses made by knowledge producers. Yet, these responses are limited by current structural and governance arrangements surrounding knowledge production. PVM implies multiple processes ocurring simultaneously and a shift away from simplistic ideas about markets that may distort and mitigate against collaboration towards more open systems and engagement with a more diverse approach to evidence. These cultural discourses combine to create a number of

effects across the public and higher education and health sectors and create conflicting rules which determine how evidence is sought and valued.

In order to produce accessible, locally-relevant, adaptive, and robust evidence, there are significant changes we need to make. Firstly, the research system, from a policy level to the micro-interactions of data interpretation, needs to radically shift to incorporate a much broader range of knowledge types. The entire venture of identifying and answering questions will need to be reconfigured if all interests and beliefs are to be represented in the generation for an evidence base. This would have enormous ramifications for how we train our scholars, how research is assessed and evaluated, and the institutional practices and environments which enable research to be done.

Conclusions: new evidence for evidence based policy

Evidence needs are influenced by public management and policy paradigms, and vice versa. Each paradigm implies different evidence needs, which may influence everything from research funding to the day-to-day practices of research. Epistemologically speaking, the values and assumptions underpinning these paradigms also influence what kinds of evidence are valued. Traditional public administration saw evidence as a way of producing technology and wealth for the state. Over the decades, this evolved into a desire to monitor and manage evidence production, alongside trends towards greater surveillance of public services.

New public management and evidence-based policy became mutually symbiotic. Both require investment in data collection and performance management of various kinds; both favour a positivist, data-led approach to decision-making. Political support for EBP grew throughout the late 1990s and though the New Labour administrations as a way of depoliticising potentially contentious topics. However, the approaches taken to generate evidence within this narrow framing became process-led. The 'What Works' narrative, while helpful to New Labour from a political perspective, implied a very narrow set of evidence needs – predominately gathered via quantitative and trial-based approaches. These approaches implied normative assumptions about what types of evidence are most valued, and who can and should participate in knowledge production or decision-making processes (Greenhalgh, 1999). This has led to a narrowing of the debates about values in both evidence and policy production, as the EBP/PVM processes both make assumptions about which values should drive them.

Austerity, managerialism, hierarchies and networked governance bring their own values and assumptions. However, the rhetoric of EBP does not admit to these pressures, and generates numerous assumptions around the research and policy processes. In both the EBP/PVM discourses, there is a naivety about the motivations of stakeholders and the feasibility and appropriateness of techniques used to further the generation and use of evidence. Interestingly, both discourses seem to have arrived at a similar place. That is, in order to *produce* the most useful evidence, stakeholders should collaborate and deliberate and that to *use* it, public managers should hold inclusive discussions and collaborate on service delivery. Yet, this solution fails to engage with the reality of public management and policy, in the sense that it is a conflicted and disputed space (Mouffe, 2000). The assumption that

simply bringing the relevant parties together to discuss the meaning of evidence ignores existing power dynamics, assumes that the values and meanings we attach to evidence are shared, and that all have the same political priorities. None of these assumptions are evidence-based themselves (Oliver and Boaz, 2019).

Public value management, like the successor to EBP (evidence-informed policymaking), can be read as a reaction to the positivist straight-jacketing of NPM and EBP. Both recognise the importance of plurality (both in epistemology and participation), and thus are moving in the right direction. However, we believe that both discourses are ultimately still hamstrung by political imperatives and power imbalances between actors. Public value management may imply a radically different attitude to evidence production and use, which would take account of many of the tensions described above. A focus on relationships within the system is helpful, but the residual rhetoric of NPM may complicate the picture, as will existing professional hierarchies and dominance. A truly responsive evidence base would certainly require radical overhaul of research institutions, training, and assessment, as well as capability and capacity within public organisations.

Commentary on EBP and research into evidence use (e.g. implementation science) has often failed to take account of this broader political agenda, and often failed to understand the policy and management processes which they are attempting to influence and the multiple and potentially conflicting regimes of governance in which these occur (Newman, 2001; Jones, 2017). Interventions and strategies are proposed and designed which rely on the linear model of knowledge use (Oliver, Lorenc and Innvær, 2014); and often do not reflect the complexity of the policy or practice environment (Boaz, Baeza and Fraser, 2011; Head and Alford, 2015). Even today, we find frequent references to the 'policy cycle' which has long been debunked by policy scholars as a useful, yet misleading, heuristic. This matters, because we know that the policy process influences which types of evidence are considered valuable, credible; and policy environments and cultures inform which types of evidence are generated and used (Nutley, 2010; Nutley, Powell and Davies, 2013; Cairney and Oliver, 2017).

It is clear that there are significant pressures on knowledge users and producers, which are brought to bear through the dominance of narrative like the 'evidence-based' and 'public value management' discourses. It is also clear that there are immensely complicated normative and practical issues to explore surrounding how evidence is produced, why and what for. Yet, we still do not know what kinds of evidence are most valued or why, in different contexts including when enough evidence is enough, and how to encourage policy makers towards change. There are also questions about the roles and responsibilities of different actors in using evidence to advocate, or advocating for the evidence, and the pros and cons of different approaches as well as how to mobilise evidence for change. We urgently need more empirical evidence about who gets to participate in knowledge production, the roles of power and different forms of knowledge, how credibility and legitimacy are framed and negotiated in different public and policy contexts, and how to best investigate these processes to deliver meaningful public value

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