



# Governance and policy capacity in health development and implementation in Australia

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## Abstract

This article examines policy capacity in the context of Australian health authorities in relation to the challenges confronting policy workers and senior managers in these agencies. The article reports the challenges identified by our informants in relation to political structures, roles and responsibilities of other portfolios and governments, interactions between policy officials and with the minister and the minister's office, whole of government policy approaches, stakeholder and public demands and expectations, and media pressures. The experience of these senior managers and policy workers is then reinterpreted in terms of a nodal governance model. The findings from the Australian study on policy capacity, interpreted in the context of nodal governance, is then used to discuss the features of "governance capacity" as articulated in the matrix model of policy capacity developed by [Wu, Ramesh and Howlett \(2015\)](#).

The article concludes with propositions for strengthening policy capacity across the governance regime so depicted. These include: capacity building for individuals at various key locations in the network; organisational capacity building within the organisations and across their key relationships; and reforms across the governance network as a whole.

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## 1. Introduction

This article examines policy capacity at the organisational, inter-organisational and systemic levels in the context of policy making in Australian health authorities. It explores policy capacity from the perspective of the challenges arising in the policy environment, as perceived by health policy workers and senior managers in three Australian health authorities. The article explores the concept of 'governance capacity', one of nine components identified in [Wu, Ramesh, and Howlett's \(2015\)](#) classification of policy capacity, what it means in the context of policy development and implementation in Australian health authorities, and how governance capacity in the health sector might be strengthened.

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### 1.1. Conceptualising policy capacity and ‘governance capacity’

Policy capacity as a concept has different meanings and lacks a clear and generally accepted definition in the scholarly literature. Definitions invariably highlight different dimensions of policy capacity, including: the ability to make intelligent collective decisions (Painter & Pierre, 2005); the ability to assemble necessary resources (Painter & Pierre, 2005); the ability to produce robust, evidence-based policy by applying analytic methodologies (Howlett, 2009; Oliphant & Howlett, 2010; Scott & Baehler, 2010; Wellstead, Stedman, & Howlett, 2011); the ability to “weave” together different organisations and interests (Parsons, 2004) and coordinate policy making across and external to government (Aucoin & Bakvis, 2005; Davis, 2000; Janicke, 1997; Peters, 1996); and the ability to implement as well as formulate policy (Davis, 2000).

This focus on specific dimensions of policy capacity, however, has limitations as each definition offers a particular but narrow perspective of policy capacity. Definitions, for example, may focus on a particular level of policy capacity, individual and or organisational, but not address the systemic level (Howlett, 2009; Page & Jenkins, 2005) or emphasise a government and public sector perspective but exclude non-governmental and private sectors (Davis, 2000; Painter & Pierre, 2005). The situation is nicely summed up by Wu et al. (2015, p. 4), asserting that no systematic attempt has been made in the literature to ‘encompass all elements of policy capacity in a comprehensive way’ and that the concept of policy capacity ‘lacks an operational definition’.

In response to these limitations, Wu et al. (2015) present an analytical framework that combines policy-relevant skills (or competences) and policy resources (or capabilities) in a  $3 \times 3$  matrix model. In combining the three dimensions of policy-relevant competences (analytical, managerial and political) with the three interconnected levels of policy capabilities (individual, organisational and systemic) they propose a more comprehensive and multi-dimensional interpretation of the policy capacity of government.

Governance capacity, in this definition, extends beyond individual skills and organisational capabilities to include managerial capacities that allow for state resources to be effectively mobilised on policy issues. Directed at the system-level, Wu et al. (2015, p. 8) interpret governance capacity as the “levels of inter-organisational trust and open communication both within government and in the NGO community; and adequate fiscal system to fund programmes and projects within and outside government”. Governance capacity in this context is interpreted as: (1) properly established systems and structures including staff training and development, recruitment and existence of career systems that promote competence; (2) coordination of governmental and non-governmental efforts to address collective problems, and managing relationships with business and civil society organisations; and (3) an existing legal-administrative system that allows public agencies the discretion to carry out their functions but also the checks on discretion, presence of laws and regulations governing administrative systems, and systems for holding government accountable for its actions (Wu et al., 2015, p. 12).

Furthermore, Wu et al.’s definition of governance capacity (pp. 8–12) draws a distinction between “managerial capacity” at the individual level and “administrative capacity” at the organisational level. The former is interpreted as the ability to perform the key managerial functions of planning, human resources management, budgeting and directing. Other competences found to be important included communication skills, leadership and teamwork. Administrative capacity at the organisational level included the availability of funding and staffing levels within which managers work as well as the nature of intra- and inter-agency communication, consultation and coordination (Wu et al., 2015).

The main features of Wu et al.’s definition of governance capacity may be summarised as: (i) inter-organisational trust and open communication, (ii) adequate fiscal system to resource policy programmes and projects, (iii) established policy capacity systems and structures, (iv) coordination of government and non-government effort to address policy issues, and (v) an existing legal-administrative system with rules of law, adequate checks and balances, and appropriate accountability mechanisms.

This definition by Wu et al. (2015) recognises the need to broaden the interpretation of policy capacity beyond the traditional focus of individual policy skills (competencies) to include the mobilisation of resources (capabilities and institutional arrangements) and development of relationships at the organisational level. Moreover, within the “managerial capacity” dimension, the definition by Wu et al. (2015) recognises the sub-categories of managerial, administrative and governance capacity at the individual, organisational and system levels.

The research reported in this paper applies the ‘governance capacity’ element of the framework developed by Wu et al. (2015) to empirical data regarding the views of health policy workers in Australian states and territories about the

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