

SPATIAL PLANNING AND HEALTH POLICIES: SYNERGY OR FRAGMENTATION? EVIDENCE FROM PORTUGAL THROUGH THE LENS OF THE TERRITORIAL COHESION CONCEPT

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Abstract

The significance of spatial planning for health and well-being is well recorded. While there has been recently an increasing body of literature in academic circles and public policy guidelines illustrating the importance of both fields working closely, evidence shows that cross-sectoral integration between spatial planning and health policies is still scarce. This article aims to develop a deeper understanding of how this integration can be considered in conceptual terms and how it is actually embraced in practice by health decision-makers. Drawing upon the concept of territorial cohesion, the new EU political objective which highlights the importance of considering the spatial dimension for public policies cross-sectoral integration, the article presents and discusses the results of a research held in Portugal aiming to understand how territory and spatial policies taken into account in health decision-making processes. Face-to-face semi-structured interviews to current and former national and regional health decision-makers were conducted for this purpose. The research also comprised the analysis of the main national and regional health policy guiding documents. Findings show that, although decision-makers and policy guiding documents value the importance of promoting a cross-sectoral integration of both domains, there is still a long path ahead to integrate in a comprehensive manner the spatial dimension in health policies. The article concludes by pondering on the added value of using the conceptual framework proposed based on the decision-makers perspective and on the new institutional EU policy context.

Keywords: Health, Territorial cohesion, cross-sectoral integration

References

- Barros, P., 2013. Pela sua Saúde. Lisboa: FFMS.
- Barros, P.; Machado, S; Simões, J., 2011. Portugal: Health system review. Health Systems in Transition, 13(4), pp. 1-156.
- Boquinhas, J., 2012. Políticas e Sistemas de Saúde. Coimbra: Almedina.
- Campos, A., 2008. Reformas da saúde: O fio condutor. Coimbra: Almedina.
- Campos, A. and Simões, J., 2011. O percurso da saúde: Portugal na Europa. Coimbra: Almedina.
- Carvalho, T., 2009. Nova gestão pública e reformas da saúde: O profissionalismo numa encruzilhada. Lisboa: Edições Sílabo.
- CEC, 2010. Fifth Report on Economic, Social and Territorial Cohesion. Luxembourg: OPEEC.
- CEC, 2011. Territorial Agenda of the European Union 2020: Towards an Inclusive, Smart and Sustainable Europe of Diverse Regions. Hungary: Commission of the European Communities.
- Fernandes, J. and Barros, P., 2012. Um ano depois da Troika na Política de Saúde. Cascais: Princípia.
- Geddes, I.; Allen, J.; Allen, M.; Morrisey, L., 2011. The Marmot Review: implications for Spatial Planning. London: The Marmot Review Team, NICE.
- Oliveira, M. and Pinto, C., 2005. Health Care Reform in Portugal: An Evaluation of the NHS Experience. Health Economics, 14, pp. S203-S220.

- Pollitt, C., 2012. *New perspectives on public services: Place and technology*. Oxford: Oxford University Press.
- Santana, P., 2014. *Introdução à Geografia da Saúde. Território, saúde e bem-estar*. Coimbra: Imprensa da Universidade de Coimbra.
- Santana, P., 2005. *Geografias da Saúde e do Desenvolvimento. Evolução e Tendências em Portugal*. Coimbra: Almedina.
- Santana, P. and Machado, M., 2007. *A cidade e a saúde*. Coimbra: Almedina.
- Santinha, G., 2013. *Cuidados de Saúde e Território: um debate em torno de uma abordagem integrada*. *Saúde e Sociedade*, 22(3), pp. 815-829.
- Simões, J., 2009. *Tendências internacionais nas políticas públicas de saúde*. *Janus*, 2, pp. 1-7.

1. Introduction: context and aim

The economic and social crisis that several European Union (EU) member states have been facing this past years has led to a number of public administration reforms regarding more efficient organizational models for the provision of public services. Although the importance of these services to both citizens' quality of life and social and economic development of different territories is long recognised, the debate around the role of public policy in their provision has gained increased visibility and centrality in political, academic and media agendas. There are multiple reasons that can explain these circumstances: political changes, particularly in the last two decades, aimed at the liberalization of markets, the transition from the idea of a service user for the consumer/client logic or even the current economic and financial crisis are usually pointed out as examples.

Much of the discussion concerning public services, however, has been done in a comprehensive but a-territorial way. “[There is] a curious partial sightedness concerning the role of public services. (...) public services are frequently powerful placeshapers, and that their role in this regard has been largely ignored by most of the relevant academic literature. (...) Public services – health care, education, the police, social services, defence - they feature only rarely in the spatial planning literature (...) most of these services have their own spatial planning procedures and routines – hospitals are sited in relation to other hospitals and schools in relation to other schools rather than in relation to any more unified vision of the spatial disposition of the whole suite of public services and their integration with a wider plan for spatial development” argues Pollitt (2012, pp.33, 37-38). “The lack of an integrated strategy across policy areas serves to perpetuate and possibly increase the [existing] disadvantages (...) While separate working in silos continues, it will be harder to address these issues and tackle inequalities” add Geddes et al. (2011, pp.35). Indeed, pointing out the narrow view that is traditionally adopted in the discussion around these services in relation to its potential for transformation of the territories and calling attention to the apparent lack of coordination between the different areas of intervention, with the consequent perpetuation of existing inequalities, these authors confirm the observation previously made.

The health sector is a good example of the importance of this debate and creates the necessary conditions to ponder on the way the territorial dimension is included in decision-making processes. According to Barros (2013), health appears regularly at the top of the main concerns expressed by citizens in what they consider essential. However, particularly in the Portuguese case, citizens express frustration with the health system, in general, and the provision of healthcare under the National Health Service, in particular. This is mainly a result of the difficulty experienced in accessing healthcare due to the costs, the time travel and waiting lists, and even the spatial distribution of services.

The Portuguese health system is based on a National Health Service (NHS), Beveridge model - the principle of universal coverage, with mandatory funding through taxes, whose institutional management is public (Simões, 2009) -, in which all the Portuguese population has access to by constitutional precept (Boquinhas, 2012). Following the Portuguese Constitution, the health system is based on a centralised control and decentralised management: the Ministry of Health and its central level institutions are responsible for the Planning and regulation whereas five NUTS II Regional Health Administrations, though accountable to the Ministry of Health, are responsible for the strategic management of the population health, supervision of hospitals, management of primary care and implementation of national health policy objectives (for a comprehensive account of the Portuguese health system see Barros et al., 2011). However, as Oliveira and Pinto (2005) claim, in practice a centralised structure tends to prevail as most powers are still exercised at the central government level.

The discontent with respect to how health policies are being conducted has been observed at several moments. For example, in 2013, the presidents of the national medical association and other personalities of Portugal and three other member states signed an open letter to political leaders and health authorities in Europe invoking a quick reversal of the austerity policies to "urgently avoid further deterioration of health and health services." Arguments as the reduction of access to appropriate health services, the existence of poor working conditions for health professionals and a decrease of health resources while increasing health needs in the community were presented as warning signs for a deep consideration on the path health policies should take.

The fact that the health system is seen financially unsustainable by the present government, having the NHS no excuse to not contribute to a greater containment of public expenditure given the existing deficit, has actually been one of the main arguments widely broadcast by the media to sustain such worries. Though the government discourse is also focusing the idea of an improvement of care quality, policy guidelines regarding the concentration of health services, the closure of certain healthcare units or increased user fees, to name a few, have engendered enough controversy and misunderstanding not only among the population but also among health professionals in academia and in the political arena.

Indeed, little is known about which principles and criteria sustain health policy decisions and the role the territory plays in this process. In Portugal, studies tend to focus on the historical-political context of the major reforms that have taken place since the creation of the NHS in 1979, describing in some cases with enough detail the purposes, processes and outcomes achieved by each government decision. Examples can be found in Campos (2008), Barros et al (2011), Campos and Simões (2011), and Fernandes and Barros (2012). Other studies, discussing the implications of certain reforms in the health sector regarding certain social groups, such as health professionals, can also be found. This includes the research published namely by Carvalho (2009) and Teixeira (2012). One common feature that marks the majority of these studies, however, is the scant analysis of the role of the territorial dimension in health policies.

It is in the health geography field that the relationship between health and territory is mostly analyzed. In Portugal, the studies published by Santana (2005; 2007; 2014) and Santinha (2013) are considered a conceptual and analytical reference in this field. Still, in such studies, the analysis and discussion of decision making processes and governance mechanisms regarding the relationship between the two fields is usually not taken into account. How and under what circumstances the territorial dimension is taken into account in health policy decision making processes? Which criteria are used? Is the territorial dimension of health considered occasional or systematically? And from an institutional viewpoint, which synergies between agents and instruments of health and spatial planning fields are there in order to design and implement integrated policies? The aim of this paper is to address these issues and accordingly contribute to this debate in the public policy and spatial planning domains.

2. Linking territory to health in light of the territorial cohesion concept

From a conceptual viewpoint, territorial cohesion, the new EU development paradigm and political objective, is used as a framework of analysis for the purpose of this paper. With a central and strong position in the Treaty of Lisbon, territorial cohesion has been placed explicitly in the core of EU territorial development agenda (CEC, 2011) and has emphasised the spatial dimension of Europe 2020 Strategy (CEC, 2010a). As such, Member States are encouraged to adopt the principle of territorial cohesion in their policy agendas and strengthen territorial objectives in sectoral policies. The argument draws on recent debates on territorial cohesion and links the concept to health. It is suggested that the main lines of action underpinning the concept of territorial cohesion, which combined add value to public policy decisions, when transposed to the health policy domain can be observed in four different ways:

- In terms of the geographical nature of accessibility to healthcare;
- In factors of a broader nature beyond the healthcare per se, such as the social, economic and political impacts of health services at local and regional levels or even citizens' behaviours and lifestyles within a public health perspective;
- In the importance of health as an export sector, a job-creating activity and a means to promote social, economic and territorial development (with links to other activities, such as medical and health tourism);
- In the promotion of more coherence between different actors and policies (i.e. addressing territorial governance), in which health policies can benefit not only from cooperating in a joined up manner with other areas, namely spatial planning, but also from inserting a spatial dimension into the process of integrated policy development.

3. Methodology

The arguments made are empirically grounded in a study developed in Portugal between 2012 and 2013, comprehending two phases of data collection.

Phase I consisted of face-to-face semi-structured interviews to 23 key actors in the area of healthcare, at the governmental level, as well as in central and regional administrations. The sample of the interviewed decision-makers comprised current and former health ministries and secretaries of state (from both social democrat and socialist governments), directors/presidents of central level institutions (e.g. Directorate-General of Health) and independent administration entities (e.g. Health Regulation Authority), and presidents of Regional Health Administrations. Consistency was addressed by means of interview topic guidelines to make sure that significant issues regarding the concept of governance were covered systematically, while allowing participants freedom to describe their own experiences. The line of thought of this approach is to understand the processes from the voices of those who are or have been involved in health policy-making.

Phase II draws on documentary sources, namely on the main health policy guiding documents. The policy documents were chosen by the own decision-makers during the interview process. Four types of documents were analysed: documents of governmental nature (the XIX Government Programme and the Memorandum of Understanding signed by Portugal), documents of strategic nature (the National Health Plan 2012/16 and NUTS II Regional Health Plans) and documents for health planning and organisation (the Hospital Chart proposed by the Health Regulation Authority and the Hospital Referral Network available for most medical specialities).

With this double approach, qualitative evidence about the spatial dimension of health policies in light of the new EU political goal is provided.

4. Main findings

Several lines of debate emerge from this study. First, spatial issues do not emerge spontaneously in the discourse of health decision-makers (who tend to emphasise issues like hospital management, clinical aspects and the pharmaceutical market) and are sporadically addressed by health policy documents.

Second, the relationship between health and spatial issues is thought over in narrow terms and when discussed the geographical access to healthcare services tended to be highlighted. The idea of creating opportunities from local specificities and endogenous assets is clearly not a priority in the health policy agenda (for both decision-makers and policy documents) and when considered is seen as a separate goal.

Third, health decision-making processes are basically of political nature (questions such as which criteria should be used to determine the need to positively support certain less developed areas or where should healthcare facilities close remain unanswered) and accordingly verdicts tend to be made on a case-by-case basis and scarcely based on decision support methods.

Fourth, health decision-making processes are very centralised and sectoral. The pyramidal structure of the health sector like a one-way passage tends to reduce the capacity of taking stock of local specificities, as well as the social acceptance of policy decisions.

Fifth, health policy makers have a negative perception of spatial planning and plans, partly explaining why almost no institutional collaboration between the two fields exists. In fact, the few moments of cooperation occur due to financial reasons, such as applying for new infrastructures/facilities through structural funds.

5. Conclusion remarks

This paper aimed at understanding how spatial issues are taken into account in health decision-making processes in Portugal. Findings show that the spatial dimension of health policies is scarcely considered in decision-making and looked in a reductionist way. Nonetheless, from an optimistic viewpoint, health decision-makers acknowledged that the adoption of the territorial dimension in health decision-making processes in light of the framework presented in this study can be of added value to make decisions more fair and at the same time more efficient, not only concerning health but in a global public policy perspective. This assertion provides an additional hint to include the territorial cohesion political objective in the public policy agenda as it brings further elements to debate in an integrated manner that are usually not taken into account in health policy-making.

This research is but one qualitative study of governance in one country (Portugal), but findings do provide valuable insights that open the door to significant questions to be explored in future research and accordingly derive lessons for theory and future practice. For future research, findings should now be compared with other countries to see if patterns emerge.