15

THE WIDE RANGE OF LOCAL GOVERNMENT PUBLIC SERVICES

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Looking for an international definition of local government services

Exploring and explaining local government public services (LGPSs) across national borders is a great opportunity, because the topic is generally siloed in sub-disciplinary empirical analyses undertaken in one national context, or comparing a few national contexts. It is difficult to define the form and possible extension of LGPSs in a cross-country perspective, as though national legislatures should be irrelevant in providing such a definition. Nevertheless, in most countries a law-based definition of public services (including LGPSs) has dominated for a long time. From such a perspective, the definition of public services has changed over time from a narrow subjective concept that considered public service to be the services provided by a public organisation towards a wider objective definition in which the range of public services includes every service provided with the aim of producing a public benefit, regardless of which agency provides the service.

Under the construct of bounded rational agents (Simon 1947), it is difficult to find a stable categorisation for the various features of services that can be considered within the concept of LGPS. It is not a static concept, as the needs of citizens and organisations change over time and across countries, within different time frames. The local community and political representatives scrutinise the benefits and costs of each service and acknowledge the importance of a specific set of public services that better fit the requirements of the community, taking into account the need to maintain and enhance the socio-economic conditions of life in the local jurisdiction.

Following a long established theoretical approach, the so-called median-voter’s approach (Downs 1957), the provision of a specific LGPS in a territory is determined by citizens’ collective demands for such services. The level of local public expenditure in the production of LGPSs could determine the citizens’ satisfaction and the attraction (departure) of citizens towards (from) a territory (Tiebout 1957). Even though critics argued that such an approach neglects the influence of bureaucratic threats and institutional settings (Romer and Rosenthal 1979), no alternative theoretical approach has since dominated the literature. Hence, the definition of LGPS delivery seems to be demand-driven (De Groot 1989) and contingent, similar to what generally occurs in the service delivery industry (Ponsignon et al. 2011).
This makes the possible range of LGPSs extraordinarily wide and its organisation contingent on environmental circumstances (Pennings 1975). City governments in the US, for example, typically provide:

about forty distinct services, ranging from public works (street repair and garbage collection), to public safety (police and fire), to animal control and maintenance of public recreation areas.

*(Levin and Tadelis 2010: 511)*

To understand the relationships between the two main perspectives of our definitional analysis, we could rely on stakeholder theory, in which the government (hence, also the local government) has a dominant but still unclearly defined role. Government is typically seen as either a non-stakeholder in the background of the community (Buchholz and Rosenthal 2004) or merely one among many stakeholders (Freeman 1984; Neville and Menguc 2006), with no consideration of its unique roles and place in the business–government–society nexus (Dahan et al. 2015).

However, in this chapter, government in various spheres is considered the main actor in the public policy process, which offers a solution to the collective wishes of the community for public goods and services (Buchholz and Rosenthal 2004). The public policy process, then, is the appropriate way for society (where the government and the community work together) to determine the allocation of resources for solving social problems through LGPS provision, thus accurately discerning stakeholders’ interests and needs (Dahan et al. 2015).

Overall, the supply of LGPSs is contingent, and the decisions depend on the pressure of the stakeholders’ claims that are diffused throughout the policy environment, with political and economic constraints. Stakeholders’ claims let human needs emerge (Freeman 1984), both when they are basic needs (i.e. essential to the survival of the community) or when they are sophisticated and non-basic needs (Osborne and Brown 2005). Public policies are drawn to satisfy the human needs from most to least compelling (Mafrolla and D’Amico 2016). LGPS delivery, in such a framework, is the central part of the public policy process, where considering the inputs (i.e. resources) invested at a specific purpose, the output of the process is the LGPS provision, which itself is expected to produce an outcome, generally in terms of citizens’ satisfaction (Brusca and Montesinos 2016). Performance measurement will determine the efficiency (inputs–outputs relationship) and effectiveness (outputs–outcomes relationship) of LGPS supply and, therefore, the quality of the public policy adopted by the (local) governments (Pollitt and Bouckaert 2011). Below re discussed three different perspectives adopted to define and classify LGPSs, also offering some empirical analysis to better describe the relevance of space and time contingency in LGPS studies. Subsequently this chapter critically reflects on the potentials for a clear scheme to classify LGPSs across-nations, because although the list of services provided generally mirrors the policy enacted in each jurisdiction, the need for a supra-national field of analysis is particularly acute in relation to the contemporary call for critical global studies in economics and political science.

**A classification of the wide range of LGPSs**

To manage diversity, there is a need to distinguish various services by classifying them according to the various perspectives and unravelling the contingency knot. Hence, in the absence of an existing dominant categorisation of LGPSs in the literature, in this chapter the concept of LGPS is categorised under three main perspectives. These include:
(i) the subjective-community perspective, which explains how LGPS are local, (i.e. useful to those who are settled in a specific jurisdiction);
(ii) the subjective-government perspective, which shows who in the governments is responsible for supplying LGPSs, analyses the distribution of responsibilities on LGPSs among different tiers of government, and studies how the government can mandate the operative functions of LGPS to third parties; and
(iii) the objective or functional perspective, which explains what tasks can be considered of public interest and/or responsibility.

The subjective-community classification: who benefits from LGPSs?

A LGPS classification considering what are the community benefits of public action is located in the broader field of a traditional body of literature seeking to categorise and circumscribe public goods. In any manual of public finance (e.g. Stiglitz 2000: 128), the mainstream definition of a public good that could be extended to public service focuses on two main circumstances dealing with the action of consumption (by whom and how such goods are consumed). These are joint consumability or non-rivalrous character (Blümel et al. 1986: 242) and non-excludability (Brown and Jackson 1978: 29) in consumption. These two distinctions (rivalrous and excludable) provide for four types of goods:

(i) Private goods, that are excludable and rivalrous (e.g. a soft drink).
(ii) Common goods, that are non-excludable but rivalrous (e.g. fishing grounds).
(iii) Toll goods, that are excludable but non-rivalrous (e.g. train service, and most of natural monopolies).
(iv) Pure public goods, that are non-excludable and non-rivalrous (e.g. fireworks and national defence).

Public goods are either non-rivalrous or non-excludable. Pure public goods, also called collective goods, bear both characteristics. Private goods are the only category of goods that are not typically provided through public services, although it is feasible to predict that the production of some typically private goods might also be of public interest1 thus extending the governmental sphere of production to all ‘worthy’ goods (Savas 1987).

Notwithstanding the existence of the stable limits of excludability and rivalry in consumption, there is much debate among researchers about how public services benefit the community beyond the typical benefits of public goods because the provision of a public service might involve private goods, such as providing food (that is typically a private good) to poor people produces externalities to the whole community where the poor people are living, as it reduces inequalities and generally enhances the quality of life. Probably, due to the blurred boundaries of what is a public service, controversies generally dominate the decision to provide additional services to poorer households. For example, the alleged provision of preferential access to social housing to immigrants in the UK (Battiston et al. 2014), or for EU support of Wi-Fi services in refugees’ camps (Economist 2017). Hence, the concept of public service is more complex than the one of easily agreed public good, and every activity that is able to enhance the welfare of the community might constitute a public service.
The subject-government classification: who provides the service?

The subjective-government perspective aims at classifying LGPSs based on the subject that is responsible for supplying the service. Two main issues should be considered for the analysis of this classification.

First, several levels of responsibility might be defined, and different governmental bodies might be charged for the different elements of the LGPS supply chain. Generally, responsibilities for LGPS supply are distributed among the various tiers of government; hence, there is a need to evaluate the mutual relationships between the central and more localised governments and how the distribution of powers produces a distribution of service duties.

Second, being responsible for the LGPS supply does not necessarily imply that the concrete operational activities of service delivery would be undertaken directly by the government. Generally, the government should evaluate whether and to what extent the service should be provided directly or demanded by a third party that will operate on behalf and under the directions and regulations defined by the government.

The various tiers of government in LGPS provision

LGPSs can be classified under the subjective-government perspective based on the number of tiers of government that would be involved in the LGPS provision, ranging from services provided by the regional, county, and municipality governments, and possibly to even more localised bodies. The analysis of which government tier is charged with such service delivery raises the overarching question of the decentralisation of authority (i.e. the devolution of power and responsibility over policies from central to local governments; De Vries 2000). Most of the literature from the late 1980s supports the idea that the relationship between the central and local government is grounded on the dominant role of the central government, which can rely on greater human and financial resources (Ranson and Walsh 1985; Marsh et al. 2001) and can utilise legislation to enforce its decisions (Ranson and Walsh 1985). From such a perspective, the central government also enforces the local government’s actions and adopts a particular role of controller over local governments’ performance in service delivery (Loughlin 1996). Nevertheless, more recent arguments reject this view and support the relevance of a central-local relationship grounded in policy networks (Rhodes 1999), where duality in the central-local relationship creates a multi-level governance model (Sullivan and Gillanders 2005) that is pervasive from the neighbourhood to the EU (Peters and Pierre 2001). Clearly, the world of LGPSs has changed over the last several decades, and the national sovereignty and centralised government dominance of the twentieth century left enough room for a ‘multiple sphere government’ typical of the twenty-first century (Galligan 2006: 262). For example, in much of Europe during early years of the twenty-first century, the government model turned into a decentralised multi-level model. Some traditionally centralised countries, such as Italy and Spain, strengthened their regional level of government. In the United Kingdom, there was legislative devolution in respect of Scotland, Wales and Northern Ireland, and Belgium formally became a federal state. This also occurred in the former often highly centralised Eastern European countries, where decentralisation created localised bodies, although with weak powers (Bertrana and Heinelt 2011). Moreover, since the 1990s, at peripheral very localised level, inter-municipal cooperation, amalgamation and mergers were seen across Northern, Central, Eastern and Southern Europe reducing the territorial fragmentation of local government.
(Wollmann 2008; Allers and de Greef 2018; Swianiewicz 2018). Generally, there is a tendency to decentralise some national powers, thus strengthening the second and third tiers of government and simultaneously reducing fragmentation throughout the amalgamation or co-operation of ‘too small’ entities, which suggests that the ‘meso’ level of local government (Sharpe 1993) should be pursued as the best scale of governance model in the provision of services (Bertrana and Heinelt 2011).

The degree of devolution of political powers generally mirrors a devolution of duties in LGPS delivery. To assert how the devolution of powers are translated into a devolution in service delivery, three main elements of autonomy of the localities should be considered (Zangrandi 1994):

- autonomy in organizational functions (i.e. in the use of human resources);
- autonomy in decision making (i.e. in the choice of a governance model and the use of assets); and
- autonomy in financial provision (i.e. the ability of the peripheries to provide for financial needs through revenue collection and service pricing).

The higher the degree of autonomy is in these three spheres of competence, the higher the degree of devolution of powers from the central government towards local governments and the higher the ability of local governments to manage the provision of public services autonomously.

**The public-private-partnership governance structure and system**

LGPSs can also be classified from a subjective-government perspective based on the service governance structure that is adopted to deliver the service (i.e. whether the government provides the LGPS directly or through a delegated body). This classification relies primarily on analysing the contracting of public services, which occurs when a public manager chooses to rely on external parties in public service delivery. The make-or-buy decision is analysed in the literature mainly by adopting the framework of economic transaction costs (Williamson 1981), and through potential competitive efficiencies and economies of scale (Brown et al. 2006).

The choice of a service governance structure involves the analysis of three main contracting steps (Brown et al. 2006):

(i) choosing whether to make or buy the services;
(ii) selecting vendors to produce them; and
(iii) monitoring the implementation of the contract.

Moreover, three different elements related to the possible contracting process will be significant:

(a) the characteristics of the service;
(b) a set of external constraints (i.e. the political environment); and
(c) the availability of alternative production models.

The characteristics of the service that determine the contracting arena include the specificity of the assets involved in the production of the service and the complexity of the service. Generally, it is argued that economic transaction costs increase when the assets are highly specific and the
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service is highly complex. The other element that determines the characteristics of a service is the complexity of the service, which is often assessed by its measurability. When services are less measurable, it is difficult (on the side of the vendor) to evaluate the feasible outcome of the production and its foreseeable profits. Moreover, it is difficult (on the side of the government) to monitor the performance of the agent and the quality and efficiency of the production of the services, which might enhance the political incentives dominating in the public sector (Frant 1996). Complexity creates a disincentive for the externalisation of the services and favours the ‘make’ choice by the government (Brown and Potoski 2003; Levin and Tadelis, 2010). Overall, complex services involving highly specific assets are less likely to be provided by market mechanisms. In such a situation a hierarchical governance model dominates, where local governments manage the service supply autonomously through in-house production. In the opposite situation, in the absence of complexity and with low asset specificity, the market mechanisms would dominate in the supply of services through the contracting-out governance model. Finally, a third governance model may occur, in which the service is complex. Nevertheless, there are evident feasible outcomes in the production of services that are outside the sphere of profit maximisation (Frant 1996) and favour the creation of not-for-profit networks to manage the service supply (Rodrigues et al. 2012).

The make-or-buy decision is settled under bounded rationality (Simon 1947), which is the dominant rationale in social science in which several external constraints misallocate public resources from the comprehensive choice (Jones 2003). In the context of LGPS production, the political environment generates the most relevant constraints. Early studies in the 1980s found that political factors, such as public service constituency groups and governance structures, are significant determinants of local government contracting (e.g. Ferris 1986). Over the last decade, a fervent debate arose between the supporters of the thesis that government contracting-out is more pragmatically oriented (Warner and Hebdon 2001; Brudney et al. 2005) than politically oriented (Fernandez et al. 2008; Ni and Bretschneider 2007; Price and Riccucci 2005) and it was argued that the different relevance of political concerns in contracting-out depends on the different types of goods and services that these researchers examined (Lu 2013). For example, providing public services in the sphere of human health care is more political in nature than is providing tourist information services.

The last element that determines the contracting decision is whether alternative production models are available. The variety of governance mechanisms (i.e. the possibility to undertake the make-or-buy choice) might be reduced by several constraints, primary among which are financial constraints. The issue was widely debated in the literature, with divergent results from conceptual and empirical research. Theoretically, adverse financial conditions should lead to the adoption of external contracting rather than hierarchical solutions because of the need to provide LGPSs at reduced costs, as long as the market service procurement is expected to be more innovative and cost-effective (Ferris 1986; Brown et al. 2006). Nevertheless, empirical research provided opposite results, finding that in-house retention is more prevalent during economic downturns (Rodrigues et al. 2012) and that contracting-out is more prevalent during economic upturns (Pallesen 2004). This argument shows that rationality is bounded in a situation of economic austerity; on the one hand, the aims of technical efficiency and cost savings and the postulates of transaction costs economics are ignored (Nelson 1997). However, the leverage of local governments is elastic to the contingent downturn because contracting out increases the indebtedness of the local government in favour of external providers and involves the risk of higher political concerns (Rodrigues et al. 2012).

The wave towards external contracting of LGPSs that have invested European countries in the Nineties, apparently suffered a cyclical reverse in the aftermath of the 2008 financial crisis.
Table 15.1 The subjective-government classification of health care services in 15 countries

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Source: OECD (2016). If information is not available in the OECD database, Thomson et al. (2012) is the alternative source.

In the table I, II, and III stand respectively for the I, II, and III tiers of government; SE, PrE, and PubE stand respectively for self-employed, private employee, and public employee; PrO and PubO respectively stand for privately owned and publicly owned.
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(Wollmann 2016), bringing about the re-municipalisation of LGPSs, which differently involved
LGPS, although the absorption of such process was (and is currently) contingent upon specific
countries and sectors. The response to the crisis was contingent, and took various forms in dif-
ferent countries and sectors. For example, a clear re-municipalisation invested German energy
sector policy (Bönker et al. 2016); whereas ‘inter-municipalisation’, rather than ‘convincing
signs of re-municipalisation’, similarly involved the waste management sector both in Norway
and in the Netherlands. The harsh financial crisis favoured a step back to a ‘pre-welfare state’
in Italy, where not-for-profit (especially church-affiliated) networks dominate public social
services (Wollmann 2016: 198).

The provision of health care services: cross-country evidence

The health care sector offers a good natural arena to test the categorisation of LGPSs from the
subjective-government perspective. In a health care system, a devolution of powers and respon-
sibilities occurred recently, in favour of the second and third tiers of government in a wide range
of states in the developed economies.

Table 15.1 compares the spheres of autonomy at the various tiers of government and outlines
how health care service is provided across 15 different OECD countries.

The data show, from the perspective of health care service provision, how the organisational,
decisional and financial spheres of autonomy are differently attributed to the various tiers of gov-
ernment across countries (top section of Table 15.1) and whether the government acts mostly
as a provider or a commissioner of the service (bottom section of Table 15.1). At a first glance,
it seems that most of the powers are in the hands of the second tier of government, whereas the
 provision of the service is mainly attributable to private operators. The organisational and deci-
sional functions are generally held at the second government tier. Nordic countries (Sweden,
Finland, Norway and Denmark) had the most decentralised system, as the primary healthcare
system is fully or partially controlled by the municipalities. Almost everywhere, hospitals and
specialist care are under the responsibility of the regional authorities, except for Canadian,
Norwegian and (a few) German hospitals, which are managed by municipalities. In a few coun-
tries (Iceland and Japan), the organisation and decision-making processes remain in the hands
of the central government. The central government is responsible almost everywhere for the
general collection of tax revenues that are transferred to the second (and occasionally third) tier
of government to cover health care investments and expenses. In almost all countries analysed,
the central government provides to the more localised entities financing collected through
national tax revenues. The second tier is responsible for collecting taxes that fund health care
only in Canada, Norway (where the third tier might also collect revenues when appropriate),
and Switzerland and in Italy and Germany, though to a very limited extent. Some children’s
health services are peripherally covered in Germany, whereas in Italy, the second tier is allowed
(within a maximum tax cap) to collect revenues that are aimed to provide a level of health ser-
vice that is higher than the minimum national requirements.

The bottom part of Table 15.1 shows whether the local government acts as a health care
service provider or commissioner. Most of primary health care is provided to the outpa-
tient through a private system, where most of the general practitioners are self-employed,
reimbursed by the government on the basis of a per-capita and/or fee-for-service agree-
ment. In Canada, Japan and the United States, they are employees of private organisations.
Only the systems in Sweden and Iceland are based on the public employment of physi-
cians for primary care. Secondary and specialist care is provided mainly through hospitals,
almost all of which are public. A relevant percentage of private hospital beds operate in Canada, Australia (33%), Germany (50%), Japan (55%) and the United States (85%). Most of the private supply of inpatient healthcare is provided by not-for-profit organisations in Canada, France, Germany, the Netherlands and the United States. Very often, the regional (Australia, Denmark, Italy, Sweden, Switzerland) or municipal (Germany) governments own public hospitals. In France, Iceland and Norway, the hospitals are owned by the central government. In some countries, private contracting is fundamental. This is the case of insurance-based health care systems, such as the long-lasting system of the United States and the newly reformed Netherlands and German systems. In those countries, the insurers levy mandatory (e.g. in Germany and the Netherlands) or voluntary (e.g. in the United States) contributions from citizens and arrange private agreements to define the service cover and reimbursements to the providers.

The health care sector example shows the various organisational forms that LGPS can take, devolving the spheres of authority and making the more localised tiers of government more or less autonomous (and responsible) in the organisational, decisional and financial functions. The advocates of the devolution reform supported the claim that a peripheral arrangement of the service had the opportunity to improve the performance of the service delivery and better satisfy the different needs of the population (Bossert and Beauvais 2002; Jimenez-Rubio et al. 2008). Similarly, the advocates of privatisation reform were supported by a claim for efficiency (Smith et al. 1981; Stone 2002).

These arguments both gradually changed the health care system towards a broad arrangement that today seems mainly state financed, publicly managed at a meso level and privately provided to citizens. No doubts are raised about whether health care should be considered a public service, not even in countries where the role of private providers’ and insurers’ role is dominant.

The objective classification: can we list LGPSs?

The classification of the range of public services from an objective or functional perspective consists of listing the LGPSs, focusing on which functions should be included (or excluded) in the category of LGPSs and looking at the aspect of public functionalities attributed to the local governments. The term ‘public’ is ambiguous, so it is difficult to circumscribe it objectively and list what exactly local governments’ tasks should be in providing public services. The definition problem is so contradictory that international bodies and organisations also eschewed the term ‘public services’ in favour of different language (Martin 2004). For example, in 2003, the European Commission first wrote a Green Paper dealing with public services, naming them ‘services of general interest’, which suggests a categorisation of public services that is based on the benefits (namely, interests) covered by the services. The Green Paper provoked a long debate on what should be included in the category of services of general interest and evolved into several documents aimed at providing a universal European framework. Finally, recognising a lack of clarity on terminology as well as its dynamic and evolving nature, the Commission, proposed a definition of the concept of services of general interest as ‘services that public authorities of the Member States classify as being of general interest and, therefore, subject to specific public service obligations’.

This definition still leaves uncertainty about the boundaries of the concept of general interest, although the literature concluded that either the legislators had no interest in better defining the concept or had no room to do so, as the concept is changeable over time and space (Sauter and Schepel 2009). Conclusively, the services of general interest cover a broad range of services, characterised by the existence of a public responsibility for their provision (Martin 2004).
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The European Commission (2003, 2011, 2013) suggests a classification of the services of general interest into two main categories:

i) services of general economic interest: i.e. ‘economic activities which deliver outcomes in the overall public good that would not be supplied (or would be supplied under different conditions in terms of quality, safety, affordability, equal treatment or universal access) by the market without public intervention’ (European Commission 2011: 5). A wide range of services might be included in this category, like postal services, energy, transport, telecommunications, social services, cultural services and other services (Ølykke and Møllgaard 2016).

ii) social services of general interest: these include social security schemes covering the main risks of life (e.g. services for health, ageing, occupational accidents, unemployment, retirement and disability) and a range of other essential services provided directly to the person that play a preventive and socially cohesive/inclusive role (European Commission 2011); that is, assistance to persons faced by personal challenges or crises, such as debt, unemployment, rehabilitation, language training for immigrants and social housing, which provides housing for disadvantaged citizens or socially less advantaged groups (European Commission 2011, 2013).

This categorisation is often erroneously confused with the classification between the economic and non-economic nature of the service. Upon further investigation, the social nature of a service is not sufficient in itself to classify it as non-economic, and the term social service of general interest covers both economic and non-economic activities that have an aid purpose. An interesting and much-discussed conclusion of the long legislative process of the European Commission is the definitive absence of a closed definition for the concept of service of general interest, as the deferred to the right of single Member States the decision on what to include in (or exclude from) this category (Sauter and Schepel 2009; Ølykke and Møllgaard 2016).

Municipalities currently are by far the biggest agents in local services as either providers or commissioners (Wilson and Game 2006). In various nations, public services are specifically regulated, and local governments thus face legislative mandates of LGPSs for which they must allocate resources and others where they may be allowed discretion to provide. National legislatures typically identify such functional responsibilities along with requirements related to LGPSs’ quality and standard (World Bank 2004). So the list of LGPSs that are provided by a local government in an industrial country would be much broader than that provided in a developing country. In most countries of the EU the list of duties of various tiers of local governments is much greater than in South Africa, which is a reference point for developing countries (World Bank 2004). Here the functional list of activities includes ‘water supply, sewerage purification, electricity . . . refuse removal, roads and storm-water drainage, health services, emergency services, financial administration . . .’.

As expected, the list of services fulfils basic needs in developing countries, where LGPSs are focused on meeting basic needs (Collins 2012), while covering progressively larger, although discretionary (Wilson and Game 2002, 2011), non-basic needs, such as arts, sports and recreation, in advanced economies (Mafrolla and D’Amico 2016). Discussing the resilience of LGPS provision, debates have ranged from whether enough water was supplied to a large enough share of citizens in Africa, Asia and Latin America (World Bank 2004) to whether the government should strengthen the free availability of municipal schools for music and the arts in Sweden (Government Offices of Sweden 2014).
Elisabetta Mafrolla

The case of the objective classification of municipalities’ LGPSs in the European Union

The range of public services that are under the responsibility of the first tier governments in European Union countries is wide but various. This section suggests an example of how width and various would be an objective classification of municipalities’ public services provided in various European Union countries today.

There is an ample variety in the lists, and a ‘geography’ of European Union LGPSs can be feasibly carved out looking at the differences and similarities in service delivery. The Nordic countries offer a comprehensive range of services, as municipalities provide for almost all of their citizens’ needs. Health care is almost all provided by municipalities in Nordic countries. In contrast, several services, including health care services, are not supplied by French, Italian, Spanish, Polish and British municipalities. Health care is in those countries a responsibility of the central and regional tiers, although wider social services such as elderly care are shared between different spheres of government. Similarly, pre-school service is not provided by public administrations in France, Germany, Poland, Spain and the United Kingdom, where municipal schools do not teach children aged 1–3 years old. However, there are countries in the European Union where municipalities are not involved in children’s education at all, although public education is universal. For example, in Spain, the entire school system is arranged at the state level (second tier), providing efficient infant services (starting at 16 weeks old), nurseries, primary and secondary schools, free until the age of 18 (Tremlett 2008). Library services are available at the municipal level in most of EU countries. For example, in the United Kingdom, the tasks attributed to libraries recently expanded to include the organisation of holiday camps and reading groups for children beginning in the first year of life (Wilson and Game 2011). Among leisure services, arts and sports are available at almost all EU countries, although there are differences in the accessibility and extent of the service across nations. For example, schools of music and art for children are provided by municipalities for free in Denmark, Finland, Germany, Sweden and the United Kingdom, but not in France, Italy, Greece, Spain and Poland. In terms of the provision of sports, the commitment of the (local) governments is very different across countries. For example, in the United Kingdom, municipalities offer a wide range of sporting activities for all ages, for some groups without charge (Wilson and Game 2011). In contrast, sports provision in Italy is generally managed by private not-for-profit associations that arrange a contract with the local government for using public infrastructure and offer the service to citizens, including elderly and children, for a fee.

Amenity services (i.e. road construction and maintenance and public transportation) are provided by municipalities almost everywhere in EU. In some places, the municipal activity in public transportation is particularly advanced; for example, municipalities in France arrange private car-sharing and bike rentals as a typical municipal task. The electricity networks are arranged at a municipal level in Denmark, Finland and France, whereas water supply and water waste are supplied by municipalities in many parts of the EU, with few exceptions, like Italy and Germany, where independent supra-municipal agencies are charged with such duties. Police services are in part organised by municipalities, like in France, Italy and Spain, whereas the fire brigade and emergency services are organised at the municipal level almost everywhere in EU, with a few exceptions (e.g. France and Italy) where the fire and rescue services are national bodies.

Conclusion

This chapter suggests overview to explore and examine the wide range of activities that can be considered within the notion of LGPS, and suggested some pillars for their classification and
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analysis, following the contingency theory and supporting a stakeholder-based perspective in the selection of the subjective and objective definitions of LGPS.

Despite various attempts by policy making bodies and academics to create a clear taxonomy of local government public services, there is no agreed definition of public service that could transcend national borders, because the extent of such services is often determined by national legislations, based on different ideologies and political drivers (i.e. contingent upon time and space). Moreover, supra-national bodies have failed to address a clear definition of public service, including a definition of LGPS. Nevertheless, a discussion on the appropriate cross-national definition of LGPS could feasibly be welcome, because LGPSs exist to satisfy citizens’ needs, which change over time and across countries, and the supply or lack of a service will impact on citizens’ quality of life (Mafrolla and D’Amico 2016). Hence, the continuing enlargement and harmonisation of the width and variety of LGPSs is in the agenda of humanitarian supranational bodies, aimed at reducing inequalities in citizens’ quality of life (e.g. United Nations Development Programme 2016). In the era of innovation and borderless development, LGPSs are increasingly sophisticated (Osborne and Brown 2005), and it has been argued that additional effort is required to reduce the unequal provision of LGPSs around the world (World Bank 2004).

Another feature of LGPS has strengthened their association with local government internationally: almost all OECD countries have undergone some form of devolutionary process in recent decades, which has shifted several responsibilities and powers of public service provision to the second and third tiers of local government. Nevertheless, it can be observed that this process was incomplete, and in some countries, especially due to the harsh times of financial crisis, many public services were recently re-municipalised, or even reduced to a ‘pre-welfare’ situation, where the public sector fails to provide an appropriate service and citizens rely on private cooperative initiatives to satisfy their needs (Citroni et al. 2016).

Local governments today provide a wide range of services and have the opportunity to arrange their management as either providers or commissioners. Nevertheless, at the same time, they are tightly constrained in their strategic planning because today, they are subject to greater direction and control by the upper tiers of government. The decentralisation of LGPS suggested great possibilities for political scientists and public management theorists and practitioners, as it was supposed to favour a higher quality of services and better performance, along with more responsive and informed decision-making at the peripheral levels. Nevertheless, decentralisation has prompted an extension of the localised provision of LGPS, which will continue to vary between different countries, as development policies should carefully consider the needs of the citizens, which differ over time and between different countries.

Notes

1 E.g. Alcohol in some countries with a historic legacy of excessive consumption

2 A Green Paper, a White Paper and two Framework Documents (2011 and 2013) illustrate the development of ‘services of general interest’.

References


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