

## Health Governance after Brexit: law, language and legitimacy

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The ‘battle bus’ symbolises the importance of the NHS to the Brexit debate. Evidence suggests that the lie that leaving the EU would mean more NHS resource was one critical component of the referendum result. What happens with health governance will thus be a key determinant of the (perceived) legitimacy of post-Brexit futures.

We already know (including through work undertaken in the UK in a Changing Europe project ES/R002053/1, PI McHale) that all forms of Brexit are harmful, overall, for health. Indeed, the geographical areas of the UK that will be worst affected also correlate closely with those that have the worst health indicators: Brexit will exacerbate health inequalities. Perceptions that ‘others’ are ‘taking up space in GP surgeries/hospitals’ stand in stark contra-distinction to statistical evidence that EEA-nationals in UK hospitals and surgeries are more likely to be *providing* health care than receiving it. In short, people who thought a Leave vote would mean better health care are going to be disappointed.

This paper is an early output from the ESRC Governance after Brexit project ES/S00730X/1. It explores the interlocked phenomena outlined above: a set of ‘elite’ understandings of the roles of EU law and policy in health governance that sit very uneasily with at least some perceptions ‘on the street’. Our project takes both established legal and socio-legal methods (doctrinal analysis of novel legal texts and elite interviews in London, Belfast and Dublin), and highly novel ethnographic methods (in particular, street conversations in towns in Northern England and Northern Ireland), and seeks to compare the data generated through each, in order to understand the nature and scale of legitimacy gaps. It does so through centring language, and particularly metaphorical language, as an important indicator of framings, which themselves elucidate notions of legitimacy and accountability.

Summary of methods and their interactions:

