AN ACTOR-NETWORK THEORY STUDY OF PUBLIC SECTOR INTER-ORGANISATIONAL COLLABORATION

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THESIS SUMMARY

The literature on inter-organisational collaboration, although wide-ranging, offers little guidance on collaboration as process. It focuses in the main on human attributes like leadership, trust and agency, but gives little consideration to the role of objects in the development of inter-organisational collaborations. A central aim of this thesis is to understand the interaction of objects and humans in the development of a particular health and social care partnership in the North East of England. This socio-material perspective was achieved through actor-network theory (ANT) as a methodology, in which the researcher is equally sensitised to the role of human and non-human entities in the development of a network.

The case study is that of the North East Lincolnshire Care Trust Plus (CTP). This was a unique health and social care collaboration arrangement between North East Lincolnshire Council and North East Lincolnshire Primary Care Trust, setup to address heath inequalities in the region. The CTP was conceived and developed at a local level by the respective organisation's decision makers in the face of considerable opposition from regional policy makers and national regulators. However, despite this opposition, the directors eventually achieved their goal and the CTP became operational on 1st September 2007. This study seeks to understand how the CTP was conceived and developed, in the face of this opposition.

The thesis makes a number of original contributions. Firstly, it adds to the current body of literature on collaboration by identifying how objects can help problematize issues and cement inter-organisational collaborations. Secondly it provides a novel account describing how two public sector organisations created a unique collaboration, despite pressing resistance from the regulatory authorities; and thirdly it extends Callon's (1996) notion of problematization to examine how, what is rather vaguely described as 'context' in the literature, becomes enmeshed in decisions to collaborate.

Key Words: health and social care, public health, innovation, primary care trust, local authority, sociology of translation, actor-network theory.

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Throughout my six-year study, I have gone to great lengths to treat human and non-humans symmetrically, resisting making assumptions about who or what has the agency to influence. However, for a fleeting moment, I disregard this ontology and dedicate this section, unreservedly, to the human actors who have supported me throughout my doctoral study.

First, I must express my thanks to Dr Karen West. I feel incredibly lucky to have been supervised by someone so inspirational. From our first meeting to our last supervision session, Karen's enthusiasm, commitment and dedication has been unwavering. Over the last six years, Karen has not only been my supervisor, but also my mentor and coach. Most crucially, at times of 'academic crisis', Karen has offered wise counsel, encouragement and much needed support. Thank you for believing in me from the first day when we discussed my PhD proposal. Thank you for your enduring support throughout my PhD study. Thank you for your kindness and, above all, thank you for everything you have taught me.
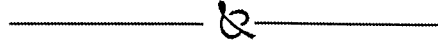
Professor Alan Lowe, my associate supervisor, provided thought provoking discussion and debate at crucial junctures throughout my study. I enjoyed our supervision sessions and thank you for your encouragement, support and reassurance that 'objects' were a worthwhile study.

We are told that the PhD journey is a long and arduous process characterised by endless disappointments, monotony and the occasional success. We are reminded that, in order to pass a PhD, a student has to have steadfast determination, resilience and commitment. Whilst all this may be true, it does not come close to describing what loved ones have to endure. To this end, success has been dependent upon four very special individuals. Firstly, Lisa, who has inspired my academic pursuits, given me confidence to believe in myself and supported me for over 6 years – Lisa you are my *Jersey Girl*. Evangeline and Badger, I love you more than you will ever know. Thank you for your patience, thank you for your inspiration. If nothing else, I hope my PhD will inspire you in the future to be 'the best you can be'. Finally, to my mum, if you are proud of my achievements, remember who raised me – thank you for everything – you are wonderful.

Thank you to my best friend Jason for his good humour and support. The Viking Way now awaits!

Thanks are expressed to all the interviewees who gave their valuable time. Without their support, this thesis would not have been possible.

DEDICATION

This thesis is dedicated to my Dad,
I know you would have been so proud.

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LIST OF ABBREVIATIONS

AC	Alpha Construction
ANT	Actor-Network Theory
CCG	Clinical Commissioning Groups
CHD	Coronary Heart Disease
CHDC	Coronary Heart Disease Collaborative
CPA	Comprehensive Performance Assessment
CSCI	Commission for Social Care Inspection
CT	Care Trust
CTG	Care Trust Group
CTP	Care Trust Plus
DASS	Director of Adult Social Services
DH	Department of Health
MS	Grams per metre Squared (measure of the weight of paper)
GCSE	General Certificate in Secondary Education
GGG	Good Governance Group
GP	General Practitioner
HMFA	The Healthcare Financial Management Association
HR	Human Resources
HRM	Human Resource Management
IMD	Indices of Multiple Deprivation
LA	Local Authority / Local Authorities
LAA	Local Area Agreement
LEA	Local Education Authority
LI	Lead Inspector
LSP	Local Strategic Partnership
MRSA	Methicillin-Eesistant Staphylococcus Aureus
NELC	North East Lincolnshire Council
NEL	North East Lincolnshire
NELCTP	North East Lincolnshire Care Trust Plus
NELPCT	North East Lincolnshire Primary Care Trust
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NLC	North Lincolnshire Council
NLPCT	North Lincolnshire Primary Care Trust
ODPM	Office of the Deputy Prime Mister
OFSTED	Office for the standards in Education
ONS	Office for National Statistics
OPP	Obligatory Passage Point
PCG	Primary Care Groups
PCT	Primary Care Trust
PEC	Professional Executive Committee
PPP	Public-Private Partnership
SHA	Strategic Health Authority
SOA	Super Output Areas
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
VAT	Value Added Tax
Y&HGO	Yorkshire and Humber Government Office
Y&HSHA	Yorkshire and Humber Strategic Health Authority
WTE	Whole time equivalent
MVZ	Museum of Vertebrate Zoology

CHAPTER 1
INTRODUCTION TO THE THESIS

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1.0 INTRODUCTION

This thesis examines the development of a unique collaboration between North East Lincolnshire Council (NELC) and its counterpart North East Lincolnshire Primary Care Trust (NELPCT). In September 2007, these two organisations collaborated to form a new organisation called North East Lincolnshire Care Trust Plus (NELCTP). The organisation was the first of its type in the UK which provided integrated services between primary heath, adult social care and public health. The concept was designed and delivered by local healthcare and local authority professionals against a wave of opposition from numerous health and social care regulators.

The first part of this chapter is based on my own experience of working within the public sector and describes my motivation for studying inter-organisational collaboration. The benefits of drawing on professional experience in policy research are noted by Mead (2005) and the reflexive approach allows suitable research topics to be identified (Berg, 2007; Silverman, 2000). My reflexive experiences are illustrated through the use of three vignettes, which explain how 'objects' (which includes text / documents) are able to influence organisational development. Consequently, I argue that the study of 'objects' may be a suitable focus for researching other organisational settings. Although the concept of an 'object' is self-explanatory in the context of my vignettes, the literature review (chapters two and three) engages with the notion of objects more thoroughly by drawing on actor-network theory (ANT) which I employed as a research framework / methodology throughout my study.

1.1 FACTORS INFLUENCING RESEARCH TOPIC

This section represents my thoughts and observations prior to starting this thesis. Therefore, it does not yet take into account the theory, learning and knowledge I subsequently gained post PhD registration. In summary, these vignettes describe early discussions with my supervisor regarding my professional observations.

These observations were discussed in the context of my desire to research public sector partnerships / collaborations, which subsequently led to the aims and objectives of this thesis.

At the time of registering as a PhD student (October 2007), I had been working in local government for over 10 years: 6 years in a Children's Service Directorate (education and social services) and 4 years in a construction directorate. These posts were undertaken within different local authorities and gave me insights into very different kinds of partnerships. In essence, these divergent environments provided intriguing experiences that changed the way I understood how partnerships worked and how objects could influence organisational development. A description of the three vignettes is as follows:

Vignette 1:   Describes how objects may curtail school governors' capacity to act strategically.

Vignette 2:   Describes how objects may have influenced the outcome of an external inspection of a Local Education Authority (LEA).

Vignette 3:   Describes how objects may have influenced the perceived *success* of a public-private sector partnership.

1.1.1   Vignette 1: Governorship in UK schools - how objects curtail governors' strategic capacity

Within the English education state-school systems, school governors are appointed to enhance the strategic decision making capacity of schools by acting as a 'critical friend' and holding the school head teacher to account (SSFA, 1998).   However, I found, from attending over 100 governing body meetings, that governors can be far from critical and they are often denied the necessary agency to hold a head teacher to account[1].   So, given that governors were expected to undertake a strategic role, why did many seem impotent?   The conventional explanation often cited by my colleagues was that the head teacher's professional credentials made it difficult for

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[1] Other authors have pointed out the limitation of boards and their ability to govern. For example Provan and Kenis (2007), use the example of Enron Corporation to argue that boards do not necessarily take their responsibilities seriously enough.

lay-people to question their authority. Notwithstanding, and despite the head teacher's physical presence at meetings, it seemed to me that there were also many other factors stifling governors' ability to act strategically. These factors were far less obvious, but perhaps, equally effective in limiting a governing body's power. Examples of these factors are explored in the following, which describes the start of a governing body meeting:

The venue for governors' meetings seemed to influence the way business was conducted. Normally, a governing body would use the staff room for their meetings. About 12-15 governors would characteristically sit in a circle in comfy lounge chairs. There was no table on which governors could arrange their papers or from which they could take notes. Instead, papers would be shuffled somewhat awkwardly on their laps. Tea, coffee and biscuits were always provided by the school. Some governors brought home baking. Governors tended to help themselves or serve each other. The chaotic ritual of teas and coffees being passed around in an assortment of mismatched mugs prior to the meeting was normal. Larger schools had installed hot water dispensers, the smaller schools had two kettles boiling simultaneously - a further delay. A member of staff would be photocopying replacement agenda and minutes for those governors who had forgot to bring their copy. Meetings rarely started on time.

Based on this vignette, I argue the way the meeting was constructed created an air of informality, a less than business-like atmosphere and the mingling of different values - friendship was implied in homebaking and the homeliness of mismatched mugs enacted 'plain friends' rather than 'critical friends'. This complicated governors' interaction or, at least, rendered it less clear by the presence of objects which seemed to come from a different value realm. In and of themselves, the chairs and the mugs did not compel the governors to be friendly, but they made it much harder for them to be critical. How these objects within the governors meetings were assembled also appeared to have an impact. For example when the 'comfy chairs were configured in a circular format, this reinforced the non-confrontational environment for governors and the head teacher. If, on the other hand, the chairs had been configured in an 'interview format' where all governors focused their attention directly at the head teacher, this may have created a more adversarial environment. In conclusion, it is my view that many other factors, which may be

silent and inanimate, can affect the conduct of a governing body meeting and their ability to act strategically.

1.1.2 Vignette 2: Ofsted - performing success

During 2001 the Local Education Authority (LEA) was inspected by Ofsted (Office for Standards in Education). This was the first time the LEA had ever been inspected and a poor outcome would have had serious ramifications for the directors. In the end, Ofsted judged the LEA as 'good', which was considered by the directors as an overwhelming success. However, my observations suggest that many factors which seemed somewhat extraneous or 'silent' may have played a part in influencing this outcome. These include material objects like 'proformas', 'reserved parking spaces' and 'premium quality printer paper' all of which may have helped influence the inspectors' judgement. Therefore, this vignette offers a view that the LEA's 'good' judgement, was not solely about meeting Ofsted's predefined criteria. It was also about the way the inspection process was 'performed' to load the outcome in the local authority's favour.

The theatre of inspection (dress rehearsal) Her Majesty's Ofsted Inspectors are responsible for judging LEA's outcomes. The LEA director is responsible for Ofsted outcomes. Directors' careers can be shattered as a result of a poor inspection. Therefore, a great deal of effort and forethought was afforded to making the inspectors' four day visit as comfortable as possible; this was the responsibility of the newly formed 'LEA inspection preparation team'. The following paragraphs illustrate how their game-plan was enacted.

Prior to the inspectors' arrival, the first task was to provide suitable accommodation. In order to achieve this, existing LEA staff were displaced from their offices. The vacated offices were completely redecorated and refurbished. This not only included the provision of new office furniture, but also kitchen facilities including a fridge, microwave, toaster, kettle and water-cooler. Finishing touches included plants and pictures. In order to naturalise the setting, staff from the inspection preparation team even went to the lengths of buying plug-in air freshness to try and mask the smell of fresh paint.

Throughout the intervening weeks, prior to the inspectors' arrival, numerous internal Ofsted preparation briefings were hosted by the senior leadership team. Attendance was mandatory, (I was in attendance at all the meetings). During one particular meeting, the director provided an intelligence report on our appointed lead inspector (LI). This intelligence report had been collated by the Ofsted inspection preparation team, following an intense period of internet research to identify authorities where the LI had previously inspected. The relevant authorities' inspection reports were subsequently downloaded and forensically analysed. Additionally, the director explained that he had contacted a number of his peers whose services had previously been inspected by the LI, to discuss their experiences and determine possible key lines of enquiry. Based on these conversations it was identified that LI's 'pet subjects' included behaviour support and special educational needs, which subsequently led to a hasty rewrite of numerous policies. Hence, the type of documents and information collected helped construct the LEA's proxy 'success criteria', which was employed to influence how the LEA's directors prepared for the inspection.

Car-parking spaces at the front of the building were zoned off for inspectors' use. These high status spaces (previously) belonged to the director and assistant directors. No doubt, as the inspectors arrived at the building, noting the personalised parking bays, they would have been aware that they were revered by the LA[2].

The theatre of inspection (the performance) All documents presented to the inspectors were printed on premium high quality bonded paper. The paper was distinctive in three ways: firstly, it was 100 grams per square metre (gsm) rather than the standard 80 gsm photocopy paper. It was thicker and heavier, you could

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[2] This part of the analysis suggests that mutual collusion and pretence is undertaken between the LA and the inspectors. For example, the LA endeavoured to simultaneously ingratiate themselves with the inspectors, whilst at the same time making it look like nothing out of the ordinary was happening (ie the air freshener). Similarly, the Ofsted inspectors, who were presumably pleased (flattered) to be given this level of comfort, could not explicitly acknowledge the servitude because it would reveal to the world that they were as vulnerable to self-interest as the other actors. So a game of double bluff exists – LA staff pretending that this type of behaviour is normal and Ofsted inspectors happy to let them give the impression that it is all normal.

feel the quality; secondly it was ivory-coloured making it visually distinctive from regular paper; and thirdly it was bonded, giving it a slightly rippled texture with a flat underside. The paper alone made a clear statement that only the best was good enough for the inspectors.

Throughout the duration of the inspection, the inspectors were supplied on a daily basis with fresh fruit. They were also allocated a 'concierge' who would help with any operational or housekeeping issues ranging from photocopying to buying sandwiches / lunch.

Being interviewed by inspectors was a staple part of the Ofsted inspection process. In respect of this, all LEA officers were instructed to report to their scheduled Ofsted interviews ten minutes early. After each interview, officers were required to go to a LEA debriefing. At the debriefings LEA officers were asked to recount the key lines of enquiry raised by the inspectors and report any issues or gut-feelings about inspectors' concerns. This intelligence was then assessed and documented on a proforma which was then fed back to the remaining interviewees so they could modify their interview responses accordingly. This process was changing hour-by-hour based on a constant stream of feedback and data.

The theatre of inspection (in the green room): My enduring thoughts based on the 2001 inspection were about the myriad of objects which may have influenced the inspection outcome. These included objects such as plants, air fresheners, fresh fruit, 100 gsm paper, reserved parking spaces and, in particular, the role of 'textual' objects - proformas, intelligence reports, polices etc. In summary this vignette, juxtaposes Ofsted's clinical approach to the inspection (ie you will be judged against a set of defined criteria - the facts are the facts) vis-à-vis the LEA's Machiavellian approach to 'use every trick in the book' to ensure a competitive advantage and a favourable outcome. The LEA performed the inspection in accordance with their own set of rules, practice and discipline to construct a version of the LEA which would be sanitised, repackaged and presented in a format that was acceptable to the inspectors. Once the inspectors had published their report confirming that the LEA was 'good' this became an established fact. How this was achieved was largely irrelevant. However, in the months following the inspection, when employees

returned to their 'day-jobs' and were required to tackle the 'real work' that had accumulated during the theatre of inspection, it was not uncommon to hear complaints about the 'royal way' in which inspectors had been treated. Most interestingly though, word had got out about the cost of the 100 gsm bonded paper and this became a *cause célèbre* to illustrate the excess which underpinned the inspections. The bonded paper had come to embody both the triumphs and futility of such a process.

1.1.3 Vignette 3: Construction - Public Private Partnership.

This section describes my personal insights and experiences working in a public-private partnership (PPP). The PPP was a multi-million pounds venture, delivered over five years, between the local authority and a civil engineering company, Alpha Construction (AC[3]), to undertake capital projects in 'partnership'. This long term partnering approach superseded the council's traditional competitive tendering arrangement whereby multiple contractors were engaged to undertake discrete contracts (sometimes referred to as spot contracting). The three points which I wish to consider in this vignette are:

1) **Public policy Influence:** The effect that public policy had on managers' decision to adopt a PPP approach.

2) **Different perspectives of the same partnership:** Why different employees within the organisation held differing views about the successes, or otherwise, of the partnership.

3) **The construction of success:** How success of the partnership was constructed using various objects and artefacts.

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[3] Alpha Construction (AC) is a pseudonym

Public Policy Influence: One of the factors that interested me regarding the PPP, was the why senior managers chose to switch from competitive tendering to strategic partnering. From my observations, the main influence was because, at the time, the government was strongly encouraging partnership working in the construction industry whilst decrying 'traditional competitive tendering'. This encouragement was underpinned by a number of key government documents[4] that cited numerous benefits of partnership working. Of these documents the Egan report (1998) was particularly persuasive as it provided case studied showing the financial benefits which could be realised through strategic partnering arrangements. These included, for example:

- A city construction consortium that claimed partnering principles generated capital savings of 30%;
- Tesco Stores, that claimed they were able to use partnering to reduce capital cost of their stores by 40% and
- Argent, a major commercial developer, reduced its capital costs by 33% and total project time in some instances by 50%, because of the partnering approach.

Ultimately, this document provided justification to council decision makers that similar savings could be achieved under a construction partnership. Hence a single long-term construction partner was duly appointed. Whilst the process of appointment was extremely robust, I was particularly surprised that agreement to adopt a PPP had been brokered so easily based on the sketchy evidence from the Egan Report (1998) and without reference to an in-house cost benefit assessment. However, managers were proud of the arrangement which they viewed as 'best practice' and in line with government policy advice - which, indeed, was the case. This arrangement was progressive and seen to be delivering 'public good'. For example, in addition to the core business of construction, the PPP set up an

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[4] See for example The National Procurement Strategy for Local Government' (ODPM, 2003a); 'Rethinking Service Delivery: an Introduction to Strategic Service Delivery Partnerships' (ODPM, 2003b); 'Working Together: Effective Partnering between Local Government and Business for Service Delivery'. (DTER, 2001) and Egan Report (1998) titled 'Rethinking Construction'.

apprenticeship scheme which created a small number of training and employment opportunities for school leavers.

Different perspectives of the same partnership: Once the partnership had become established different views started to circulate regarding its ability to deliver on its 'value for money' promise. The council's senior managers who were responsible for the partnership, considered the arrangement appropriate because it was endorsed by government policy (*cf* Egan 1998, ODPM 2003a, 2003b and DTER 2001). Middle managers were privately burdened by doubts regarding the partnership's effectiveness but, publicly, promoted its virtues. Finally, operational staff who worked alongside AC to deliver construction projects were extremely concerned and voiced opposing views about its perceived benefits. Although operational staff raised concerns regarding AC's performance (typically quality issues and higher cost schedules), they were effectively stonewalled by directors. Those who raised issues were seen as Luddites who were unwilling to accept the 'modern way'. Conversely, senior managers were accused by operational staff as being naïve and blind to the facts. Yet, despite these differences, it should be noted that the PPP was seen as an overwhelming success, both inside and outside of the council. It won a series of regional and national awards and was used as a case study in government literature. The following two sections look at how success was constructed.

The construction of success (Cost Savings): Year-on-year the council produced a *partnership annual report* describing its (own) effectiveness and citing the cost savings that were realised through the long-term partnering arrangement. On this point, I was surprised how easy it was to demonstrate cost savings. This is because all cost savings were based on a senior manager's assumption that partnering was $X\%$ cheaper than competitive tendering. This percentage rate was agreed in the first few months of the partnership arrangement and subsequently applied unconditionally to every project delivered by the PPP thereafter. While the cost saving percentage was a best-guess assumption, notwithstanding, it was used consistently and without challenge, to justify significant *savings* attributable to partnership working. These savings were then published and became 'established facts'.

The Construction of Success (Performance Indicators): A suite of 10 indicators was used to assess the partnership's performance. AC was paid a bonus for each indicator achieved. However, the methodology for setting the indicators was lax: most indicators were agreed collectively by the partnership but some targets were set solely by AC, no targets were benchmarked against industry averages and a number of indicators had ambiguous definitions. At year-end, a number of indicators were confirmed as successful, despite being questionable. These 'conversions' were possible because managers claimed the initial definitions were ambiguous (AC were normally given the benefit of the doubt) or extraneous factors (eg project delay caused by bad weather) needed to be taken into account. The point is, the mechanics of the performance management process were hidden from most people's view, as they did not see the way in which the construction of performance indicators was enacted which unravelled a wider network of objects. Costing data, invoices, minutes from project meetings, printouts relating to sickness absence from three different HR systems, road traffic accidents data from the police were all collected, analysed and manipulated. This myriad of data were then consolidated into the PPP's annual report, which simply identified the performance indicator description and whether it was a pass or fail. Consequently this became an immutable *fact* - AC had met 80% of its performance targets! So the publication of performance data became a powerful textual object translating day-to-day operational construction activity into a successful partnership outcome.

In summary, my experience of working within a PPP context provided me with four main insights: 1) the complex nature of the partnership working between the public and private sector 2) what influences managers to undertake wholesale change 3) how different sectors of the organisation view the success or otherwise of the partnership and 4) how senior managers, ultimately, are able to construct success through performance data and objects that underpin this process. Overall, I became extremely interested in the contestable nature of partnership working and the difficulties associated with evaluations of its public worth. In summary, this experience ultimately proved to be the single biggest influence which motivated me to study inter-organisation collaboration for my PhD thesis.

1.2 FINAL CONCLUSIONS AND SYNTHESIS OF THE THREE VIGNETTES

These vignettes present a selected number of my observations on features of organisational life. Most particularly, what the vignettes do have in common is the concept of 'publicness' (for want of a better term). All of these organisations had to perform to an agenda that they did not set. Furthermore, in all of the vignettes there was an orientation to a set of external criteria of the 'good' and the 'right'. However, these criteria are ambiguous (ie what does it mean to be a critical friend? Is it possible? Is it sustainable? Is it oxymoronic?; Can judgments between 'good' and 'satisfactory' be influenced by extraneous material factors such as 100 gsm paper?; should local authorities be 'encouraged' into partnerships arrangements, thereafter leaving managers compelled to 'prove' their success?).

I believe that, in order to makes sense of the issues cited in the three vignettes, there needs to be a better understanding of the role of objects within organisational processes. 'Objects' in this sense is a broad term, which includes documents and is elaborated on further in the thesis (see 3.3.4 for discussion on textual objects). So, secondly, my vignettes identify how objects are often invoked in dealing with that uncertainty and ambiguity, both in the sense of setting a materially and symbolically rich scene. For example: the governor vignette identified how difficult it was for governors to act strategically because of objects such as mismatched mugs; the LEA vignette noted how 100 gsm paper symbolised the managers reverence for the inspectors and the PPP vignette showed how success was materialised through the publication of data and performance reports. Therefore, to this end, it seemed logical to combine these areas of interest to seek to understand the role of objects in partnerships, which leads to the following research aims and objectives:

1.3 RESEARCH AIMS AND OBJECTIVES

As noted in section 1.0, my research investigates how North East Lincolnshire Council and North East Lincolnshire PCT set up the CTP, in order to create an integrated health and social care arrangement. From this, the following aims and objectives have been established:

"To use actor-network theory (ANT)[5] as a research methodology to understand, in the context of my case study:

Aim 1   Why public sector decision makers decide to innovate and create an original inter-organisational collaboration?

Aim 2   How the study of socio-material may help understand the way in which inter-organisational collaborations are conceived and developed?

Aim 3   The applicability of ANT as a methodology for researching Inter-organisational collaborations.

Research Objectives: Implicit within these research aims:

Ob1   **To understand the socio-material nature of collaboration:** Through the use of ANT, this study will examine the development of a public sector collaboration, paying attention to the interaction between the social and the material.

Ob2   **To provide an interesting narrative account describing how the development of inter-organisational collaboration is enacted and performed.** This is supported by (Czarniawska, 2009b), who argues that when writing narrative, the researcher has a professional duty to do a 'novel reading' of the study.

Ob3   **To apply a set of sensitivities which** "helps to tell cases, draw contrasts, articulate silent layers, turn questions upside down, focus on the unexpected, add to one's sensitivities, proposed new terms, and shift stories from one context to another" (Mol, 2010: 252)

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[5] ANT is a methodological approach which has been used by numerous scholars to study the agency of objects (or non-human artefacts) within various fields of study. Discussion on objects and ANT is considered in more detail in Chapters 2 and 3.

Ob4   **To enhance knowledge and understanding about inter-organisational collaboration:** The outcomes from my ANT study will be compared with the literature review to identifying whether 'ANT 'sensibilities' can provide new insights to understand how inter-organisations become enacted.

Implicit within the aims and objectives of the research is the need to demonstrate an original contribution to knowledge and a critical appreciation of existing knowledge.

1.4 WHY IS RESEARCH ON HEALTH AND SOCIAL CARE COLLABORATION IMPORTANT?

I consider that research looking into health and social care collaboration is important for a number of reasons, which are briefly noted below:

1.4.1 Ageing Population Policy Agenda:

Arranging care provision for an ageing population which is predicted to increase from 12.2 million in 2012 to 15.6 million by 2035, has become a priority for the UK government (Harkness, Cameron, Latter, Ravat, et al., 2012).

> "The challenges being faced by local government in dealing with this ageing population are significant. At the same time, the local government sector continues to face upheaval and budget cuts as a result of the October 2010 Spending Review which indicated that, on average, central government funding to local authorities would decrease by 26 per cent over the next four years. The front-loaded nature of the cuts has meant a greater pressure on service delivery across the board in the short term, meaning that there is less available funding despite a greater need for it." (Ibid: 5)

Whilst this particular topic provides ample scope for further discussion on adult health and social care provision, the point I wish to emphasis is that health and social care is currently a significant public sector policy issue.

1.4.2 Size and Cost

The first point to make is the size and cost of health and social care provision within the UK:

- The cost of NHS health care was estimated to be in the region of £108.9 billion[6] for 2011/12 (NHS, 2013a). The majority of this (£89 billion) was spent via PCTs (DH, 2012). The NHS is the third largest employer in the world with 1.7 million employees (NHS, 2013a).

- The cost of adult social care within the UK was estimated to be £17.2 billion for 2011/12 (HandSCIC, 2013)[6].

- The organisations that feature in my case study, North East Lincolnshire Council and North East Lincolnshire PCT, spent £289 million and £50 million respectively on health and social care in 2011/12 (NHS, 2013a)

Therefore, given the significant amount of public money that is invested in health and social care and given its ability to contribute to 'public good', I feel this helps justify the need for ongoing research into this area of public policy.

1.4.3 Government(s) Commitment to Collaboration and Integration

When Labour came to power in 1997 they promoted the benefits of cross sector collaborations and partnership working to enhance public services delivery (Snape and Taylor, 2004). The rationale for this *new* approach was because "No one agency could tackle such obdurate problems; these 'wicked issues' cross organisational boundaries and require collaborative solutions". (ibid: 1)[7].

At the time when I registered as a PhD student (October, 2007), Labour was the ruling party. However, the leadership changed in May 2010 when the Conservative Party won the general election and subsequently formed a coalition government with

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[6] In comparison, for 2011/12 other departments spend was: Education = £56 billion, Ministry of Defence £37 billion and the Department of Transport £14 billion (The Guardian, 2013).

[7] To support this endeavour the government even passed legislation which placed a duty on local authorities to contribute to health improvement plans (Health Act, 1999).

the Liberal Democrats. Hence, my research commenced within the context of Labour Party policies, but changed 31 months later with the arrival of a new administration.

Coincidently, my first research interview took place two days after the Conservatives won the general election. During my first interview, the interviewee commented that she expected the incumbent leadership would change NHS structures and her prophesy soon became realised. On 12 July 2010, the Health Minister, Andrew Lansley, published the government's White Paper 'Equity and Excellence - Liberating the NHS', which confirmed the abolition of PCT's with effect from April 2013 (to be replace by GP led Commissioning Groups, which are currently known as clinical commission groups (CCGs). At the time of publication, I was worried that the consequences of the White Paper, if enacted, may nullify the relevance of my research. However, despite the fact that the White Paper signalled the abolition of PCTs, subject to it becoming an Act of Parliament, I concluded that my research was still relevant, if not even more relevant. The justification for this conviction was because many of the White Paper's proposals mirrored how the CTP was actually working in practice. In Chapter 4 I provide a detailed account of the CTP, its structure and its purpose. However, for brevity, the following identifies a number of extracts from the White Paper, which subsequently became part of the Health and Social Care Act, 2012, and considers how these mirrored the way the CTP was operating at that point in time.

Table 1.1: Selected Comparisons: White Paper versus the CTP

The White Paper confirmed:	Examples showing how the CTP was already operating some of the principals cited in the White Paper.
The need to increase cross boundary working between health and local authorities (p9). The need to promote the joining up of local NHS services. social care and health improvement and children's services.	The CTP structure was devised in order to create integration between public health. adult social care and children's services (ie cross boundary working). This included structural changes such as: delegation and transfer of staff. budgets and resources between the council and the PCT to form the CTP.
The requirement to be committed to tacking local health inequalities (p9)	The reason the CTP was formed was specifically to address health inequalities which were particularly acute in a number of wards within North East Lincolnshire.
The need to reform adult social care (p10)	The delivery adult social care was dramatically reformed as 677 social care staff and budgets worth £54.3m were transferred from the local authority to the newly created CTP – thus facilitating integration between health and social care.
Transfer the Public health function from PCTs to the local authority (p10)	The Public Health function was transferred from the PCT to the council. This included the transfer of 65 staff and budgets worth £ 2.03m. This clearly mirrored with the White Paper's principles allowing public health professionals to work alongside services that had a 'wider determination on health' (eg council services such as education. housing and regeneration).
To reinforce the critical interdependence between the NHS and the adult social care system (p10)	The CTP model was predicated on the interdependence and integration between health and social care. In order to achieve this numerous health and social care functions were integrated through the CTP arrangement
To break down barriers between health and social care funding to encourage preventative action (p10)	

This table clearly shows that that the government's vision to crate integrated health and social care was remarkably similar to existing CTP structure (which had already

been in operation for over three years). Therefore, I argue that lessons learnt about the development of the CTP may be equally relevant to the new integrated health and social care arrangements which were introduce in April 2013 under the Health and Social Care Act, 2012.

Lastly, this case study provides an exceptional opportunity to explore how and why public sector managers decided to create a unique and innovative collaborative arrangement. When one learns that the directors developed the collaboration against a wave of stiff opposition from the relevant health and social care regulators, it makes the case study more interesting. This is because, from my experience, directors tend go to great lengths to comply with the regulators wishes (eg the PPP example where national policy was adopted without evaluating whether it was necessary and the LEA inspection example where the whole organisations seemed to become Ofsted-centric). Therefore, on this basis alone, I felt there was a *prima facie* case that the research would make a novel and original contribution.

1.5 THESIS STRUCTURE

These aims and objectives are considered through the remaining seven chapters within this thesis. A brief summary of each chapter is given below.

Chapter 2 - Making Collaboration Matter

Chapter 2 commences by discussing what is meant by objects and how, through the study of socio-materiality, we can understand how objects can help bond relationships. This is then followed by a review of inter-organisation collaboration literature, which identifies a research gap. Following this, I then suggest that that the current literature on inter-organisational collaboration does not adequately consider the role of objects in the conception and development of collaborative working.

Chapter 3 - Actor-Network Theory, Method and Methodology

This chapter serves three specific purposes. Firstly, it positions ANT as a methodology which I consider useful for my study. To achieve this I present a number of examples from the literature that illustrate how prominent 'ANT scholars'

have previously used objects to tell specific stories. This section concludes by identifying a number of ANT concepts (which I term my *research toolkit*), that I employ in order to 'do' ANT research. I have used Michel Callon's 'sociology of translation' framework to structure chapters 5, 6 and 7. Using this framework I seek to understand how actors identified the need to collaborate (problematization), what strategies were employed to develop the collaboration (interessement) and how actors were actually enrolled in the collaboration (enrolment).

The second part (methods) considers how I employ the methodology within my research context. To this end I discuss how the data are collected and analysis and also the relative limitations of my preferred approach.

Chapter 4 - The Case Study and Context:

This chapter provides the introduction to the empirical findings. Its primary purpose is to 'set the scene' and provide the contextual information regarding the case study. I introduce the two principal organisations involved in the collaboration (North East Lincolnshire Council and North East Lincolnshire Primary Care Trust) and then provide a profile of the county of North East Lincolnshire.

Chapter 5 - Problematization: Health Inequalities:

In this chapter I identify how actors decided that it was desirable to form an integrated health and social care collaboration. A range of objects are discussed, which were considered to be important antecedents, helping provide the context and rationale for the collaboration to be conceived.

Chapter 6 - Interessement: Structures, Administration and Governance:

This chapter looks at the strategies that were employed in order for the collaboration to become a reality. It discusses how a number of professional agencies opposed the collaboration and ultimately how the collaboration was eventually approved. The analysis in this chapter considers how objects such as 'application forms', 'self-assessment documents', partnership agreements helped the CTP idea to endure and ultimately convince the agencies that the collaboration should go ahead.

Chapter 7 Enrolment:

Whereas the preceding chapter explains how actors gained approval to commence with the CTP proposal, this chapter explains how actors were actually enrolled into the CTP concept. The story is told by using a variety of objects to discuss the enrolment of the staff members (objects include: consultation documents, Post-it Notes™, NHS logo) and the enrolment of community members (objects include: electronic blood pressure testing devise, inflatable colon, lip balm and calendars).

Chapter 8 Findings, Recommendations and Conclusions

The final chapter provides an opportunity to analyse the previous theoretical and empirical discussion in order to evaluate the extent to which the study's aims and objectives have been met. I identify how the study of socio-materiality has, in my opinion, proved useful to the study of the CTP. Furthermore, I also identify how my use of ANT has allowed me to propose modifications to Callon's four moments of translation, which may have provided clarity to my study of problematization and interessement.

1.6 CONCLUSION

This chapter has covered three main areas. Firstly, it allowed me the opportunity to discuss a number of work based experiences, which showed how objects helped influence certain aspects of organisational life. From this I then identified three research aims and four research objectives that I wished to study in more detail. In summary I identified that my research topic was to focus on the conception and development on a unique integrated health and social care arrangement known as the Care Trust Plus. In order to undertake the research I confirmed that I would be using actor-network theory as a research methodology / framework, which would allow for equal consideration of the social and material (objects) elements of the collaboration. Lastly, I noted the relevance and importance of research into public health and social care collaboration by citing the size and cost of these sectors and how changes in demographics means that central government has come to deem collaboration across health and social care as a priority.

CHAPTER 2
MAKING COLLABORATION MATTER

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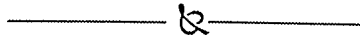
2.0 INTRODUCTION

Orlikowski (2009) notes a deficiency in the academic literature regarding the role of technology[8] within organisations and comments that:

> "We are thus faced with the apparent contradiction that while technology is everywhere to be found in organizational life, it is largely absent from the recent management literature. To borrow an observation from Barad (2003), it seems that matter does not matter very much in most studies of organizational reality." (Orlikowski, 2009: 5)

Orlinkowski's latter point emphasises that non-human things should also be considered to 'matter'. She goes on to say:

> "A common explanation for this absence of materiality in the management literature is that technology is either invisible or irrelevant to researchers trained in social, political, economic, and institutional analyses of organizations. For these researchers, ontological priority is given to human actors and social structures, and as a result, technological artefacts (and materiality more generally) tend to disappear into the background and become taken for granted" (Ibid: 5).

Thus, Orlikowski (2009) argues that the general concept of materiality is neglected by researchers because it is assumed and taken for granted. Orlikowski's (2009) thesis, in summary, supports the conclusions in this chapter that the literature on inter-organisational collaboration also appears to prioritise the role of human actors over materiality and henceforth suggests this possible gap in the literature.

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[8] "technology" can refer to material objects of use to humanity, such as machines, hardware or utensils, but can also encompass broader themes, including systems, methods of organization, and techniques (Orlikowski and Scott, 2008: 437). As will be discussed in this chapter, I adopt a broader view that materiality and objects can be anything that is non-human.

In the previous chapter, I used a number of vignettes to demonstrate how objects interact with humans to modify and translate meaning (eg mismatched mugs created a homely atmosphere at a governors' meeting). Furthermore, I also described how my experience working with a PPP led me to question certain assumptions about inter-organisational arrangements and inspired me to research collaboration for my doctoral study. While these vignettes were drawn from my own observations, this chapter seeks to explore the concepts more formally by reviewing relevant literature on collaboration and, in particular, to identify what research has previously been undertaken to understand the role of objects and materiality in the formation and development of collaborations.

My findings identify that scholars do not readily engage in discussion about objects within a collaborative setting. This creates a bias towards discussion on social and human relationships, which are seen as being largely independent of objects and is similar to Orlinkowski's (2009) point raised in relation to technology. For example, the literature identifies that individuals involved in collaborations need to be: expert leaders, trustworthy, team players and able to agree common goals. However, whilst the literature is able to identify and describe the need for these 'social-elements' to be present, there is limited discussion to consider how these elements are actually held together and stabilised. Therefore, what the literature does not give equal attention to is materiality (ie tools, techniques and physical resources) that are employed by the actors to materialise the relationship between the social elements.

Other criticisms relate to the way scholars model the process of collaboration which is typically depicted as a 'whole systems' approach involving antecedents, processes and outcomes. Whilst these models provide a useful framework to conceptualise how these key features interrelate, they do not seek to describe how the features are enacted by individuals within a collaborative setting. For example, the frameworks acknowledge that collaborations may be formed to address, amongst other things, organisations' resource deficiencies. However, while this provides a *de facto* reason for pursuing collaboration it, does not explain how resources dependency was problematized in the first instance, and what objects (eg spread sheets, graphs, presentations, board meetings) are active within the

discussions. In other words, it seems to overlook the ways in which decisions are rendered convincing and the role of objects in that process.

In summary, the chapter concludes that the literature appears to define partnerships (ontologically) by the statements about their intentions, benefits and weaknesses rather than understanding them as processes of negotiation, translation and mediation. In this sense, the literature it too accepting of limits about where partnership relations begin and end. It abstracts partnerships from their performative contexts to focus on a limited set of attributes like leadership, governance or collaboration structures, but overlooks socio-material relations that can expand the debate on collaborative practice much further. From this, it is concluded that the use of *a priori* frameworks and theories to conceptualise collaboration may actually curtail a researcher's scope to explore 'alternative' socio-material factors which may be of equal importance. Thus I argue that that an agnostic research approach, not based on *a priori* assumptions, may actually lead to fruitful and insightful findings in relation to the study of inter-organisational collaboration.

2.0.1 Objectives and Chapter Structure

As the subject matter relating to inter-organisational collaboration is plentiful and diverse, it is desirable to identify a number of key objectives to ensure the literature review keeps its focus and remains relevant. To achieve this, I have chosen three objectives:

Objective 1: *To consider a number of theoretical frameworks that are used to depict how inter-organisational collaborations are conceived and developed. To ascertain the degree to which these frameworks consider socio-material relationships as part of the collaboration process.*

As my study seeks to explain how collaborative working arrangements are conceived and developed, it is necessary to focus on previous scholars' research into this area. This analysis is undertaken by looking at three frameworks, which conceptualise collaborations as a 'whole system'. The frameworks provide a way to identify and discuss the key components which are considered intrinsic elements of inter-organisational collaboration.

Objective 2: *To review key theories which are used to analyse specific elements of inter-organisational collaboration and consider the degree to which they recognise their socio-material nature.*

Whereas the first objective looks at collaborations as a 'whole system', the second objective allows a closer examination of a number of discrete theories that scholars use to analyse and describe various features of collaboration. For example, many scholars choose to examine collaboration through a particular theoretical lens (eg economic theory, governance theory or agency theory). A review of this literature gives scope to explore some of these theories in more detail, to determine, to what extent, they consider their socio-materiality.

Objective 3: *To meet the generic requirements of a literature review. Lastly, it should be noted that, by addressing the above research objectives, one would also, implicitly, address the broader requirement of a literature review, which is to determine:*

- Whether someone else has ever done anything exactly the same.
- Whether anyone else has done anything that is related.
- What the researcher wishes to say about what is critically known?
- Where the work fits in with what has gone before?
- Why the research is worth doing in light of what has been said?
  (by Murcott, 1997 cited in Silverman, 2000: 227)

In order to address these objectives, this chapter has been structured into three parts:

Part 1: Context: The context covers two key areas. The first area seeks to examine, albeit briefly, what is understood by the notion of socio-material relations and 'objects'. This enables the literature review in Part 2 to critique whether the role of objects is considered sufficiently in respect of inter-organisational collaboration. The second section explains the context of public sector collaboration as a mechanism for delivering public services, and explains why it has flourished over the preceding 60 years.

Part 2: Systems approach to understanding collaboration

In this section, three collaboration frameworks are selected for discussion, which focus on the conception, development and growth of collaboration. This part of the literature review allows the opportunity to consider whether these frameworks consider the role of objects in the development of inter-organisational collaboration.

Part 3: Key Theories used to analyse collaborations

Having evaluated the frameworks, the discussion moves on to look at a number of prominent theories which are used to describe particular facets of collaborative working. Again, the purpose of this discussion is to determine the extent to which these discrete and underpinning theories consider the role of objects.

PART 1: CONTEXT
OBJECTS AND PUBLIC SECTOR COLLABORATIVE WORKING

2.1   INTRODUCTION

In this part of the chapter, I provide preliminary information regarding three key areas.   The first section discusses the 'nature of objects', which provides an introduction to the concept of socio-materiality and a reference point so the literature review can assess the degree to which socio-materiality is considered. The second part briefly discusses the diversity of academic disciplines and theories which are concerned with inter-organisational collaboration.   Lastly, I discuss the historic context regarding the rise and popularity of inter-organisational working as a way to address the 'wicked issues'.

2.2   OBJECTS AND SOCIOMATERIAL RELATIONSHIPS

Although the substantive part of this chapter seeks to discuss inter-organisational collaboration, the broader objective is to understand the degree to which objects are considered in partnership formation.   Therefore, before proceeding further, it is necessary to clarify what is meant by 'objects'. Thereafter this will allow the ensuing debate to consider more readily the extent to which the literature on collaboration actually considers the role of these objects. In order to introduce this concept, I consider the work of John Law, whose interests lie in the semiotic value of objects. The following quote, from Law, is particularly helpful because he identifies how objects can be seen to tie elements of a network together. He states that:

> "Almost all our interactions with other people are mediated through objects of one kind or another. For instance, I speak to you through text, even though we will probably never meet. And I do that, I am tapping away at a computer keyboard.   At any rate, our communication with one another is mediated by a network of objects - the computer the paper the printing press. And it is also mediated by networks of objects-and-people, such as the postal systems. The argument is that these various networks participate in the social. They shape it. In some measure, they help to overcome your reluctance to read my text. And (most crucially) they are necessary to the social relationship between the author and the reader". (Law 1992: 2)

Within this quote, Law focuses on the role of objects in relation to humans, and how objects help social actors form and mediate relationships. Without these objects, Law's ideas could not so easily pass along the network and would stubbornly remain within his head. As Law states, "If human beings form a social network it is not because they interact with other human beings. It is because they interact with human beings and endless other materials too" (ibid: 3). Thus, if we conceptualise collaboration as a socio-material network between two or more organisations, the study of objects within this context may provide a helpful way to understand the ties and bonds which hold collaboration together.

If it is accepted that materiality and objects are relevant to the study of collaborations, the last point to consider is 'what are objects?' At its simplest, Law considers objects to be any material factor that are non-human; or as he bluntly puts it "materiality is about stuff, the stuff of the world" (Law, 2003: 2). He argues that materials can be considered as machines, animals, money, architecture and texts (text, he states, includes any information whether it be newspapers, TV pictures, books, CD ROMs maps, films, statistical tables, spread sheets, musical scores, architect's drawings, engineering designs (Law 1992; Law 2003). He summarises by stating, therefore, that objects are "any material that you care to mention. So, the argument is that the stuff of the social isn't simply human. It is all these other materials too" (Law 1992: 2); and it is the way that all the "materials (human, textual and technological or artefactual) define one another and hold one another in place. All, in other words, contribute to the performance, human and non-human alike." (Law and Hetherington, 2000: 47). Therefore, using this as my guide, I confirm that 'objects' are to be considered as 'material' factors. Hence, socio-material factors are a reference to the interdependency between the social and the material. A more detailed discussion on objects and the ontology of objects will be presented in the next chapter, under the auspices of actor-network theory. However, the discussion thus far has provided a sufficient understanding of 'objects' in order to evaluate the degree to which the current literature considers the role of materiality in the development of inter-organisational collaboration.

2.2.1 Theoretical Perspectives on Collaboration

The literature on inter-organisational collaboration encompasses a multiplicity of theories spanning many academic disciplines (Selden, Sowa and Sandfort, 2006).

These include *political theoretical perspectives which* focus on government policy (Lowndes and Skelcher, 1998); *economic theories* which look at transaction costs to justify the benefits of collaboration (Pfeffer and Salancik, 2003; Williamson, 1983; Williamson 2002); *principal-agency theorists, stewardship theorists* and *game theory theorists* who endeavour to explain the tensions and power relations between partner organisations (Bommert, 2010; Davis, Schoorman and Donaldson, 1997; Axelrod, 1984; Schillemans, 2013); *governance theorists* who seek to understand the way in which partnerships are governed (Jones, Hesterly and Borgatti, 1997; Provan and Kenis, 2007; Provan and Lemaire, 2012) *organisational development theorists* who analyse collaboration holistically through systems theory (Sullivan, 1998; Bryson and Crosby, 2006); *human relations theorists* who identify the centrality of 'relationship managers' and leaders for collaboration success (Crosby and Bryson, 2010; Williams 2002, 2010, 2012); *neo / institutional theorists*, who identify the role of structure, context, human behaviour and environment in the development of collaborations (Milward and Provan, 2006); and socio-legal scholars who have looked at the role of contracts (Macaulay 1963; Macneil, 2000).

From these different theoretical perspectives, the collaboration literature has developed a number of broad subject areas such as: 'how to make collaboration work' (Agranoff and McGuire, 2004; Wilson and Charlton, 1997); factors that inhibit collaboration success (Holtom, 2001; Maddock and Morgan, 1998; Hudson, Hardy, Henwood and Wistow, 1999) factors that collaborators should consider prior to choosing their partners (Graddy and Chen, 2006); the antecedent conditions that are necessary to form collaborations (Ansell and Gash, 2007) and frameworks for evaluating partnership success (Asthana, Richardson and Halliday, 2002; Thompson, Perry and Miller, 2007).

Although this shows that literature on collaboration spans a vast array of disciplines, it also highlights that socio-material theories are not readily considered in relation to the development of public sector collaboration.

2.2.2 Collaboration Context and Public Services

Collaboration is a process of joint working between private, voluntary and public sector organisations to deliver, often, complex services (Agranoff, 2006; Skelcher, Mathur, and Smith, 2005; Lowndes and Skelcher, 1998; Bressers, O'Toole,

Laurence and Richardson, 1994). According to Williams (2012) the history of public sector collaboration in the UK can be loosely subdivided into three phases: The first phase took place during the 1960-70's, when collaboration was principally used as a way of tackling wicked issues (Rittel and Webber, 1973) that transcended inter-organisational boundaries. These wicked issues were typified by for, example unemployment, education, homelessness, drug abuse and deprivation (Peters, 1998; Williams 2012). This was then superseded by the Conservatives' change in ideology throughout the 1980-90s which favoured a policy of marketisation, privatisation and outsourcing of public services (Davis and Walker, 1998; Muir and Rance 1995). Finally, from 1997 onwards collaboration became a key tenet of New Labour's modernisation programme designed to create a 'joined up government', which would reduce the fragmentation between agencies and government departments (Bovaird and Martin, 2003). Following Labour's election to power[9], the new administration wanted to distance themselves from the right-wing marketisation ideology of the Conservatives (Newman, Barnes, Sullivan and Knops, 2004). However, whilst this stance remained in place for their first term of office, Labour's ministers soon after determined that, if they were to modernise public services, they also needed to embrace marketisation (Laffin, 2010; Griffith, 2011; Bovaird and Martin, 2003; Newman, Barnes, Sullivan and Knops, 2004). This led way to a hybrid model based on both collaboration and marketisation, which became known as the 'third-way' - a progressive alternative to the traditional polarisation of left and right politics (Bovaird and Martin 2008; Newman, 2001). However, this policy was met with cynicism as some commentators claimed it was no different from the Conservatives marketisation ideology, save for the name (Teisman and Klijn 2002 cited in Entwistle and Martin, 2005).

Despite the ideological debate, collaboration prospered under New Labour, with over 5,500 individual partnerships being developed throughout the UK during 2001/2 and an estimated £4.3 billion was spent through these arrangements (Sullivan and Skelcher, 2002). Furthermore, Sullivan and Skelcher estimate that some 75,000 people served on partnership boards in the UK. Collectively these partnerships contributed to the development of New Labour's reform of public services which

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[9] As the CTP was developed from 2005 to 2007, it is important to understand the context and policy drivers of the ruling political party.

became known as the 'Local Government Modernisation Agenda' (LGMA) and was underpinned by a succession of policy documents and White Papers published from 1998 to 2001 (Martin and Bovaird, 2005). The purpose of the 'modernisation agenda' was for public service providers to "become more customer-focused and to embrace partnership working with the private and voluntary sectors and other statutory agencies. 'Joined-up problems', they have been told, require 'joined-up solutions'" (Martin and Bovaird, 2005: 18).

The concept of joined-up working was central to Labour's view about structural arrangements and their vision was to break down policy silos to address the, still prevalent, wicked issues (Christensen and Lægreid, 2007). As the Prime Minster confirmed: "It is in partnership with others - public agencies, private companies, community groups and voluntary organisations - that local government's future lies' (Blair, 1998: 13). Through the LGMA, policy programmes were developed to create new structural arrangements for local authorities to become strategic leaders with an emphasis on facilitating service delivery rather than being service providers (Laffin 2010; Smith and Ven, 2012).

In concert with the drive to modernise service delivery, came the proliferation and dominance of a range of 'new' managerial philosophies and techniques collectively referred to as New Public Management (NPM). NPM, as a principle, supported the public sector to: move from internal hierarchy structures to internal-external network or market structures (Clarke, Gewirtz and McLaughlin, 2000); to adopt private sector regimes to improve efficiency and customer service (Bartlett and Dibben, 2010; Rhodes, 2000; Rosenthal and Peccei, 2007); to be accountable for performance; (DETR, 1999), whilst encouraging flexibility and autonomous structures to facilitate entrepreneurial management (Bartlett and Dibben, 2010). Although these freedoms were still more restrictive than those enjoyed by the private sector, it demonstrated a clear move away from the old *public administration* approach which was said to be geared towards the slavish administration of rules and guidelines (Osbourn, 2006). Furthermore, once services became outsourced, this meant that structural inhibitors associated with public sector unionised environments could be weakened, thus NPM and partnership working facilitated a greater choice and diversity of service provision (Ocampo, 1997; Hood, 1991; Pollitt, 2001 and Griffith, 2011). Despite the wide recognition and proliferation of NPM, some commentators raised concerns

regarding its effect. Peters and Savoie (1996) noted that the principle of organisational autonomy and decentralisation might not necessarily be achieved through collaboration as this may further exacerbate bureaucracy, create organisational chaos and divert scarce resources (time, expertise money) away from the core business (Terry, 1993; Lowndes and Skelcher, 1998).

The above has demonstrated how collaboration as a policy-driver has changed over the last 60 years which, in turn, has changed structural arrangements and managerial techniques. As such this has led to a multiplicity of hybrid-collaboration structures (Sullivan and Skelcher, 2002; Williams, 2012), thus creating a confusing and misleading array of collaboration typologies which are often used interchangeably (Löfström, 2010; Snape and Taylor, 2004; Boon et al., 2009). A number of these interchangeable monikers are as follows:

- Integration; co-ordination; collaboration; and cooperation (Löfström, 2010; Boon et al., 2009)
- Inter-organisational relationships (Ring and Van de Ven, 1994)
- Development partnerships, joint ventures, development trusts, joint agreements, coalition, agency partnerships and strategic partnerships (Bailey, 2007 and Ulrich and Barney, 1986)
- Regional partnerships (Sullivan and Skelcher 2002)
- Working in partnership, joint working, networking, joined-up thinking, joined-up government, joint planning, inter-agency collaboration, inter-professional working, collaborative advantage, co-ordinated service delivery, policy coordination (Snape and Taylor, 2004)
- Partnerships, action-zones, public-private partnerships (Huxham and Vangen, 2005)
- Inter-agency collaboration (Hudson, Hardy, Henwood and Wistow, 1999)
- Network governance (Jones, Hesterly and Borgatti 1997)
- Bone fide networks (Cooper and Shumate, 2012)
- Mergers (Crosby and Bryson 2005, p19)

Despite this array of monikers the common theme throughout is the notion of joint working between two or more organisations. The following now focuses on the concepts of joint working, looking at a 'systems approach' to inter-organisational collaboration.

PART 2:
SYSTEMS FRAMEWORKS

2.0 INTRODUCTION:

In this section I consider collaboration conceptually as a 'system' by reviewing three theoretical collaboration frameworks. At the end of this section I will have addressed the first objective of the literature review which is to ascertain whether the utility of these frameworks can be enhanced through a materially focused investigation that considers socio-material relationships as part of the collaboration process, which I conclude is largely the case.

2.1 A SYSTEMS APPROACH TO UNDERSTANDING INTER-ORGANISATIONAL COLLABORATION

Sullivan (1998) promotes 'systems thinking'[10] to analyse inter-organisational collaboration claiming its suitability for identifying and understanding the numerous interrelationships that exist within collaborative arrangements. To this end, I have selected three collaboration models for further analysis.

1. Antecedent-Process-Outcome Framework (Thomson and Perry, 2006).

2. Cross Sector Collaboration Framework (Bryson, Crosby and Middlleton-Stone, 2006).

3. Process Framework of the Development of Cooperative Inter-Organisational Relationships (Ring and Van de Ven, 1994).

However, as other inter-organisational collaboration frameworks exist (*cf* Graddy and Chen, 2006; Ansell and Gash 2007; Cooper and Shumate, 2012), it is necessary to justify why the above three have been selected.

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[10] According to Buchannan and Huczynski (2010) a system is typified by three principal elements being: 1) inputs, like resources, people and materials; 2) processes, which transform the input and 3) outputs, such as goods, products or services.

Firstly, my decision to select three frameworks was guided by the need to keep the literature review focused and manageable (Saunders, Lewis and Thornhill, 2003; Easterby-Smith, Thorpe, Jackson and Lowe, 2008). I felt that two frameworks would not have allowed adequate comparisons and four or more frameworks would have reduced the opportunity for detailed discussion. Secondly, the frameworks were all published in prominent journals. The first two frameworks were taken from the journal 'Public Administration Review' which is described, (by its publishers) as serving both academics and practitioners interested in contemporary public sector management issues (PAR, 2013). Clearly with its focus on public administration this makes the journal particularly attractive to my study. The ISI citation reports ranked the journal 11/47 - based on 5-year impact factor (Ibid) and the articles have been cited 69 times and 133 times respectively according to Thomson Reuters Web of Knowledge (TRWK, 02/13). Lastly, as these two articles were published 11 months before my PhD registration, I felt this enhanced their relevance and further validated my choice.

The third framework was published in the Academy of Management Review (AMR) which its publishers claim is "ranked among the top five most influential and frequently cited management and business journals which challenges conventional wisdom concerning all aspects of organisations and provides new theoretical insights" (AMR, 2013). Lastly, the journal has subsequently been cited 1,107 times according to Thomson Reuters Web of Knowledge (TRWK 02/13).

Having reviewed the provenance of the articles and assessed their relevance, I felt reassured that they would be suitable for guiding the discussion and analysis on collaboration.

2.1.1 Framework 1: Antecedent-process-outcome framework

The framework shown in figure 2.1 illustrates the way "collaboration occurs over time as organizations interact formally and informally through repetitive sequences of negotiation, development of commitment and execution of those commitments". (Thomson and Perry, 2006: 21). The whole process is depicted as a systems framework where inputs are processed into outputs.

Figure 2.1: Antecedent-Process-Outcome Framework

This framework resonates with the aims of this chapter as it helps describe how collaborations are conceived and developed. However, although this framework illustrates three distinct stages, the authors' concentrate on the process elements because, in their opinion, these are the least understood of all collaborative practice - a view also shared by others (cf Imperial, 2005; Jones, Hesterly and Borgatti, 1997; and Agranoff and McGuire 2001). On this premise, they argue that:

> "When public managers look inside the black box of collaboration process, they find a complex construct consisting of five variable dimensions. Public managers must know these five dimensions and manage them intentionally in order to collaborate effectively." (Thomson and Perry, 2006: 21)

Within the black-box the five key variables identified are: governance, administration, social capital, organisational autonomy, mutuality and norms of trust and reciprocity. Having identified these elements, the authors then focus on the central role of humans, specifically managers' roles in the enactment of these processes through relationship-building in order to make collaborations work. They do mention the existence of objects such as 'rules' and 'resources', but these are merely regarded as incidental asides without reference to their potential agency or importance to the development of a network. Thus, there is no explicit discussion or consideration of the role of objects in cementing partnerships. So, whilst Thompson and Perry (2006) claim they have looked inside the black box of collaboration, I

would argue that they have only described the processes at a superficial level which does not account for material factors that may lie beneath. In summary, whilst I would argue that their work provides a helpful way to codify the key concepts, it does not penetrate the black box, which leaves a possible research gap.

2.1.2 Framework 2: Understanding Cross-Sector Collaboration

This section is based on Bryson, Crosby and Middlleton-Stone's, (2006) 'understanding cross-sector collaboration' framework (see figure 2.2) which considers collaboration as consisting of five key parts, which are:

Initial conditions: Relate to the precipitating factors that drive the need for organisations to change. These may include economic conditions that create resource dependency, but also normative, legal and regulatory elements that organisations must comply with in order to achieve the necessary degree of legitimacy to survive.

Process Components: Focus on five key principles / processes that are required in order for collaborations to develop, which include: initial agreements, building legitimacy, building trust, managing conflict and planning.

Structure and Governance: Structure and governance are intertwined within collaborations because governance emerges through frequent structural exchanges that develop network values, norms and trust, enabling social mechanisms to coordinate and monitor behaviour.

Contingencies and Constraints: These elements relate to factors that create instability which may result from, for example, competing institutional logics whereby differing core values (eg market governance versus network governance), would cause conflict and potential fault-lines between the organisations.

Outcomes: The outcomes sections essentially describe the need for the collaboration to contribute to the production of 'public-value'.

Figure 2.2: Understanding Cross-Sector Collaboration

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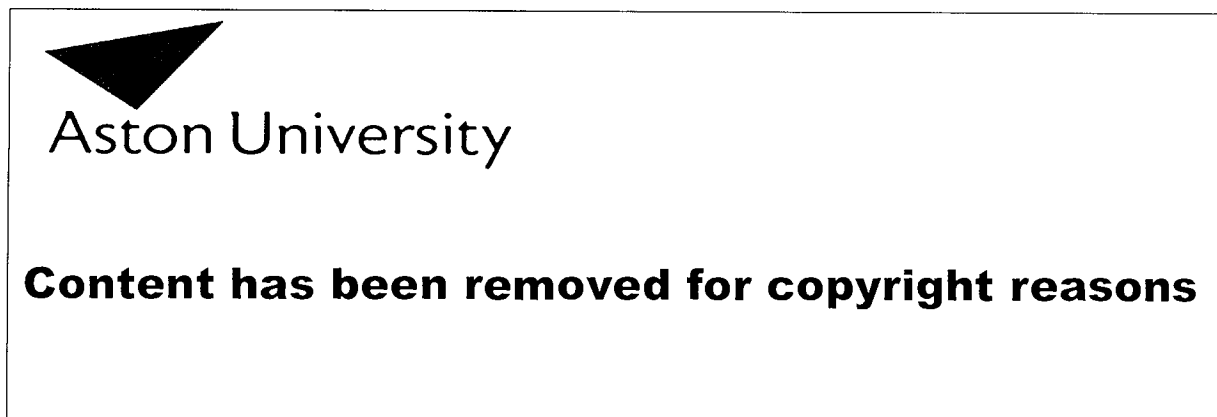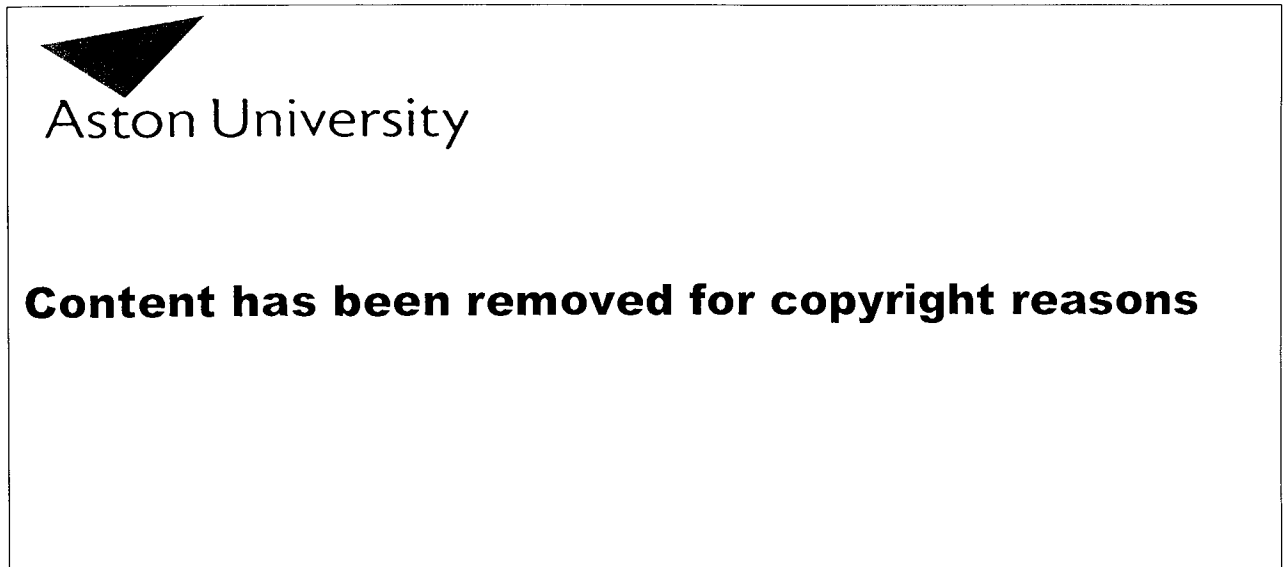
Source: (Bryson, Crosby and Middleton-Stone, 2006)

This framework is helpful as it illustrates the interdependencies between the various components that constitute collaboration. It shares similarities with the first framework, not least in that it identifies the need for inputs, processes and outputs; but the structure of this framework highlights a more complex array of interdependencies. For example, it shows how contingencies, processes and governance can iteratively relate to each other. The authors acknowledge the presence of objects within the network. For example, they explain that concepts such as 'general agreements', 'formal agreements', 'sponsors', 'planning activities', 'articulation of goals' and 'resources' are all needed in a collaboration. Furthermore, they provide a simplistic example explaining how a 'government policy' has the ability to create instability and turbulence which, in turn, affects resources and therefore helps define and shape the nature of the collaboration. Yet, despite this

cursory statement alluding to the agency of government policy, the authors offer no further discussion or commentary to explain 'how managers know that instability and turbulence has been created?' In other words, what objects exist within the organisational mix that allows phenomena such as 'instability' and 'turbulence' to be materialised? How can objects translate these 'states of being' into 'statements of fact'? This could be achieved through a variety of objects such as, for example: performance monitoring systems, risk based audits, priority matrix, staff turnover data or customer surveys. The point is that objects must have an intrinsic role in materialising the issues or problem at hand, yet this concept is not an explicit feature of the Bryson et al's work. So, the framework's limitations are similar to Thompson's et al work in this regard.

2.1.3 Framework 3: Process Framework of the Development of Cooperative Inter-Organisational Relationships.

The last framework is provided by Ring and Van de Ven, (1994). Their framework is used to depict how inter-organisation relationships emerge, grow and dissolve over time. Similar to Thompson and Perry's (2006) framework, Ring and Van de Ven, (1994) believe it is most important to understand the process elements of collaboration, as opposed to antecedents or outcomes. Their framework of collaboration development, shown in figure 2.2, identifies how agents come together to negotiate their expectations, motivations and uncertainties. They describe how this is socially driven through a process of persuading, arguing and haggling over possible terms. Interaction in this way is conceptualised as 'sense making' through the use of 'social-psychological' processes that lead to, otherwise, independent parties agreeing to discuss terms for joint working. This process is followed by the commitment stage, where the terms and governance structures are established and codified through formal documents. The framework provides a simple set of heuristics to guide organisations through the stages of collaboration, stressing the need for equity and fairness; where an organisation seeks an 'unfair' advantage, parties will try to take counter-measures, which could result in a lack of willingness to participate in the process. Finally, the 'execution stage' marks the point where agreements are turned into action and the growth and stability of the collaboration is achieved through repeated social interactions.

Drawing on Burger and Lukmann's (2006) earlier work on social construction, they argued that:

> "From a social-psychological perspective, institutionalization is a socialization process that transforms an instrumental transaction into a socially embedded relationship by infusing it with norms and values that permit the relationship to be reproduced and perpetuated beyond the immediate tenure of its founders (Ring et al, 1994: 101, cited from (Berger and Luckmann, 1966).

This quote identifies how relationships can alter and change as a result of interaction within the organisation. Furthermore their reference to 'instrumental transaction' alludes to non-social activities, which would influence social relationships. So the interplay between non-social and human activity is posited. However, their work is largely influenced by the social factors within network developments and they do not elaborate on the concept of 'instrumental transactions' or how norms and values become materialised and embedded within the fabric of the organisation.

Figure 2.3: **Process Framework of the Development of Cooperative Inter-Organisational Relationships**

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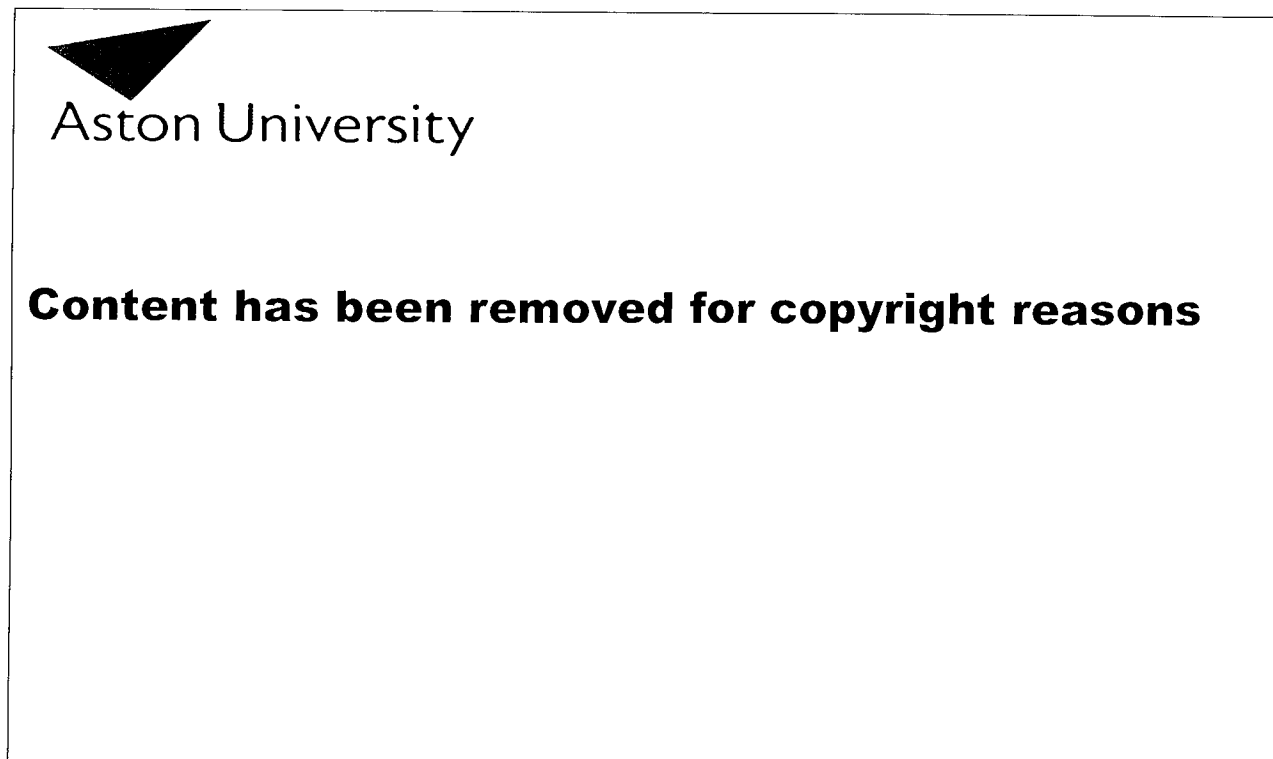
Whist this framework provides helpful insights, especially in respect of the iterations and modification of relationships within a network, it does not describe the enactment of collaboration development. Nor does it show how the modifications are materialised or how objects may play a role in the development of the relationships. In summary, I believe that the authors do understand the interplay between human and non-human actors, but, like the other two frameworks, the role of non-human is somewhat taken for granted, and therefore does not feature as an explicit part of their investigation.

2.2 ANALYSIS OF THE THREE COLLABORATION FRAMEWORKS

The preceding discussion reviewed three frameworks to understand how inter-organisational collaboration may be conceptualised. There were similarities between Thompson et al (2006) and Bryson's et al (2006) frameworks (figure 2.1 and 2.2), as they both encompassed 'antecedents', 'processes' and 'outcomes' whereas Ring and Van de Van's, (1994) (figure 2.3) framework was based on the concepts of negotiations, commitments, executions and assessments. Notwithstanding, these differences they all sought to explain, in general terms, why inter-organisational collaborations are conceived, how they are constructed and what they might achieve.

In particular I found the work of Thompson and Perry (2006) and Bryson et al (2006) helpful in determining that 'antecedents' needed to be in place to initiate collaborations; that key 'processes' describe how collaborations develop; and that 'outcomes' can be seen as internal organisational changes or external benefits to the public. However, I do not believe these arrangements help understand how the processes are performed in collaborations'. How is it, for example, that antecedents help inform and influence partners' desire to collaborate - how do objects materialise the (assumed) problem that needs to be addressed through collaboration? And what role do decision-makers play in this process - what objects help managers in these negotiations and discussions? By following these types of questions, the researcher is oriented towards a performative view of collaborations which takes into account both social and material factors. To this end, Ring and Van de Van's (1994) framework came closer to considering interactions between the social and non-social, but did not take the opportunity to expand on this theme.

In conclusion the frameworks outlined in this section could be developed to incorporate a more explicit view of the role of the socio-material nature of collaboration. However, that said, it must be emphasised that I do not believe that the frameworks' natural propensity to rely on ostensive descriptions is wrong. Moreover, my argument is that the frameworks' utility could simply be enhanced if the value of materiality was explicitly recognised and given more prominence.

Moving on, the next section now looks at a number of underpinning theories that have been used to analyse various elements of collaboration development. These theories should not to be considered independently of collaboration frameworks. Moreover, they are intrinsic to the explanation of collaboration processes and provide an invaluable perspective on collaboration concepts like actors' motivation for seeking to collaborate, the mechanisms by which collaborations are governed and the typical outcomes which are expected from collaborations.

2.3 INTRODUCTION

Whereas the preceding section discussed general collaboration frameworks based on a 'whole systems' approach, this section dissects these models to examine the discrete theories which explain and underpin why collaborations are conceived, how they are constructed and what outcomes might be expected from the new inter-organisational arrangement. Therefore, this section builds on the earlier analysis and, as such, will address the second objective of this chapter, which is to: *"review key theories which are used to analyse specific elements of inter-organisational collaboration and consider the degree* to which socio-material relationships are considered". To achieve this, I have selected Thompson and Perry's (2006) framework (figure 2.1) as the basis to identify underpinning theories. Whilst any one of the above frameworks could have been used to structure the theoretical debate, I considered Ring and Van de Ven's (1996) framework to be less clear in terms of how their model could be allied to other theories and Bryson et al (2006), in its entirety, too detailed for the purpose of this part of the discussion. So based on Thompson and Perry's (2006) framework, the forthcoming analysis is structured around their three key headings (antecedents, process and outcomes) which are used to identify the allied theories for further discussion:

2.3.1 Anteceents: Underpinning Theories.

This section discusses two key theories which have been used to analyse the 'antecedents' stage of the collaboration process. These are 'resource dependency theory' and 'transaction cost analysis', as shown in the highlighted part of the figure 2.4 below.

Figure 2.4: Theories concerning the antecedent elements of collaboration
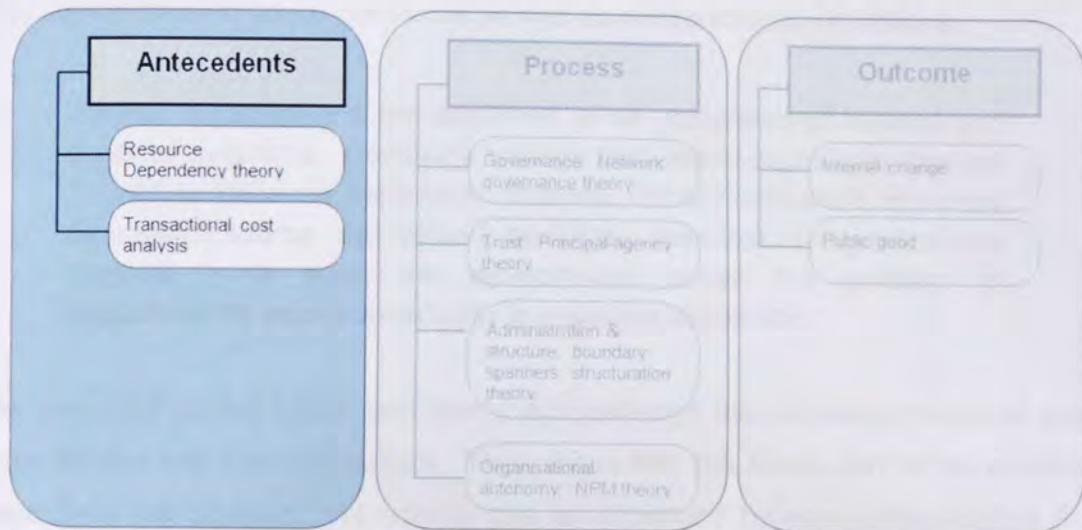
Collaboration between organisations do not develop within a vacuum (Lawrence, Phillips and Hardy, 1999; Freeman and Peck, 2006; and Connolly 2006). Indeed, new organisation structures are born out of antecedents relating to: environmental factors (Bryson et al, 2006; Connolly, 2006) funding deficiencies (Mackintosh, 2007), the need to improve economies of scale (Vining and Boardman, 2008) or the need to share resources in order to solve societal problems (Rhodes, 1997a, 1997b; Coase, 1937). So clearly there is causal relationship between environmental factors and organisational change. This interplay between the environment and organisational design is conceptualised by Pfeffer and Salancik's (2003) resource dependency theory and Williamson's (1983) transaction costs theory which are discussed respectively.

2.3.1.1 Resource dependency theory

According to Lowndes and Skelcher (1998) resource dependency has been a major influence driving public sector organisations to collaborate since the 1970's. In this context collaboration is seen as a means to an end which necessitates the management of resources such as finance, sovereignty, (Benson 1975), political, informational or constitutional arrangements (Rhodes in Connolly 2006), which, in turn, will help reduce resource dependency, risk uncertainty and, ultimately, secure organisational viability (Ulrich and Barney, 1986). How collaborations form

as a result of resource dependency is understood by Ulrich and Barney (1986: 472) to be based on both social conditions as well as environmental conditions:

> "Firstly, organizations are assumed to be comprised of internal and external coalitions. Coalitions emerge from social exchanges that are formed to influence behaviour. Second, the environment is assumed to contain scarce and valued resources essential to organizational survival. As such the environment poses the problem of organisations facing uncertainty in resource acquisition."

The key point is that Ulrich and Barny acknowledge the interdependency of both social factors and material factors. They argue that the social part of the equation helps form the coalition, but equally this is influenced by non-human factors like resource scarcity. In other words resource scarcity does not just appear from nowhere. So whilst this is helpful in recognising the role of factors like resource scarcity, it does not extend the argument to identify how resource scarcity materialises itself to managers of organisations. What is the role of objects in translating resource scarcity and how do managers analyse and interpret this state of affairs?

2.3.1.2 Transaction cost analysis

Transaction cost analysis, recognises that partners have the potential to optimise the use of resources, utilise existing resources more efficiently, reduce resource duplication and merge services to reduce costs (Rhodes, 1997b). This concept is evident in the literature in terms of outsourcing of technology services (Howells, 2010), 'make-or-buy' decisions (Geyskens and Nirmalya, 2006), contracting evaluation (Brown and Potoski 2005) and case studies on *real* cost saving (Egan, 1998). However, whilst transaction cost analysis may explain why organisations seek to collaborate, it does not necessarily explain how the rationale for this decision becomes materialised (eg what data gets analysed? How is the data constructed? And how do managers conduct their business in order to reach a decision on transaction cost?) So, if consideration of material factors were to be taken into account, artefacts such as finance systems, HR systems, business location, demographic changes, could all be seen as central to such decision making. Thus, the decision to collaborate would not be determined by social factors

alone, but because the social factors were interacting with the material factors (eg the accounting system). Hence decisions would be a product of a socio-materiality.

2.3.2 Theories Concerning the Process Elements of Collaboration

Theories which lend themselves to the process part of collaboration can be considered under four key headings: governance, trust, administration and structure and organisational autonomy.

Figure 2.5: Theories Concerning the Process Elements of Collaboration
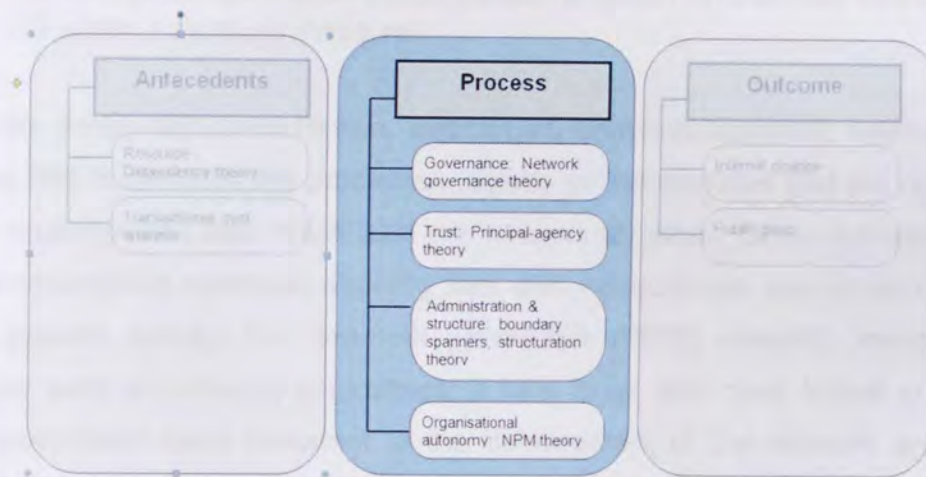
2.3.2.1 Governance

The arrangements for managing performance across inter-organisational settings is commonly referred to as network governance and is closely linked to the management of resource dependence (Rhodes, 1997a, 1997b). Whilst numerous different governance typologies exist, network governance is seen by social scientists as a suitable theoretical framework to interpret public sector policy making and governance arrangements (Kickert, Klijn and Koppenjan 1997; Bogason and Musso, 2006; Provan and Kenis, 2007 Hill and Lynn, 2004). Network governance relates to multi-organisational arrangements that reach beyond the boundaries of a single organisation, whether these are organisational, political or administrative boundaries (Lane, 2000) and, therefore, it is particularly relevant to my research.

Network governance tends to adopt one of two broad approaches which are: "network analytical" that focuses on egocentric and sociological aspects of networks relating to individual actors (*cf Calton and Lad 1995 on social contracting*) *and* "network as a form of governance" which seeks to describe and explain how organisational structures are managed and governed (Provan and Kenis, 2007). With both these approaches it is commonplace for scholars to describe dyadic units of the network as being held in place by *ties* or *relationships*. For example O'Toole (1997: 45) explains that networks are held together by a wide variety of ties:

> "The institutional glue congealing network ties may include authority bonds, exchange relations and coalitions based on common interest all within a multiunit structure".

However, these adjectives (bonds, exchanges, common-interests), helpful as they are, do little to describe the processes, agents or mechanisms that are operational within organisations and which bind the network together. Other authors follow a similar reductionist approach whereby 'ties' and 'relationships' are simply described as a generic activity. For example Imperial's (2005) research identified that activities such as advisory committees, a task force, and other formal or informal staff interactions were important in the development of the network and Stoker (2006) notes that 'interpersonal relationships' are the key to successful networked governance. However, in the absence of a fine-grained analysis on these activities, little can be understood about the nature of staff interaction and relationships etc and how this activity develops the network's formation. This can be illustrated by looking at Milward and Provan's (2006) 'Network of Governance' diagram (figure 2.6). Whilst the purpose of the diagram is to illustrate three different variations of network governance, which is self-explanatory, I believe this framework is more helpful in understanding the deficiency in network governance theory. This is because the focus of the framework is to illustrate the interdependencies and relationships between the individual bodies which are collectively joined to create a network. However, the composition, make-up and material nature of the dyadic ties are taken for granted. They do differentiate between 'strong ties' and 'weak ties' so there is some acknowledgement that these entities must comprise of different components, but there is no discussion on what these ties might be, why some are weak, why some are stronger.

Figure 2.6: Models of Network Governance

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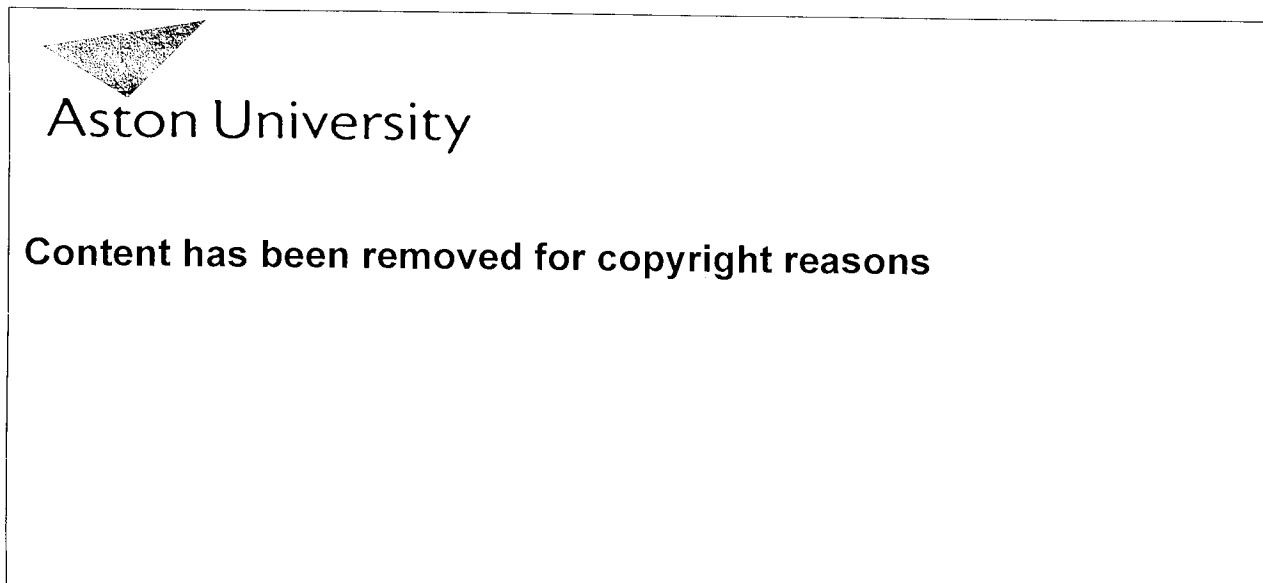
Source: Milward and Provan 2006: p23

In summary, this discussion on governance suggests that current approaches to network analysis through the examination and description of social dyadic ties should be complemented by approaches which are equally sensitive to the myriad of other objects that coalesce to make a network. The next category looks at the process element relating to 'trust'.

2.3.2.2 Trust

A canon of both academic and professional debate on collaborations centres around self-interest and trust - how can actors, who may have self-serving interests, be trusted to manage a network for the collective good? How then are the tensions and conflict which arises as a result of actors wishing to protect self-interests managed? Explanations describing why individuals act in specific ways have been posited through theoretical concepts such as 'principal-agency theory' (Fong and Tosi, 2007; Jessop 2003; Eisenhardt, 1989), and 'stewardship theory' (Davis, Schoorman and Donaldson 1997; Eddleston and Kellermanns 2007; Denhardt and Denhardt 2000), but these theories largely rely on accounts of human behaviour to explain and justify actors' motivations. For example Thomson and Perry (2006) argue that trust can be achieved when partners build credibility, trustworthiness and commit to face-to-face communications, which leads to an "ethic of collaboration" thus allowing partners to give each other the benefit of the doubt. This, I believe, illustrates a reliance on human relations, the social skills like tact, diplomacy and

communication, all of which are needed to help establish the desired 'ethic of collaboration'. However, referring back to, the governorship in schools vignette in the first chapter (see section 1.1.1), I posited that maybe simple non-social features such as: a room's lay-out, the positioning of chairs, the offering of tea and biscuits could all potentially affect, to some degree or another, the relationships between governors and the head teachers and, thus, levels of trust. All-in-all, these elements had a role to play in the way that relationships, trust and credibility were established. However, that is not to say that objects that help foster inter-organisational trust do not feature in studies on collaboration. For example, Imperial (2005) notes that memoranda of understanding and joint policies were two ways in which organisations could legitimately devolve trust and authority from one agency to another. Yet, the possible limitation of Imperial's observation relates to the lack of evidence to support his propositions. No empirical data were offered to illustrate how the agency of objects such as memoranda and policies could influence collaboration development. From Imperial's work, it is not possible to determine, for example, how the memoranda were constructed, who was involved in the process and how the process of agreeing the memoranda was negotiated?

2.3.2.3 Administration and Structure

Thomson and Perry (2006) cite the need for administrative structures to be in place in order for collaboration to succeed, with an emphasis on the need for co-ordination. According to Thompson and Perry (2006), the coordinating role is necessary as collaborating parties are essentially separate entities with decentralised administrative structures; so there is a need to have a centralised arrangement for coordinating communication, organising, disseminating information, and involving partners. A way of achieving this connectivity is to engage a 'relationship manager' or 'boundary spanner' or 'convener' whose task it to manage and build inter-organisational relationships (Williams 2002, 2010, 2012; Wood and Gray, 1991). Williams is an advocate of collaboration boundary spanners. He claims that, in certain collaborations, there may be individuals who undertake the main responsibility for managing relationships or more commonly there will be range of practitioner managers and leaders who undertake boundary spanning as part of their mainstream job role. Either way, Williams identifies that boundary spanners need to bridge the interest between professionals and organisations, work with groups to develop social capital, share learning and joint problem solving and

communicate effectively across the collaboration boundaries. However, whilst Williams' (2012) central discussion on boundary spanners focused on the role of employees, he also acknowledges that theoretical frameworks such as Gidden's structuration theory can provide a useful way to identify the interplay between structures and actors. In essence, Williams' discussion on this topic moves the debate much closer to a discussion where the agency of objects and people can be considered within the same framework. This is because a structuration approach describes the relationship between agency and structure and "recognizes that human actions are enabled and constrained by structures, yet that these structures are the result of previous actions." (Orlinkowski, 1992: 404). Thus Olinkowski demonstrates a cycle of iterations and interdependencies between actors and institutions, which influence organisational design. In addition, Williams (2010) explains that, whilst the structural and agential factors can be used to explain social, economic and political outcomes, ideational factors also need to be taken into consideration. This is because, he argues, where there is imperfect information within a collaborative environment "actors have to interpret the dense and complex world in which they act" (Williams, 2010: 6). Thus, consideration of ideational influences "offers an additional set of factors, which, combined with those of agency and structure offer a comprehensive framework to explore the interplay, direction and force of individual factors that constitute collaborative working" (Williams, 2012: 26). This, I believe, is a significant point which suggests why objects are important to the collaboration process as, collaborators cannot rely on ideas alone to hold things together. This concept is illustrated in William's 'interlocking forces of structure, agency and ideas model' shown in figure 2.7 below.

Figure 2.7: The Interlocking Forces of Structure, Agency and Ideas

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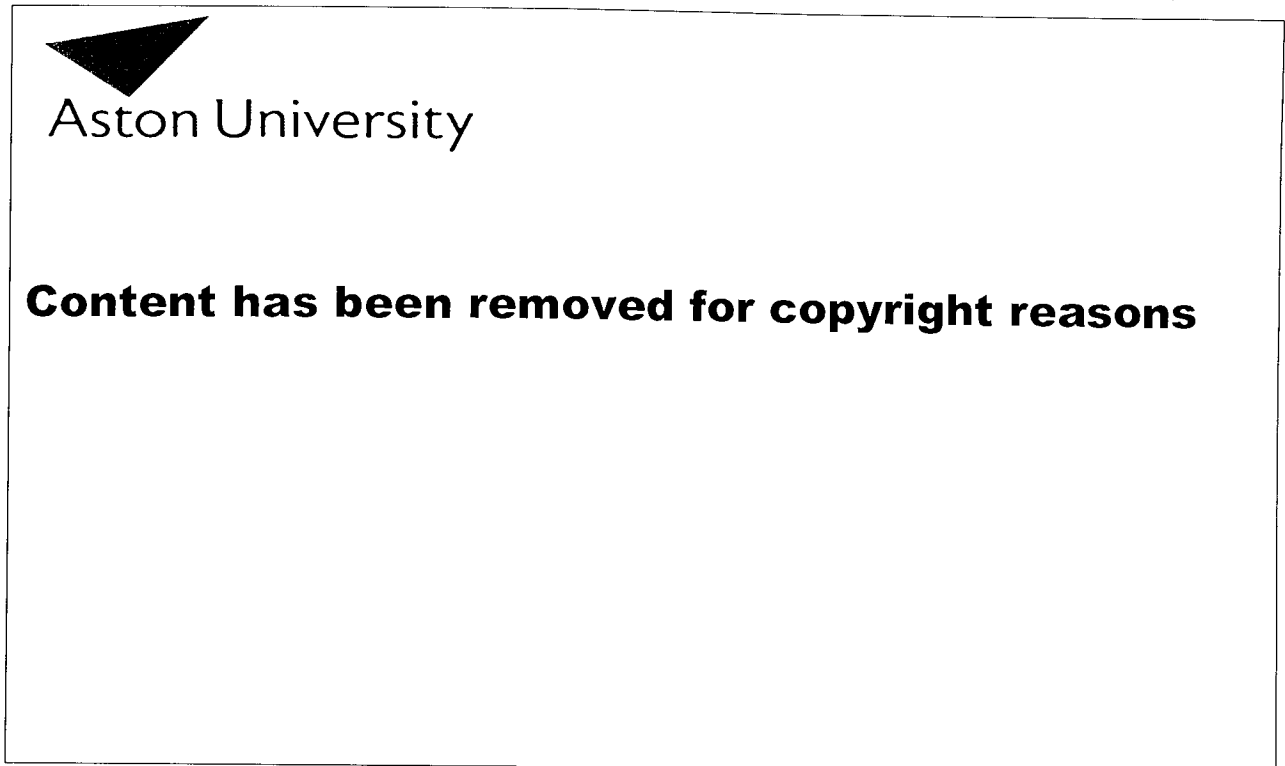
Referring to figure 2.7, the *agency* element relates to the characteristics of the workforce within an inter-organisational setting. Indeed many writers on collaboration have stressed the importance of the special and unique skills which are required of the people responsible for coordination (Williams and Sullivan 2007; Agranoff and McGuire 2001 Widmark, Sandahl, Piuva and Bergman, 2011). The *structure* elements provide a list of factors which may affect and influence the development of a collaboraion. This includes concepts such as 'collaborative capital', relating to an organisation's historic predisposition to collaborate; 'social drivers' concerning societal needs, and 'accountablility strutures' which include methods of governance. Finally the 'ideas element' involves organisational narratives, stories, policiy design and ideas all of which have strong influence, particularly in policy design and implementation. Unfortunately Williams (2012, 2010) does not expand on the materiality of the objects involved in the interlocking process or what objects could be involved in making ideas immutable or material. However, Crosby and Bryson's (2010) work on collaboration offers a potential way forward, as they do explicitly acknowledge the importance of 'boundary objects' that

provide connections between the various collaborative elements. They conclude that "the role of non-human actors in collaboration clearly merits further study" (p227). So in summary, whilst Williams' (2012) approach offers an alternative perspectives to networks by explicit acknowledging the interaction between agency, structure and ideas, the lack of detail about how this works in practice, leaves scope for empirical exploration, which may be considered through ANT.

2.3.2.4 Organisational Autonomy

The last element to discuss relates to autonomy. Peters and Savoie (1996) noted that the principle of autonomy and decentralisation may not necessarily be achieved through collaboration as this may further exacerbate bureaucracy and create inefficient structural arrangements (a point also discussed earlier in relation to NPM). Some of these problems are described as 'paradoxes of collaboration' because:

- Institutional mechanisms designed to enhance trust are based on assumptions of mistrust.
- Collaborative leaders must recognise the importance of diversity and unity in collaboration.
- Effectiveness of collaboration must allow autonomy and interdependence to co-exist.
- Successful collaboration allows participants to maintain separate goals whilst working towards common goals.
- Increasing the diversity of participants, increases the likelihood of disquiet.
- Collaborative leaders need to be authorities, without being authoritarian (Connelly, Zhang, and Faerman, 2008: 24; Ospina and Saz-Carranza, 2010).

What this demonstrates is that the process of collaboration creates a number of contradictory consequences, which may result in organisational chaos (Terry, 1993; Lowndes and Skelcher 1998). However, whilst this is helpful in describing the contradiction between collaborative working and individual organisations' autonomy, the literature does not seek to explain how managers, or more specifically objects, attempt to reconcile between these contradictory positions. How might we understand this as a socio-material process? Perhaps through socio-material

arrangements such as inter-organisational 'co-location', 'emails', 'joint procurement' would it be possible to understand how organisations overcome the paradox of being autonomous organisations which are actually interdependent. For example emails can be readily used to communicate across multiple organisations allowing consistent messages to be received; joint purchase specifications can be drafted allowing integration through standardisation and colocation may provide a mechanism to 'self-regulate' collaborators and prevent selfish practices. Any one of these examples may demonstrate how socio-material relationships help overcome the 'paradox of collaboration'.

2.3.3 Outcomes

The last stage of the collaboration process is logically titled 'outcomes'. The frameworks, as summarised below in figure 2.8, considers that outcomes can relate to internal factors within the collaboration (ie how internal structures and systems change as a result of collaboration) and external factors (ie the benefits which the service users may experience (Bryson and Crosby, 2006; Thomson and Perry, 2006).

Figure 2.8: Theories concerning the Outcome Elements of Collaboration
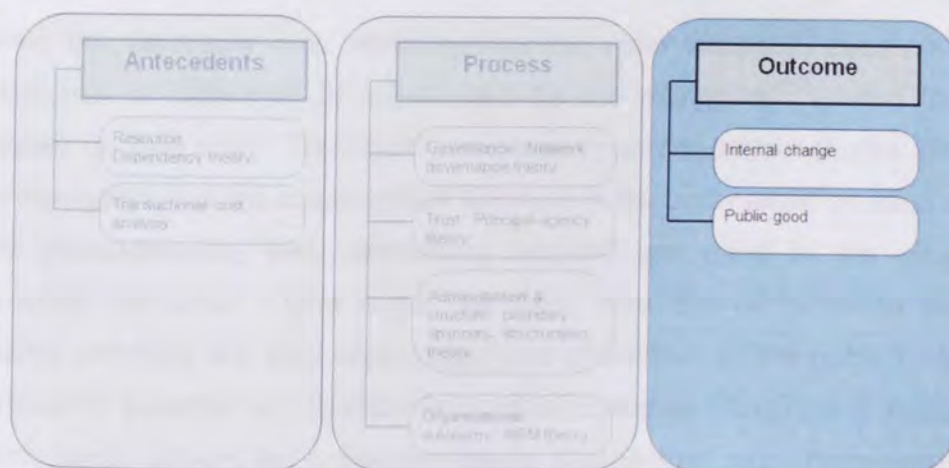
The internal changes include: mechanisms to regulate or become self-governing, the development of management systems, and the implementation of a transactional infrastructure (ibid). By contrast, external outcomes are seen to

include improved 'public value' outcomes (ibid). As the previous sections have focused on internal arrangements, I briefly want to discuss the concept of public value.

Whilst frameworks and toolkits exist to consider the effectiveness of collaborations (cf Asthana, Richardson and Halliday, 2002; Thompson, Perry and Miller, 2007) they do not tend to consider the possible agency of objects in determining the outcomes (or the perception of outcomes). To illustrate this I refer to the Audit Commission's (1998: 31) recommendations regarding partnership evaluation: "the point of forming a partnership is to improve performance, and this should principally be measured through the eyes of service-users, citizens and other stakeholders" to this end they argue that partners' need to:

> "identify the main objectives that the partnership is intended to achieve. Partners should then turn these objectives into specific outcomes - that is, answer the question, 'How will I know when these objectives have been achieved?' The next step is to identify which of these outcomes can be measured by numerical performance indicators. These may include factors that the partnership's members control directly as well as those that they want to influence but which are also affected by others. A basket of indicators is usually needed." (ibid: 31)

However, this ostensive view, which typifies the wider literature, does not explain how success or otherwise is constructed by the managers[11] - what tools and techniques do they use? The Audit Commission's advice demonstrates the pivotal role of managers, but the collaboration literature is generally silent on what material objects (spreadsheets, text, accounting ledgers) are used in the process of constructing outcomes. One might ask then, how are performance indicators measured and how are they repackaged and presented to the public? Are they constructed in a certain way to show favourable outcomes? And how is 'public value' conceptualised, given its nebulous nature (Jorgensen and Bozeman, 2007).

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[11] The construction of success was discussed in chapter one (vignette 3 Highways: Public Private Partnership)

Therefore, the study of objects may help understand how this process of performance is enacted.

The last point I wish to challenge, is the notion that collaborations are not necessarily about 'public good'. This point has been made West and Davis (2011) who, using Boltanski and Thévenot's, (1999) 'orders of worth' argued that public value is inherent in situations and practices, not in organisations, and that personal values do not necessarily translate into organisational values. Therefore applying this thesis, it may be argued that it would be unlikely that all stakeholders' would view collaborations as adding public value in the same way. Their work on 'orders of worth' would suggest that different stakeholders may have alternative views. For example community members' views on a health collaborative may have a 'civic logic' where they would hope to see services improve as a result of collaboration; whereas managers may have an 'industrial logic' where they would hope to see economic improvements. Therefore, one may wish to seek to understand how objects, which are used in collaboration, justify and support the particular stakeholder's 'order of worth'.

2.3.4 Summary: Key Theories used to Analyse Collaborations

What seems apparent from the analysis is that that the theories focus on descriptions of the actors involved in cementing relationships (eg boundary spanners and leaders) or the processes which make collaborations work (eg governance). Thus, this may suggest scope for research to focus on the performativity and enactment of these concepts. What is it that boundary spanners do and what tools and techniques do they employ? For example, a statement that collaborations emerge because of 'resource dependence' does little to explain how this becomes apparent to the managers. Similarly, a statement that 'network governance is essential to the performance of the collaboration', does not tell us anything about the mechanisms or objects that are involved in the enactment of governance. These are, in summary, ostensive explanations which do not explicitly help further our understanding about the inner workings of collaborations. Therefore, it is argued that benefits may be realised if research on inter-organisational collaboration was undertaken without the ridged *a priori* assumptions

about what elements make collaborations work and how these should be indexed and ordered.

The discussion has been helpful in that it recognised that collaborations can evolve and be affected by the environment as well as by actors. This is clearly beneficial to understanding how organisations can be influenced by factors beyond the behaviour of managers, suggesting, in general, the scope for this type of analysis seems under-explored.

2.4 CONCLUSION

The key purpose of this chapter was to review the literature to identify possible gaps in research on collaboration that may identify grounds for further exploration. In order to provide a structure to assess the current literature on the development of collaboration, I decided to present three frameworks, which conceptualised how collaborations were conceived, developed and produced outcomes. I compared and contrasted the key components from each framework under the headings of antecedents, processes and outcomes. What seemed apparent from the analysis is that the literature, in the context of collaboration, recognised, to some degree, that human behaviours affect organisation structures and, in turn, environmental factors affect human behaviour - an iterative cycle. However, there was little evidence of explicit discussion of the interaction of the social with the material in the study of public sector collaborations. This was exemplified by Thomson and Perry's (2006) claim that they had looked into the black box of collaboration, but my concern was that their approach did little to challenge the taken-for-granted assumptions about collaboration, with particular reference to the role of objects. Thus the partnerships were seen to be defined ostensively through description rather than through a performative account which would seek to understand the socio-material relationships.

I argued that the role of social relationships is given priority in the literature (eg the need for trust, relationships or expert leaders). In this sense, I felt that the literature focuses on a limited set of 'partnership attributes', but overlooks socio-material relations. Such a focus has the potential to illuminate the discussion of collaborations and collaborative practice. From this, I conclude that the use of a

priori frameworks and theories to conceptualise collaboration may actually curtail a researcher's scope to explore 'alternative' socio-material factors. These factors may be of equal importance and could take us much more directly to what is at stake in say, establishing trust or governing partnerships. Therefore, an agnostic research approach, not based on a priori assumptions, may lead to fruitful and insightful findings in relation to the study of inter-organisational collaboration. Referring back to the objectives of this chapter, I conclude that there is a general deficiency in the literature, so far as the need to consider socio-materiality in collaboration processes.

Notwithstanding these criticisms, my analysis acknowledged the usefulness of the frameworks, because of their ability to conceptualise the collaboration process. Therefore, the existing frameworks may benefit from modification to encompass the role of socio-material elements, thus providing an additional dimension that would help describe and understand how partnership arrangements are developed and bound together. How this will be undertaken, through the use of ANT, is the subject of detailed discussion in the following chapter.

Lastly, it should be noted that, the approach taken to review the literature has a number of inherent limitations. Not least the difficulties associated with the need to cover such a large and diverse subject area. Whilst it has been argued that the role of objects within a public sector collaboration research setting is limited, that is not to say that the role of objects has not been debated within other academic disciplines. Therefore the next chapter goes on to look at actor-network theory (ANT) which examines the role of objects, amongst other 'things' in more detail.

CHAPTER 3
ACTOR-NETWORK THEORY, METHOD AND METHODOLOGY

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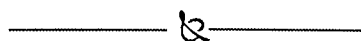
3.0 INTRODUCTION

The preceding chapter identified deficiencies in the current literature. Most specifically I argued that prior collaboration research did not give sufficient consideration to the role of objects within the development and growth of inter-organisational partnerships. To illustrate this, three collaboration frameworks were reviewed which allowed the collaboration process to be considered as a 'whole system'. From this, I suggested that use of these *a priori* frameworks might limit a researcher's ability to understand alternative perspectives of collaborative development. Furthermore, I also noted how the literature favoured ostensive descriptions of collaboration processes without adequately considering how the processes are performed and enacted. To counter this, I posited that a study of socio-material relations could be used to develop an alternative view of collaboration which would cast light on performativity aspects of inter-organisational working. I illustrated the potential contribution which this approach could make by citing Law's (1992) work relating to actor-network theory (ANT) and describing how the study of the relationship between social and objects may help understand how inter-organisational collaborations develop.

3.0.1 Structure and Aims of Chapter

A key objective of my research is to consider the applicability of ANT as a research methodology for studying inter-organisational collaboration (see research aim 3), yet the boundless nature and ambiguities of ANT makes this assessment problematic. For example, as the definitions of ANT are contestable, who knows if I am actually applying ANT to my study and if I am, then what *flavour* of ANT is it? In order to address these issues, this chapter has been presented in two parts:

Part 1: The first part considers several methodological issues regarding ANT. A general discussion on ANT is provided, followed by an introduction to Callon's *'four*

moments of translation' (problematization, interessement, enrolment and mobilization), which is central to this study because it is used for categorising and presenting the empirical data. The theoretical elements of ANT are then discussed which consider a number of prominent academics' work that has influenced this field of study and my ontological approach. Lastly, I consider epistemological issues and ways in which a researcher can be sensitised to the underpinning characteristics of ANT - this is discussed under the broad auspices of "developing an ANT toolkit" which provides techniques to allow the researcher to navigate through their fieldwork and be sensitive to human and non-human elements.

Part 2: The second part of the chapter focuses on the actual methods which I employ to collect, analyse and present the research data. I discuss the reasons why I chose to base my research on a single case study, why I chose to use particular research methods (in-depth interviews, observation, and document analysis) and how I analysed the data.

PART 1:
ACTOR-NETWORK THEORY (ANT)

3.1 INTRODUCTION

In this chapter, I wish to identify and justify my approach to researching inter-organisational collaboration within the context of ANT. It is important that I clarify my interpretation of ANT and chart how it will be applied within my research context as the theory is complex and has a number of different and contestable definitions as Miettinen, (1999: 172) describes:

> "[ANT is]...hardly a unitary theory and has its own complex history. It could also be characterised as a programme of methodological provocations that constantly challenge traditional categories in social sciences, introducing new terms for the reconceptualising..... However, it is difficult to define the hard conceptual core of the theory".

ANT has different meanings and explanations to different scholars (Durepos and Mills, 2011) which include, for example: an analytical framework (Callon, 1986, Cordella and Shaikh, 2006 and Johannesson, 2005); a methodological orientation, (Johannesson, 2005) a radical ontology (Roberts, 2011) a way to analysis interview data (Vickers and Bailey 2007); as a toolkit for telling interesting stories about rationality and materiality of the world (Law, 2008) a research strategy (Lee and Hassard, 1999), a method or a metaphor (Moltu, 2008). It has also been noted that ANT, unlike many other research methods, has no step by step guide or descriptions which the researcher may follow (Johannesson 2005) and that "there is no single actor-network theory, but a variety of approaches" Cowan and Carr (2008: 152). Indeed, to summarise this lack of clarity regarding ANT, it has been argued that even its very name, ANT, is characterised by an antipathy to self-definition (Lee and Hassard, 1999: 29; Hassard, Law and Lee, 1999). Law (1999a) and Latour (1999a) go so far to say that the phrase 'ANT' is a misnomer - it is not even a theory. In summary, the uncertainty about ANT can, perhaps, be typified by Latour

(2005: 9) who states that the use of the phrase *actor-network theory* is 'so awkward, so confusing and so meaningless, that it deserves to be kept"[12].

Notwithstanding these difficulties or opportunities, the following aims to provide the background to explain how ANT can be considered as an appropriate way to explore inter-organisational collaboration. To do this, I have opted to recount, briefly, one of my first introductions to ANT. I choose to cite this for two reasons; firstly this vignette was an epiphany to me, not only in terms of a way to conceptualise and undertake my research, but also in terms of confirming an ontology that felt natural to my sensibilities. As a reminder, referring back to chapter 1, prior to becoming a PhD candidate, I had started to develop an interest in the way objects (eg 100gms paper, air fresheners, reserved parking spaces, performance indicators) helped establish relationships and socially construct different worldviews. Therefore, upon reading Latour's key fob example, I was able see possibilities of researching collaboration using ANT.

European Hotel Key Fob: Latour (1991, 1999b) tells a story of a hotel manager who, for reasons of security and safety, requires that hotel guests leave their room key at the reception prior to exiting the hotel. However, because guests, for whatever reason, do not comply with the manager's wishes, s/he places a sign at the hotel exit asking for the key to be deposited at the reception. Although the hotel manager's wishes have now been *'inscribed'* into an official hotel sign, the majority of guests still do not comply. In response the hotel manager then attaches a heavy metal weight to the key, which, in conjunction with the signage reasserts the manager's desire for the key to remain within the hotel. At this point the vast majority of guests comply. In effect the manager's wishes "leave the key at reception" have been embodied within the heavy weight. This shows how the manager has delegated his authority into a non-human artefact in order to influence the human behaviour of his/her guests. The heavy weight and the sign, thus, speak on behalf of the manager.

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[12] Whilst Latour agrees that the ANT moniker should be kept, he also promotes three alternative descriptors, which may be more suitable, being: 1) "actant-rhyzome ontology"; 2) "sociology of translation' or 3) 'sociology of associations'.

Latour's other notable and commonly cited vignettes relate to the humble door hinge which he describes as a "miracle of technology" [13] (Latour, 1991) and agency of the sleeping-policemen or speed bumps[14]. Whilst these vignettes encompass three important ANT principles these being: 'inscription', 'power' and 'translation' (discussed later), I was struck by the way interrelationships between humans and non-humans could be discussed so readily. This concept which, in ANT parlance, is referred to as 'symmetry' is perhaps the most controversial aspect of ANT (Gad and Bruun Jensen, 2009) as it treats human and non-human entities as equals. An accepted ANT convention for distinguishing between 'humans' and 'non humans' is to use the terminology 'actor' and 'actant' respectively. However, non-human things are also referred to by ANT scholars (and in this thesis) as 'objects, 'artefacts', 'materiality' and 'technology'.

Collectively these three ANT vignettes allowed me to start considering how material objects could have the agency to influence and effect human actions. Quickly, my outlook on the world started to change as I started to interpret my day-to-day observations in different ways by applying this type of 'symmetry' between humans and non-humans. I noticed how, for example, the use of lines on car-parks effortlessly kept vehicles aligned and ordered; I noticed how supermarkets had delegated the role of human checkout assistants and security guards to sophisticated self-service tills that weighed and reconciled each purchase to safeguard against theft and reduce the need for the checkout operative; I noticed how hotel room coat hangers remained immovable and were unlikely to leave the

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[13] Latour first describes the effect of not having a door; one would have to knock a hole through a wall every time one wished to enter a building. Of course, the hole could remain in situ, following its creation, but this would render the building accessible to the elements, and animals. The solution would therefore be to re-brick the hole, and then recreate the hole when access is again required....unless a door, hung on hinges, with a locking mechanism was installed. The point that Latour is demonstrating with this example, is that power is delegated to the hinges to allow the door to open and close.

[14] the 'sleeping policemen' or bumps in the road, are constructed in order to slow traffic to an acceptable speed. Based on the previous example, it is now easy to see that the role of traffic police has been delegated and inscribed to the 'bumps' in the road. However, in this example Latour makes a distinction as he acknowledges that road users are not slowing down to minimise the possibility of a road traffic accident; they are slowing down to avoid damage to their suspension. The driver's goal to slow down is translated by selfish motivation as opposed to a moral motivation.

hotel room, despite not being secured in any way. As shown in plate 3.1, they remained 'connected' to their wardrobe as they were cleverly designed to be incompatible with domestic settings.

Plate 3.1: Example of an immutable Coat Hanger

Whilst these seem like commonsensical observations, Latour emphases the need to consider what he terms 'mundane artefacts', like the key fob. He argues that these types of technologies are instrumental in mediating human relationships and one cannot understand how societies work without an understanding of how technologies shape our everyday lives (Latour 1992). In order to sensitise oneself to an ANT orientation Latour (2005) advises against adopting a 'traditional' sociologist's perspective. Here he argues that traditional sociology defaults to considering preconceived social groupings /classes, where one should actually start looking at the 'ties' the 'bonds', the 'glue' the 'associations' which bind the 'social aggregate' together. He makes the important point that traditional sociologists "believed the social to be made essentially of social ties, whereas these associations are made of ties which are themselves non-social" (2005: 8). As the literature review in chapter 2 highlighted, less is known about the types of objects that bond collaborations together. Therefore, I believe this illustrates a clear rationale to explore the opportunities that ANT may provide to understand the 'binding', 'tying' or 'gluing' which holds inter-organisations together.

The ontology which underpins ANT has been described as "....ontologically relativist in that it allows that the world may be organized in many different ways" (Lee and Hassard, 1999: 392). As a relativist ontology (also see Latour, 1996) , this assumes

that reality is socially constructed, thus allowing for multiple-realities to co-exist, which is aligned to the post-modernist movement (Snape and Spencer, 2006; Whittle and Spicer, 2008). ANT's ontology has also been described as 'flat', which is a way of describing the symmetry between the social and material elements (Mutch, 2002). Hence whether the objects are big or small; near or far; or weak or powerful, the application of ANT 'flattens' them to become symmetrical.

Following my induction to ANT through Latour's European key fob vignette, and his advice to look for the 'ties', 'bonds' and 'glue' that join networks together, I quickly started to feel comfortable with the notion of symmetry and how useful it might be to look at the interdependencies between humans and non-humans in relation to the development of inter-organisational collaboration. Therefore, as ANT is about studying how heterogeneous micro actors (human or non-human) come together to create a seamless homogeneous macro actor (Hunter and Swan, 2007), I concluded that ANT could equally be used to understand how heterogeneous elements from disparate organisation (ie NELC and NELPCT) come together to create a seamless heterogeneous macro actor (ie the CTP). My application of ANT is discussed in more detail in the next section where I discuss Callon's seminal ANT study, relating to his concept of the 'four moments of translation' and the 'sociology of translation.'

3.2 RESEARCH FRAMEWORK: SOCIOLOGY OF TRANSLATION

This section discusses Michel Callon's 'four moments of translation' which I use as an analytical framework in chapters 5, 6 and 7 to identify how actors and actants[15] became enrolled into the CTP. The 'sociology of translation' is based on Callon's seminal research paper *"Some Elements of a Sociology of Translation: Domestication of the Scallops and the Fishermen of St Brieuc Bay"* and can be summarised as follows:

> "Translation is the mechanism by which the social and natural worlds progressively take form. The result is a situation in which certain entities control others. Understanding what sociologists generally call

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[15] ANT scholars often use the phrase *actant* as a way of specifically denoting non-human artefacts (ie *actors* = humans and *actants* = non-human things).

power relationships means describing the way in which actors are defined, associated and simultaneously obliged to remain faithful to their alliances. The repertoire of translation is not only designed to give a symmetrical and tolerant description of a complex process which constantly mixes together a variety of social and natural entities. It also permits an explanation of how a few obtain the right to express and to represent the many silent actors of the social and natural worlds they have mobilized." (Callon, 1986: 224)

To paraphrase the first part of this quote within the context of my research; 'translation is a mechanism by which the social and natural elements of North East Lincolnshire Council and North East Lincolnshire Primary Care Trust take form to create the Care Trust Plus. Hence, inter-organisational collaboration exists because of the inclusion and bonding of heterogeneous socio-material objects (ie derived, as Callon states from the social and natural worlds). Therefore, it is for the researcher to identify how the vociferous actors and the 'silent' actants coalesce to form a bigger network. So, in order to understand how 'silent actors' may be given a voice, the following considers Callon's paper, which gave rise to the 'sociology of translation' and became controversial because of the silent actants, like scallops, that were granted a voice to 'tell their story'.

The 'sociology of translation' is a suitable analytical framework which is particularly well adapted to the study of science and technology in structuring power relationships (Callon, 1986). Callon's seminal study was based on the endeavours of three scientists who wanted to help scallop fishermen develop a sustainable fishing programme through the domestication of scallops. The scientists had already been involved in a similar fishing programme in Japan, where scallops had been successfully domesticated on a commercial basis. Based on their prior experience, they sought to introduce the East Asian domestication techniques to the

scallop fishing territories in French region of St Brieuc Bay[16], to address the crisis caused by overzealous fishing. Callon's work became a seminal study, which made two major contributions to ANT. Firstly, the specific methodological research principles which Callon employed throughout his study; and secondly his view that the development of macro networks can be analysed and described as a 'sociology of translation'[17,18]. These two points respectively are discussed below.

3.2.1 Callon's methodological Research Principles

From Callon's paper, three ANT research principles were established and became a mainstay of ANT terminology. The principles are known as generalised symmetry, agnosticism and free association, which are briefly discussed below:

3.2.1.1 Generalized Symmetry

Described as the central aspect of ANT (Norén and Ranerup, 2007) generalized symmetry requires the researcher to adopt a neutral vocabulary, so that consideration can be applied equally to all actors / actants (ie both human and non-human). So in terms of NELCTP, a vernacular must be established which can

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[16] Callon's story starts with the appraisal of the problem: The scallop stocks of St Brieuc Bay and the west coast of France were dwindling, due to overfishing. As a result a conference was held to look at possible course of action to divert the inevitable consequences of over-fishing. The conference provided a focus for the researchers to present their findings based on the Japanese approach to scallop-domestication and cultivation. They explained how fishing had become sustainable because scallop lave had become protected in 'collectors' during their infancy, which had shielded the scallops from predators (namely starfish). When the scallops reached maturity, they were sown along the seabed and allowed to develop naturally. Whist the scientific knowledge provided at the conference was compelling; in reality there was a lack of knowledge about the process and assumptions that Japanese scallops act in the same way as the French scallops. Furthermore, the detail was not apparent to the fishermen as they had no understanding of the life-cycle of scallops; they had only dealt with mature scallops.

[17] The concept of translation actually predates Callon's work and has been attributed to French philosopher Michale Serres (Johannesson, 2005). To Serres translation is an operation or a way of looking at how 'one thing' changes 'another thing' (eg people, knowledge or technology) and through the process of change these entities are transformed (ibid).

[18] Latour describes translation as the "work through which actors modify, displace, and translate their various and contradictory interests" in line with the network Latour, 1999b: 311).

encompass the effect of human actors (eg an employee) and the effect of non-human actants (eg artefacts such as board reports / performance indicators) on the overall network. However, the equal treatment of human and non-human things has proved controversial and has been fiercely debated. For example scholars such as Collins and Yearley, (1992: 313) argue, somewhat sarcastically, that if there was genuine symmetry, could the scallops not be the ones enrolling the fishermen? They go on to say:

> "The analysts remain in control the whole time, which makes their imposition of symmetry on the world seem something of a conceit. Would not complete symmetry require an account from the point of view of the scallops? Would it not be sensible to think of scallops enrolling the scallop researchers so as to give themselves a better home and protect their species from the ravages of the fishermen?"

3.2.1.2 Agnosticism

This principle requires impartiality. The onlooker should remain agnostic and not adopt a position or bias towards whatever is being studied, which means that that no particular perspective ought to be promoted or marginalised. By adopting this stance, the researcher allows the actor /actant view of reality to be emphasised and prevail or as Callon (1986: 200) states: "No point of view is privileged and no interpretation is censored". The actants know what is important and do not need their episteme filtered or reinterpreted by another actant (ie the researcher). This is reaffirmed by Latour (2005: 11) who states, similarly, "You have to grant them [the actants] the ability to make up their own theories of what the social is made of."

3.2.1.3 Free Association:

Free association requires the researcher to abandon all *a priori* distinctions between social, natural and technological artefacts that actors can assemble across a variety of conceptual boundaries such as local-global, cultural-natural, or social-technical (Burgess, Clark and Harrison, 2000). Using this principle, actors should not be forced into fixed roles as the researcher follows the actors (Callon, 1986).

3.2.2 Callon's 4 Moments of Translation

Whereas the previous section discussed Callon's methodological principles, this section describes his four moments of translation that is used as a framework for employing these principles. As noted earlier, this framework will be used to analyse and present my empirical findings. According to Callon (1986) translation occurs through four different stages which are: problematization, interessement, enrolment and mobilisation and are described below.

Problematization: The first moment of translation relates to a process where one set of actors defines a problem, which is pertinent to themselves, in such a way that other actors recognise it as *their* problem too (Fox, 2000). In doing so, the first set of actors also identify that they have a possible solution to the problem (ibid). In the context of Callon's research, the scientists were considered as the first set of actors because they had initially problematized the fishermen's issues and proposed a possible solution. Hence, through the problematization process, the scientists wanted to advance knowledge about scallops and fishing (their problem), the fisherman needed to resolve the issue of depleted fishing stock (their problem) and the scientists proposed a solution (the domestication of scallops). As a consequence the scientists positioned themselves as indispensable to the fishermen because of their potential solution to resolve the overfishing crisis. Where an actor/actant becomes indispensable to the development of a network they essentially become, what Callon describes as, an obligatory passage point (OPP). All actors must pass through this point in order for the network to succeed.

As the diagram below demonstrates, the actors must move through the OPP if they are to achieve their aim. Thus, in this instance the OPP is the problematization laid out by the researchers - 'how can the scallops be domesticated through the use of technology like larvae collectors?'

Figure 3.1: Callon's Obligatory Passage Point
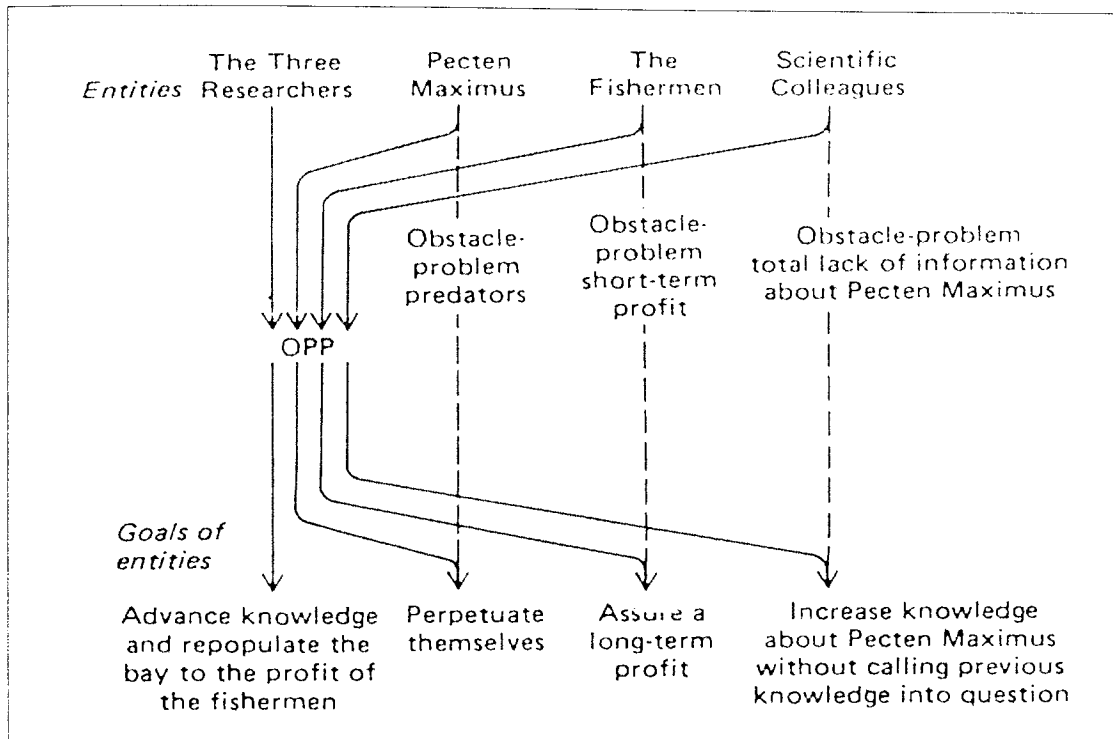
Interessement: "Interessement is a group of actions by which an entity (here the three researchers) attempt to impose and stabilise the identity of the other actors it defines through its problematization" (Ibid: 209). As described by Callon, the scientist attempted to maintain stability of the scallops through the employment of interessement devices such as scallop shelters and tow lines which prevent predators from destabilising the network. The important feature here is the emphasis placed on the concept of devices (or objects) like shelters and tow lines which became an integral part of the actor network's stability.

Enrolment: This relates to the way in which interessement has been successful. Callon defines the third moment of translation, enrolment, as "the group of multilateral negotiations, trials of strength and tricks that accompany the interessement and enable them to succeed" (Callon,1986: 211). To illustrate Callon's radical approach to symmetry, he describes scallops, perhaps most controversially, as participants within the process that have their own will to engage or reject the project. He states that if "scallops are to be enrolled, they must first be willing to anchor themselves to the collectors". As interessement describes a

process of negotiation, this allows the researcher to consider how objects help with this translation and negotiation process.

Mobilisation - If mobilisation is successfully achieved, it can be assumed that the micro-actors have created a macro actor network (ibid). At this point, if the network is considered to be stable, ANT refers to the macro actor as a 'black box' meaning that, whilst the assemblage is complex, the macro-actor performance is taken for granted (Latour, 2005).

Four Moments of Translation summary: Translation is about the process that separate entities follow in order to transform into a new entity, therefore, translation is one of the main conceptual tools used to analyse the establishment of actor-networks (Hassard and Alcadipani, 2010). I see this as relevant to my study of inter-organisational collaboration as, to paraphrase the above, my case study can loosely be described as separate entities (NELC and NELPCT) transforming into a new entity (the CTP).

I will be using Callon's moments of translation to understand how the need for the CTP was realised (problematization); the strategies that were employed to develop the CTP concept (interessement) and the ways in which actors were incorporated into the CTP (enrolment). However, as my research concentrates on the early stages of inter-organisational development, I do not actually use the fourth moment of translation, mobilisation. This is because, I consider that mobilisation is about the point when the inter-organisational arrangement is established, which is, thus, beyond the scope of this research. However, it should be noted that Callon acknowledges that the four moments of translation do not always occur sequentially and, therefore, there will often be overlaps (Callon, 1986).

3.2.3 Actor-Network theory and After and ANT Influences

Since Callon published his paper much discussion has passed about ANT. Most noteworthy has been the discussion and outcomes of an academic conference held at Keele University in 1997 titled 'Actor-Network and After', which sought to debate the theory's current position and future direction. The outcomes from the conference were subsequently published. In the publication, three of the principal ANT proponents, Law, Latour and Callon spoke out against the *current* state of the

theory. For brevity, I have singled out Law's concerns where he argued that the concept of a 'network' was being interpreted too literally (ie 'rail-networks', 'road-networks' or 'sewer-network'). This focus on 'literal networks' henceforth became misleading and deceptive, which led Law to conclude that "the sacred text of ANT are more complex and oxymoronic than this quick name suggests" (Law, 1999b: 5)[19]. In order to consider why ANT is more complex than its 'quick name suggests', I wish to present a summary of three empirical studies that have, not only influenced my ontology and desire to use ANT, but also demonstrate the subtleties, sensitivities and complexities that abound in ANT. These studies illustrate why the conventional notion of network (ie rail network) may be misleading and how objects can be considered in ANT studies .

3.2.3.1 Objects and ANT

The concept of objects was introduced earlier in Chapter 2 (section 2.1) which provided the context to review the literature on inter-organisational collaborations. That is, to specifically determine whether scholars had considered the role of objects when analysing and describing how inter-organisational collaborations develop. This section extends this study by looking at three specific studies that have influenced my research and approach to ANT.

Study 1: 'Translations' and Boundary Objects: The work of Star and Griesemer (1989) and Star (2010) provides two valuable contributions to the discussion on objects. The first contribution relates to objects which can be seen as things that translate meaning and information from one 'world' to another. The second contribution relates to the role of 'standardisation' as a way in which heterogeneous actors from different disciplines can work together across boundaries, without being hampered by a lack of knowledge of the 'other worlds'. These are discussed in turn.

Objects: In their paper on "Institutional Ecology, 'Translations' and Boundary Objects: Amateurs and Professionals in Berkeley's Museum of Vertebrate Zoology

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19 Gad and Bruun Jensen (2009) interpret Law's concerns, by arguing that the researcher who concentrates on locating on what they perceive to be the "strong" actors will actually misrepresent how the network develops as a whole.

(MVZ)" , they describe how different groups of MVZ actors (eg the museum's sponsor, the museum's director, the specimen collectors, the specimen trappers and the university administrators) are from different 'worlds' and have different motivations. For example university administrators are primarily focused on raising the status and prestige of the university, whereas the MVZ patrons' are primarily concerned with ways to preserve California's ecology. The authors identify that objects also inhabit these multiple worlds and simultaneously allow different worlds to become, to some degree, united through these objects which translate meaning from one group to another. When this happens the object can be considered as a 'boundary object', as they transcend meaning across two or more different domains. The authors describe a boundary objects as follows:

> "Boundary objects are objects which are both plastic enough to adapt to local needs and the constraints of the several parties employing them, yet robust enough to maintain a common identity across sites. They are weakly constructed in common use, and become strongly structured in individual-site use. These objects may be abstract or concrete." (Star and Griesemer, 1989 :393)

Objects thus, have different meanings to different people in different settings. For example, the authors describes how a road map was useful to tourists to identify suitable campsites and the same map was useful for geologists to identify areas if scientific interest (Star, 2010). From a sociological perspective this afforded the researcher with an "interpretive flexibility" (Ibid: 602) which allows consideration of the way in which networks are socially constructed (Ibid). In relation to my research, allowing objects the agency to represent multiple vantage points may be helpful, given that inter-organisational research can be considered from many different actors' perspectives.

Standardisation: The second feature of Star and Griesemer's (1989) paper relates to the concept of standardisation. The authors noted that the MVZ's original curator devised a specific and unique systems to document how the museums' artefact should be recorded by specimen collectors and how the curator should annotate the records and display or store specimens. In concluion, the authors noted that "this elaborate collection and curation guidelines established a management system in which diverse allies could participate concurrently in the heterogeneous work of

building a research museum" (392). As this management system standardised the way data were collected, stored and annotated, it allowed a diverse range of actors from different domains to work together seamlessly regardless of space or time. In this regard, the technology of classification and standardisations acted as boundary objects bridging different worlds[20].

Study 2 Neonatal Food and the Politics of Theory: A study by Mol and Mesman (1996) looked at the process and practice of feeding babies in a neo-natal baby care unit. They considered their research problem through the use of semiotics to establish how the interrelationships and interdependencies between the different actors were established. The authors noted how material objects had different meanings to different actors and how objects could be made to 'speak'. They illustrated this by asking the simple question, "what is food?" to which they answered: it was semiotically dependent on the relationships between the food and other actors within the neo-natal setting and was, therefore, definable in a number of ways: when the hospital's intern finished her calculations for the raw ingredients based on a baby's body weight etc, the food became a series of numbers (eg 2oz, 3oz etc), in the dispensary food is a mere fluid - either lipid or glucose; to the babies it is sustenance, but only after it has been connected via intravenous tubes. Hence, "The single word 'food' takes the semiotician from one object to another" (Ibid: 430), the translation goes from numbers (2oz, 3oz) to sustenance (glucose) which fortifies the baby. In this regard semiotics "is about signs, or other entities, co-constituting each other and together forming a discourse, a network, logic or another 'Order of Things'. (Ibid: 433).

In this example, semiotics was used by the authors to show that a discussion about food is also a discussion about the way babies' lives are ordered and thus how a

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[20] Susan Leigh Star further developed her thesis on standardization in her work on "How things (actor-net)work: Classification, magic and the ubiquity of standards", she (Bowker and Star, 1998) considered how the ubiquity of standardizations are incorporated into so many facets of everyday life. For example, stationery has standards (A4 paper and DL envelop sizes), plumbing hardware has standards (15mm and 22mm copper piper), and electrical wiring and appliances have standards (240 volts) – so collectively the standardisation between these objects allows things to interconnect and the network to grow. Without these standards, the network would falter.

network of interdependent factors help established the stability of this network. Whereas Mol and Mesman (1996) asked the simple (and some might say obvious) question "what is food?" their application of semiotics allowed objects and actors to be considered in a socio-material way which showed how the notion of 'food' depended upon the relative position of the actor. Hence, in terms of my study, I believe that a focus on material translation may help understand how partnerships are constructed and the types of objects which help translate meaning between actors.

Study 3: The Zimbabwe Bush Pump DeLaet and Mol's (2000) account of the Zimbabwe Bush Pump (ZBP), is extremely useful to highlight the role of translations, humans and objects. The authors start by declaring that the ZBP is an object that they love for many reasons....the pump is a solid assemblage from various martial elements, yet it is described as fluid "The pump is a mechanical object, it is a hydraulic system, but it is also a device installed by the community, a health promoter and a nation-building apparatus" (Ibid: 252). In this regard it crosses different boundaries, it is a facility to offer water, it allows equity amongst villagers as anybody can operate it, it enacts political will by providing a utilitarian service, it is mutable in that it changes and adapts to its environment (rubber fashioned from a car tyre could become a makeshift valve) and its bright blue colour made it, visually very attractive. In summary Laet and Mol declare "Our actor, the bush pump, goes to show, once again, that actors do not have to be humans" (p253). From my research perspective this provides a clear example illustrating how an object, the ZBP, can become the glue that joins a community. Hence collectively a socio-material network is formed between actors (communities) and objects (political will, ZBP, rubber washers).

Summary: These studies have been selected as they illustrate how ANT has been applied in empirical settings to study the socio-material nature of organising. They exemplify how the interaction between objects and humans occurs to translate meaning and form to establish a new network. In particular all of these examples show how symmetry has been applied and the how silent objects have been given a voice so their place in the network can be established. Whilst I acknowledged earlier how Latour's hotel key fob vignette provided the stimuli to pursue ANT based

research, subsequent influences, as noted above, widened my appreciation about how ANT could be applied to, somewhat, abstract objects in a variety of settings.

3.3 ESTABLISHING AN ANT RESEARCH TOOLKIT

According to Johannesson (2005), ANT researchers are at a general disadvantage, because of the lack of clear guidance relating to the research process, as noted earlier. He argues that "Unlike many methods, ANT has no handbook of how to do research step by step" (p138). Therefore, to counter these difficulties I have compiled, below an 'ANT toolkit' to guide my research process. The 'toolkit' is a collection of ANT concepts which have been developed or 'coined' by ANT scholars to help understand how networks become established. It is important that these concepts are acknowledged and understood, as they are used to analyse and describe my empirical data in chapters 5,6,7 and 8.

3.3.1 Durability

When ANT scholars talk about durability, they describe a process of ordering through time (Law, 1992). Law illustrates this point well by plotting durability on a time continuum. For example he states that thoughts are cheap and do not last long. However, speech has more permanency and action, especially when embodied within material objects like buildings, hold even more permanency. Referring back to Latour's European hotel key-fob example, it can be seen that durability of the hotel manager's wishes started as an idea that was ultimately materialised and inscribed into the object of the bulky and heavy key fob. Hence, the hotel manager's ideas became durable and were able to maintain the new network, despite the manager's absence from the reception area.

3.3.2 Power

One of the principle purposes of ANT is to understand the effect of power (Czarniawska and Herenes, 2005) and to challenge preconceptions[21] about what we understand as powerful 'things' (Cowan and Carr, 2008). In this regard, Latour (2005) offers two possible but divergent views of power - the diffusion model and his favoured ANT based translation model, which he employs to challenge the preconceptions of power.

First the 'diffusion model'. In this Latour (2005: 265) states that "According to the inertia principal the token will move in the same direction as long as there is no obstacle......." Here Latour uses the word 'token' as an analogy for a precipitating action. For example the *power* of a managing director who decides to close down a manufacturing operation will be the principal force (power) which will allow that factory closure to be executed. Although the manager's decision will diffuse through space and time as the token (ie his decision) is passed from one to another, the assumption is that the director still 'holds the power'. The power has not been divested or translated, as the manager remains its custodian. The key point that Latour makes with this theory is that power is about the "initial force", which does not leave the manager - Latour does not subscribe to this view. Alternatively, he favours the translation process, which may be distinguished from diffusion model, in that power is in the hands of the people, the masses - not just the 'managing director' or its equivalent. Where the token is seen as being in the hands of the people "each of these people may act in many different ways, letting the token drop, or modifying it or deflating it or betraying it or adding to it or appropriating it......[hence]..When no one is there to take up the statement or token then it simply drops" (ibid: 266). Latour likens this to a game of rugby, where the ball is passed from one player to another. Where the ball represents 'power' or the 'token', the rugby players represent the masses. The ball may continue successfully being passed along the

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[21] Foucault has been associated with providing inspirational and influence to ANT (Hull 2009; Fox, 2000; Murdoch 1998; Latour, 2007). One of Foucault's central concern was to dispel self-evidences which relates to ANT which also seeks to identify pathways which stray from the conventional, and look for alternative explanations or ways of explaining phenomena (Townley, 1993).

team unless one player fails in their duty. In this example the power of the first player in the chain is no more important than the subsequent - hence power (or the ball) is translated from one actor to another, but unlike the diffusion perspective, no one player can store the power Latour (2005). This process is summarised by Latour as such: "when you simply *have* power - *in potentia* - nothing happens and you are powerless; when you *exert* power - *in actu* - *others* are performing the action and not you (Latour, 1986: 264, italics in original).

3.3.3 Mediator, Intermediaries and Black-Boxes

In wedding together the notion of power and translation Latour (2005) coins the notion of *intermediaries* and *mediators*. An intermediary refers to something which can transport meaning or force without changing its qualities or characteristics. Thus, intermediaries are needed in a network to connect various elements together, but they do not modify or alter those connecting elements or the wider network in any way. In situations where something is acting as an intermediary, it can be said to be black-boxed in that this particular part of the network becomes stable and secure (Murdoch, 1998). As Latour (2005) articulates, black boxing is not contingent on complexity or size. Using a reliable computer as an example, he argues that, regardless of its complexity, it can be considered as a stable actor, assuming it performs its function adequately, and hence would be an intermediary or a black box[22].

Mediators, on the other hand, are the antitheses of intermediaries. They are the actors which "transform, translate, distort and modify the meaning or the elements they are supposed to carry" (Latour 2005: 39). Based on the vignettes presented in Chapter 1, retrospectively, it can be seen that numerous mediators could be identified. For example, 100 gsm paper created a bond of 'reverence' between the director and the Ofsted inspectors - only the best was good enough for Ofsted inspectors. Thus the paper carried the directors 'reverence' in a modified form that

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[22] We are all oblivious to the technical functionality of the internet and emails, until the server crashes and we become paralyzed or emancipated, depending upon your perspective.

transformed it into an acceptable 'format' that could be received by the inspectors. Clearly, the directors could not be so blunt as to say "we know Ofsted inspectors are demigods!", so they let the 100gsm paper 'do the talking'.

3.3.4 Inscription

The concept of inscription pervades ANT, which describes how networks can be stabilised by converting ethereal actants into material actants (Latour and Woolgar 1986; Callon, 2002). Or as Latour describes, how technology is used to act on behalf of humans to inscribe their will into objects. His illustrative examples including the European hotel key-fob, as discussed earlier, which is so heavy guests are compelled to hand it in at the reception, thus the heaviness is literally inscribed with the hotel manager's will for the key to not leave the premises (Latour 1992). In a similar vein, inscription as a control mechanism has also been associated with Foucault's concept of 'knowledge, discipline and power'. For example Townley (1993) makes the point that concepts such as standardised training, job categorisation, job appraisal, staff appraisal, management by objectives etc are all inscription 'tools' used as way of organising the workforce to achieve organisational goals. Townley's analysis demonstrates how power has been inscribed into these managerial 'tools' to achieve the desired outcome. In this sense, the power needed to achieve organisational goals has been translated via inscription into training programmes, job evaluation, employee appraisal etc.

3.3.5 Anti-Programmes

The concept of actors 'distorting and modifying' meaning is integral to ANT. Focusing on the concept of power and translation, Latour (1991) uses the terminology 'anti-programme' to refer to those actants that undermine the formation of a macro actor. A simple example of what an anti-programme relates to is the commonly quoted incident in the UK which resulted in train delays and failure - which became known as "the wrong kind of leaves" (Leathley, 1998). In 1998 rail companies apologised for train delays due to the wrong kind of leaves on the track; a combination of different weather conditions resulted in larger and moister oak, sycamore and poplar tree leaves on the lines, which became compacted and acted like black ice, in turn causing widespread delays (ibid). Using ANT in this field of

study would define leaves as being part of an anti-programme, having power to disrupt passenger transport.

3.3.6 Spokesperson

In order for a network to develop Latour (1995) argues that a spokesperson is needed to speak on behalf of other people. He describes the spokesperson as someone / something that works at justifying the group's existence, defining who the incumbent actants should be, and what the status of the actants are currently.

3.3.7 Criticism

Although ANT gives great store to the role of mundane objects, whether key-fobs, humps in the road or leaves, other scholars are more doubtful. Notable critics have been Collins and Yearley (1992) who question the validity of the granting of agency to objects through the process of inscription. Using a no-smoking sign as an example of inscription and semiotics, they argue that the sign will not tell the researcher why some obey the sign whereas other ignore it. Furthermore, in response to Latour's imaginative appraisal of mundane artefacts (eg key fobs etc), Collins and Yearley describe his assertions as counterfactual. They mockingly state that these factors are "no more relevant than Napoleon's breakfast was on the morning of the Battle of Waterloo" (Ibid: 319). Notwithstanding, I counter this argument by referring back to the vignettes in Chapter 1, where I demonstrated that ordinary objects played a role in *their* respective organisations. Based on vignette 2, as an analogy, the LEA director's 'battle of Waterloo' could be considered as his Ofsted inspection. Whilst I did not comment on what the director ate for breakfast, I did argued that 100gsm paper did help him win his *battle* - hence my counter argument is that one should not prejudge what is relevant or irrelevant, but remain agnostic.

Whittle and Spicer(2008) noted a number of contradictions inherent in the ontology of ANT. For example, they state that ANT proponents argue for anti-dualism, whilst at the same distinguishing between human and non-human entities, thereby resurrecting the dualism which ANT argues against. They further this argument, by stating if things are classified as 'technological' or 'human', the researcher has imposed a boundary and moral order clearly defying the principle of

symmetry. This in turn leads to the "impossible task" of trying to get non-human artefacts to talk for themselves [23]; which, when left to human description (ie by an informant), makes the artefact fundamentally social (Whittle and Spicer, 2008). Whilst I understand the points made by Whittle and Spicer (2008), my concern is to understand the interplay between humans and objects using free association. So, to be clear, I refer back to vignette 2, Chapter 1. Using this vignette I confirm that an Ofsted inspector is human and 100gsm paper is non-human - I do not question this distinction. However, the critical issues to me are how these actors / actant interrelated to each other. Essentially, the 100gsm paper conveyed the LEA director's reverence for the inspectors, so paper enabled the director to express his deeper feelings for the inspectors, without being sycophantic. It was the interaction between the human and non-human aspects that allow the analysis to be concluded.

Whilst Elder-Vass, (2008) is not totally dismissive of all aspects of ANT he is blunt in his assessment of the power relating to non-human actors. Referring to the agency which Callon affords to scallops in his seminal work on the sociology of translation, he states that "to treat scallops and fisherman symmetrically are frankly bizarre" (Elder-Vass, 2008: 468). Although he believes that this approach, using things like scallops as metaphors, can be "stimulating" and a way of "provoking the recognition of a gap in conventional sociological reasoning" he concludes, however, that "As a methodological requirement for sociological work, they are thoroughly misguided" (Elder-Vass 2008: 469).

The following few paragraphs outline some of the problems which Mitev (2009) experienced during her PhD in which she used ANT to look at IT failure. This discussion was published in a scholarly journal (as opposed to her PhD) whereby she takes a "retrospective look at an intellectual journey in and out of using ANT...telling it as it is rather than conforming to the usual format as expected in

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[23] The problematic nature of getting non-human artefacts to talk is also cited by (Murdoch, 1997: 747-748) ".... because ANT has concentrated on relentlessly opening up the black boxes to show how they are built it does not provide much guidance on how network complexities might be symmetrically simplified. It only permits us to follow actors, watching them as they close the networks with their own simplifications".

academic journals" (p9). Hence these insights provide interesting first-hand accounts of problems associated with ANT studies. In terms of dealing with multiple-actors' accounts Mitev describes how it became difficult to be agnostic as she had to deal with, for example, twenty informers' accounts of the same issue, which were all different. She also described the problematic nature of having to interpret non-human artefacts, when they have already been commented on and discussed by interviewees. How can the researcher remain agnostic about non-humans when interviewees have already voiced their opinion? Mitev also notes the dilemma of which actors to include and exclude, as ANT's only advice is to follow the actors, which are all equal. This issue is typified by the boundless nature of ANT and, as such, Mitev found herself researching complex social, political and economic influences which pre-dated the IT systems failure by 15 years. By entering this historic phase, which she describes as socially constructed or 'objective' reality, it made it difficult to work alongside the current interviews and narrative text which were 'subjective'.

Due to the lack of boundaries and the infinite number of actors that could be selected, Mitev found herself being swamped in data with only loose guidelines on how the analysis should be undertaken. Also whilst ANT states that "description is explanation" Mitev felt insecure about this approach. She explained that she was worried that she may be questioned on the sufficiency and adequacy of the actors selected for her study and how to defend against an argument that another researcher would have concluded different translations.

Mitev struggles with some of the ANT rules regarding categorisation (eg social order, hierarchies etc). Hence she decided to make her own methodological decisions and categorise actors according to core/periphery networks.

Furthermore Mitev also questions where the research should stop. She asks what one would do if the translations and stability of the network takes twenty years to complete, which, if it was taken to its ultimate conclusion, would be an issue for a PhD study. Whilst ANT requires symmetry between big and small; local and global, Mitev struggled to accept that issues such as global and local could easily be reconciled. This is embodied in her main criticism that she felt ANT could not identify with strong and weak agencies. To that end she used Clegg's "circuits of

power" to demonstrate that not all actors are equal. "Clegg's circuits of power illustrated how various groups were positioned hierarchically (powerful, powerless)..."(p21) which seems to undermine one of the key tenets of ANT.

3.4 SUMMARY

At the beginning of this chapter I identified that ANT was a nebulous and contestable concept. In view of this I stated my concern in regard of "Who knows if I am actually applying ANT to my study, and if I am, then what 'flavour' of ANT is it?" (see section 3.0.1). To address this I have discussed my ANT influences such as Latour's (1991, 1999) European hotel key fob, Callon's' (1996) four moments of translation and three ANT studies that focused on the role of objects (MVZ, neo-natal food and the Zimbabwe bush pump). I also considered scholars' criticism of ANT and offered my own counter-argument.

To conclude this section I wish to return to the original question about the 'flavour' of ANT which I am applying. I do not wish to define rigid criteria as this is contrary to ANT's ontology. However, I do think it is appropriate to specify a broad 'ANT concept' which will be employed through my study. To achieve this I refer to Mol's (2010) paper 'Actor-Networking Theory: Sensitive Terms and Enduring Tensions". The following extract from the article neatly describe how I wish to apply ANT (emphasis added):

- ANT "helps to <u>tell cases</u>, <u>draw contrasts</u>, <u>articulate silent layers</u>, <u>turn questions upside down</u>, <u>focus on the unexpected</u>, add to one's sensitivities, <u>propose new terms</u>, and <u>shift stories from one context to another</u>. (Ibid: 262)
- "A contribution to ANT <u>generally shifts the existing theoretical repertoire</u>. And then, as the contribution to ANT gently shifts the existing theoretical repertoire it becomes possible to describe further, <u>different cases</u>, and to <u>articulate so far untold events</u> (relations, phenomena, situations (Ibid 361) "
- "ANT <u>reassembles</u> the <u>props</u>, <u>equipment</u>, <u>knowledge</u> and skills assembled ..."(Ibid: 261)
- "[ANT] helps to <u>train researchers;' perceptions</u> and perceptiveness, senses and sensitivities." (Ibid: 262)

- ANT "...is something that helps scholars <u>attune to the world</u>, to see hear and feel and taste it." (Ibid: 262)

- ANT is a "Repository of <u>terms and models</u> of engaging with the world" (Ibid: 262

- "The strength of ANT is not in its coherence and <u>predictability</u>, but in what at <u>first sight</u>, or in the eyes of those who like their theories to be firm, might seem to be <u>its weakness:</u> its adaptability and sensitivity." (ibid:262)

NB <u>emphasis</u> added

In conclusion, I return to these broad concepts in the final concluding chapter to determine whether my study has accorded with these principles.

PART 2:
RESEARCH METHODS EMPLOYED

3.5 INTRODUCTION

A key part of my research is about evaluating the applicability of ANT for researching inter-organisational collaboration. Yet with limited consensus on what ANT is or is not, this makes the assessment problematic. In the preceding section, I established a 'tool kit for ANT research' and presented a 'research framework' to aid data analysis and presentation. This section now discusses how I implemented my interpretation of ANT to research health and social care collaboration, but first I identify some of the issues relating to ANT methods, which needs to be considered.

If ANT is the methodology or research framework, then what are the research methods employed to implement ANT? Herenes and Czarniawska (2005) advise: "less fuss about 'the method', but greater caution when apportioning the world into inherited categories." In other words, going back to earlier discussions, the method needs to ignore *a priori* and start with a blank paper (the quandary about where to start when ignoring *a priori* has been noted by Hull[24]). Clearly this openness permits flexibility in its approach and this is what appeals to Lee and Hassard (1999) as they view ANT's 'blankness' or 'ontological relativism' as an appropriate way to undertake research within organisations. In terms of how to proceed from this 'blankness' Latour (2005: 144) advises that one "just describes the state of affairs at hand". Similarly, Czarniawska (2009b :62) points out the "voice of the field reported in organization studies are as literate and eloquent as those of the reporters, and often have greater political clout". Whilst this may seem a straightforward approach Latour (2005) describes it as incredibly demanding and Czarniawska (2009) notes that problems arise for the following reasons:

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[24] This type of issue is clearly articulated by Hull who notes his concern about where one starts with ANT research in respect of its principles of agnosticism, symmetry and free association" He articulates this problem as such "...why chose one object of study rather than another?; why choose to start at one point and not another?; why choose to follow some network-tracing activities and not others? (Hull, 2009 :414). Also this issue was noted by Mitev (2009).

- There are numerous texts which are to be gathered, of which many remain incomplete.

- The approach is not universally accepted, and thus may meet with some resistance within academia.

- It is difficult to recount another person story in one's own idiom.

- The problems discussed about reflexivity and remaining impartial and objective are difficult.

- The degree to which the narrative can be debated is significant.

- The approach does not allow for analysis of data, as this does not fit with the ontological approach.   (Czarniawska, 2009b)

When writing narrative, the researcher has a professional duty to do a 'novel reading' (Ibid). Bearing in mind the notion of relativism which allows multiple-realities, the story format must allow scope for these actors' voices to be heard. In terms of presenting the narrative, how this works in practice is about re-contextualising the interesting parts (which again is problematic, as who validates what is 'interesting'), in a way that tells the story and is respectful and ethically correct for the informant (ibid).

3.6 CHOICE AND JUSTIFICATION OF RESEARCH METHODS

Factors affecting the choice of research methods are inevitably shaped by our background (Orlikowski and Baroudi, 1991; Amis and Silk, 2007). To this end, I have previously discussed a number of my founding influences (see for example section 1.1). Hence my interest in the socio-material nature of the development of inter-organisational collaboration led me to look at ANT as a suitable research method/ology. However, Tranfield and Starkey (1998) argue that, with any research project, there is no agreement on the most suitable research approach and it is the responsibility of the researcher to articulate and justify their position, which is, therefore, the purpose of the following sections.

I chose to use qualitative methods, for my particular research problem which is supported by Pierce (2008) who argues that these methods help to understand the complexities of social and political life[25]. Through qualitative methods, the direct contact with actors can help understand the context and provide thick descriptions which provide a much richer picture that goes beyond the "what" and "how many analysis" (Miles and Huberman, 1994). Although a qualitative approach may be appropriate, it is not without its limitations. These include:

- Generalisability: It is not likely that the findings from one study will be generalizable to other settings (Saunders, Lewis and Thornhill, 2003).

- The procedures are ad hoc and not specifically defined (Silverman, 1993).

- The data is largely anecdotal and exaggerated; and it has been considered as soft and lacks intellectual and operational rigour; this leads to claims that the results are spurious (Pierce 2008).

- By participating with subjects the researcher becomes contaminated. This may lead to them determining the outcome or, at the minimum, influencing it (ibid).

- The question of the researcher understanding can be contested, for example how can a 'professional class white male researcher understand an ethnic, female, shop-floor worker? (Ibid).

The actual methods selected for my research are in depth interviews, observation and document analysis which are undertaken within a single case study. The following sections discuss the rationale for choosing a single case study and then consider the relative strengths and weaknesses of each research method. In addition, I also discuss other key research considerations, such as: how the case

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[25] Qualitative research methods are considered as an 'anti-foundationalist' ontology which relies on interpretation (Pierce, 2008, Snape and Spencer, 2006). In terms of methodology, positivists would employ qualitative /quantifiable techniques involving statistics which could determine the acceptation or rejection of a particular hypothesis (Perry; Riege and Brown, 1999). Alternatively, anti-foundationalist, do not necessarily have hypothesis to prove, they are more interested in interpreting and understanding what was going on in the world.

study was selected, how actors were selected for my primary research, data analysis and limitations.

3.6.1 Case Study Approach

My study is based on a single case study of North East Lincolnshire Care Trust Plus (NELCTP). Case studies in their own right are not a specific method, but a methodology or comprehensive research strategy, which explore issues through a bounded system (Cresswell, 2007). Case studies can be used for both theory building and providing descriptions (Eisenhardt, 1989), which can help, for example, explain how the CTP collaboration was conceived and developed. Other features of a case study include their ability to:

- Consider single, multiple or comparative case studies (Yin, 2003, Eisenhardt, 1989b).
- Focus on an in-depth understanding a phenomena and its context (Meyer, 2001, Darke; Shanks and Broadbent, 1998).
- Capture certain kinds of information that are difficult or even impossible to capture using means other than case studies (Meyer, 2001).
- Provide a boundary to the study (Cresswell, 2007).

In terms of addressing research problems Yin (2003) states that case studies are used for 'how' and 'why' questions and lend themselves to exploratory research. Hence, this ties in with my research which essentially aims to consider how and why *Inter-organisational collaboration is developed*. Although case studies can be single, multiple or comparative, (Yin 2003), exploratory, explanatory or descriptive (Berg, 2007), I opted to undertake a single in-depth descriptive case study for a number of reasons. A descriptive case requires an established framework for the investigator to follow. Although it is acknowledged that ANT should not be limited by boundaries, there is equally a pragmatic consideration to ensure the research is focused and can be concluded within the prescribed timescales. Using a single case study is suitable when the researcher has a clearly identified case and wants to seek an in-depth understanding (Cresswell, 2007) and "when the case represents an *extreme* or *unique case*" (Yin, 2003: 40). Therefore, using these criteria, I would consider a case study approach suitable as my subject matter (ie the CTP) is unique, given that it was the first health and social care collaboration of its type in

the UK. Silverman's (1999) advice for case selection is to opt for 'quality' opposed to 'quantity'. His maxim regarding case selection is therefore: "'make a lot out of a little'. If you take me seriously, you will have every chance of producing a thoroughly, analytical interesting research study" Silverman (1999: 102). Hence I feel that a multiple case study would prove unmanageable for this study.

The general methods which Yin (2003) promotes as being useful to single case study research include: interviews, direct observation, documentation analysis, archival records use of physical artefacts and participant observation, all of which were used to some degree or another. However, the three principal methods, interviews; observation and document analysis (including archival records) are discussed in sections 3.6.4, 3.6.5 and 3.6.6 respectively.

3.6.2 Access to the CTP

The CTP was selected as the case study, because I considered it to be an appropriate way to collect the necessary empirical data to address my research problem. In particular I felt that the CTP case offered a number of advantages:

- This was the UK's first CTP which was, by default, an innovative and original organisational model. Therefore, the research would allow me to tell a story about how innovative health and social care collaboration is established.

- The CTP was a relatively new venture, which meant that information (data and employees) would be accessible.

- The CTP was within 35 minutes' drive away. Therefore, it was relatively easy to access meetings and interviews.

In order to seek approval to undertake my research, I first wrote to the Chief Executive Officer (CEO) of NELCTP to introduce myself, my research interest and ask if it was possible to meet with a view to undertaking research within the organisation. A meeting was duly arranged and I spent about an hour discussing my research project. The CEO was supportive of my research and felt that this would also be a good opportunity for her staff to have a reflective opportunity to discuss their involvement in the creation of the CTP with an independent person. In this sense, from her perspective, the research process (ie her staff being interviewed

and interest paid to their involvement in the creation of the CTP) was of more benefit than the actual outcome of the research (maybe akin to the Hawthorn effect). In conclusion, I was granted access to interview NELCTP personnel.

3.6.3 Selecting Research Material (Following the Actor)

This section discusses how the research material was sourced and selected. Whilst scholars such as Johannesson (2005) decry that ANT has no 'how to handbook', there are a sufficient number of principles that are able to guide the researcher throughout their field work. The Latourean principle which governs the way a researcher undertakes their research is "to follow the actors themselves" (Latour 2005: 12). Through following the actor, Latour believes it is possible to trace the associations that help form the heterogeneous network.

In terms of selecting the interviewees, in the first instance the CEO offered me the names of five people who she thought would be most helpful in getting my research started. Initially these five employees were interviewed and, thereafter, other interviewees were selected based on subsequent recommendations. However, due to time constraints and the exponential growth that would occur if every interviewee recommended a few more interviewees, not all leads were followed-up. As interesting and insightful research themes emerged, interviewees were then selected and prioritised based on their perceived usefulness to advance the developing lines of enquiry.

Whilst this technique adopts Latour's (2005) 'following the actor' approach, it is also more commonly known in non-ANT studies as the 'snowball method (Miles and Huberman 1994; Berg 2007) or chain sampling (Patton, 2002). However, where the ANT approach differs, is that the associations are not just limited to other human interviews, but also to non-human artefacts such as documents, systems, objects, ideas, theories, inscriptions etc. So to illustrate, a real example from my research: I started by interviewing one employee who then recommended I Interview another employee. The second employee recommended that I read a particular strategy document, this was then completed, which then led to an interview with an employee who was involved in the writing of the document. (hence: employee → employee → document → employee).

The main drawback with the snowball method of selecting interviewees, is that it can lead to bias and it can be a time consuming process (Richie, Lewis and Gillian, 2006). In my study, I recognise that, in the main, the majority of interviewees were senior leaders, which creates a managerial bias (it was noted from my vignettes in chapter one, how managerial bias can influence outcomes). However, the agnostic way the actants (non-human) were followed, may help address this and provide a more balanced view.

3.6.4 Data Collection: In-depth Interviews

Prior to the first interview taking place, I undertook a great deal of secondary research to learn as much as possible about the CTP, so I could construct a purposeful and focused set of interview questions / themes. This is advocated by Silverman, (2000) who advises against adopting the 'kitchen sink' approach, where every aspect of the problem is considered.

Data from the first five interviews were used to refine the initial themes or establish new themes for further exploration. This flexible approach can readily be facilitated by the use of qualitative methods as there is no fixed hypotheses and, therefore, the methods can be re-examined in light of emerging issues (Lewis, 2006; Miles and Huberman, 1994). In the main, I used in-depth semi-structured interviews which allowed sufficient freedom to allow the actor to discuss their issues, whilst providing me with the options to probe and explore (Legard and Ward, 2005; Bryman and Bell, 2007 and Saunders, Lewis and Thornhill, 2003). Therefore, the questions were semi-structured and invited the interviewee to offer their opinion. Throughout the interviews I was acutely aware of my need not to 'lead the interview', yet being able to maintain a rapport and develop a comfortable relationship, which clearly requires a degree of interaction. Some interviewees would be happy to talk to me without the need for subsequent prompts. In these instances, I was happy to allow the interviewee to lead the process, and I would only speak when I needed clarification or to follow-up an issue raised. Other interviewees, who were less forthright needed to be asked questions in order to keep the interview flowing. Not all questions were standardised, so if I was interviewing an IT professional, I may have asked questions about IT systems, if I was interviewing an Elected Member, I may enquire about democratic processes. So whilst I acknowledge Callon's recommendation to be agnostic, I felt that it was necessary to use predefined questions (not least

because it offered me assurance that the interview would not 'dry-up'). Whilst this approach provided the opportunity to collect rich data, the disadvantages relate to the time taken to collect and analyse the data and because of the lack of anonymity, answers may be skewed (Salkind, 2005).

As shows in table 3.1 that 30 people were interviewed. The vast majority of people were interviewed over an 18-month period; although several people were re-interviewed in the latter stages of my research in order clarify a number of issues. During the write-up stage, all interviewees' quotes and citations were referenced so I could easily access the relevant transcripts, when I wished to re-examine the source material. However, to ensure anonymity, interviewees' references were removed from the final thesis. Approximated job titles are included in the table, because this provides pertinent information as to the sources and, perhaps, credibility of information, whilst maintaining anonymity. The number of interviews was guide by 'resource availability'. Seidman (2005) argues that researchers, and in particular doctoral researchers, need to take into account practical exigencies of time, money and other resources which will allow the research to be completed successfully.

The interviews took place at the employee's work place and always in private. The shortest interview lasted 25 minutes and the longest interview lasted for two hours, the average interview length was one hour. Prior to the interviews, all candidates were sent background documents regarding my project. These documents were emailed or posted and were provide at minimum, seven days prior to the interview taking place. A summary of the information was:

- A letter of introduction explaining about myself and the research.
- Information about research (aims, objectives).
- What was being asked of the interviewees.
- Information about informed consent and an approval form to sign to confirm their willingness to participate.
- Ethical issues regarding citation and anonymity.

At the beginning of the interview I highlighted the key issues with regard to informed consent and asked for confirmation that interviewees were happy with the arrangements and for the interview to be recorded. I then provided some

background information regarding myself. The purpose of this was threefold. Firstly, it would help the interviewee gauge my level of knowledge about certain issues. For example, following a brief explanation about my work experience as a senior manager in local government, the interviewer would make some intuitive assumptions about where to pitch their answers. This helped getting to the heart of the debate on issues, although I did make it clear that I did not have a health or PCT background. Secondly, I believed this also enhanced my credentials, as I assumed there would be an affinity to the interviewees in that I worked for children services (ie links with the social care side of the CTP) and that I was also a public sector manager / worker, which provides some commonality. Thirdly, it was a good opportunity to use the first five minutes of the interview to establish rapport and help establish a relationship.

Much advice is offered on actual interview techniques and protocol (see for example (Kavale and Brinkmann, 2009; Neuman, 2006; Berg, 2007; Silverman, 1999; Pierce, 2008; Alvesson, 2003; Alvesson and Deetz, 2000) This includes:

- **Presentation**: what to wear, how to present oneself, body language use of venue.
- **Questions**: types of questions to ask (open, closed, narrow focus wide focus questions).
- **Follow-up questions:** dimension mapping questions, perspective widening questions, clarification probes, exploratory probes.
- **Asking Questions: sequencing,** schedule, clarity, effectively worded questions avoid leading questions or questions with double meanings, use a balance of board and narrow questions.
- **Bias**: Remaining neutrality.
- **Skills:** listening, pitch, delivery, use of silence.
- **Structure:** of the interview (arrival, introduction, beginning, the main interview, ending and afterwards ie thank you letters). Length of interview.

Prior to conducting my interviews I considered these issues in detail. From my professional background, I believed myself to be experienced at interviewing having undertaken numerous selection, grievance, disciplinary and complaint interviews. From an academic perspective, I also undertook a series of interviews for my

masters dissertation. However, despite this, I remember feeling quite nervous for the first few interviews as I was worried, for example, whether the interviewees would be helpful, whether my questions would be appropriate and whether they would elicit anything of interest. On reflection, I consider the key difference was because my professional interviews normally had much clearer focus and I had authority and control. Conversely, I found that, as a researcher, I had less clarity, at least in the early stages, and that interviewees ultimately had the authority, as they could withdraw from the research at any point. However, ultimately, my doubt was unfounded and my feeling of angst was soon replaced with a feeling of excitement and optimism as I undertook subsequent interviews and started to reveal interesting insights.

Table 3.1: List of Interviewees

Organisation: NELPCT / NELCTP Name of post / position of interviewee
Director
Director
Director
Director (I of 3)
Director (2 of 3)
Director (3 of 3)
Director
Director
Director
Assistant Director
Assistant Director
Assistant Director
Assistant Director
Assistant Director
Project Manager (full title redacted)
IT Manager (Full title redacted)
Project Manager
Collaborative volunteers
Collaborative volunteers
Union Representative

Organisation: NELC, Hospital, NLPCT
Director
Director
Deputy Director
Deputy Director
Head of Service
Service Manager
Director
Councillor
Councillor
Service Manager

3.6.5 Data Collection: Observation

During 2010 and 2011, I attended 6 Board meetings, and two annual general meetings. These meetings were open to the public and the press. Normally about 7 to 10 members of the public attended the meeting and a member of the press was always in attendance.

These meetings provided an excellent opportunity to consider the public facing side of the board[26]. A typical CTP board agenda included over 20 items relating to, for example, adult safeguarding, clinical commissioning, finance, risk registers, quality assurance and performance. Given that the CTP commenced in 2007, clearly these meetings were not relevant to the set-up and development of the CTP. Therefore, my observations and analysis was not used directly in my empirical findings. However, I did find the process of observing these meetings of great value because I gained insights into the features of the CTP. These were numerous and included, for example, how professional the individual members of the organisation were at presenting information and conducting 'tight' meetings; the interrelationship between the council's elected members and CTP officers; the financial pressures that constantly needed to be considered; the risks that may affect the CTP's reputation; the performance of CTP as judged by local and national indicators. Attendance at the meetings had the secondary affect that I was able to have informal discussions with officers who I had previously interviewed to seek clarifications on issues which may have been unresolved. Also, on a number of occasions, when the chair opened the meeting, I was personally welcomed and introduced as a 'PhD researcher', which helped raise my credentials. Lastly, my observations at the meeting helped me develop a number of lines of enquiry that I pursued during interviews with regard the setting-up of the PCT. These centred on performance, governance and the relationship between health providers / commissioners and the regulatory bodies.

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[26] During an interview, I asked how the board meetings were set-up and arranged. The discussion confirmed that the Board Meetings were a 'shop window' and carefully choreographed. Reports, agenda had all been previously sanctioned by senior directors and the discussion was conducted according to the 'party line'.

The second type of observation relates to work carried out by CTP volunteers who administered blood pressure assessment to members of the public. This observation session allowed me to consider how objects, such as a blood pressure monitors and related paraphilia interacted with the public and vice versa, helping the CTP's network extend into the community.

There are numerous benefits regarding observation research methods. Most notably from my perspective the main advantage was that it allowed "...the collection of a wide range of information, even when this information is thought to be, at the time of study irrelevant" and "it offers first-hand information, without relying on other reports" (Sarantakos, 1998: 219). Equally, there are drawbacks, as observational studies are prone to bias, cannot study attitudes, are time consuming and are difficult to generalise the results (Ibid).

3.6.6 Data Collection: Documents

Document analysis was employed extensively. Numerous minutes and reports were collected, studied and analysed. This type of information may be classified as *grey literature*[27] which is distinguished in a number of ways from peer reviewed published literature. Grey literature has been defined as:

> "information produced on all levels of government, academics, business and industry in electronic and print formats not controlled by commercial publishers (i.e. where publishing is not the primary activity of the producing body)." (Farace, Frantzen, Schöpfel, Stock, et al., 2006: 194)

Of the documents I collected and analysed, many were obtained through a laborious trawl of public records on the internet. However, several key documents were

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[27] Pappas and Williams (2011) advises that grey literature has it limitations. For example, because it has not been peer reviewed, this means it may not meet the standards of scholarly work, there is no editorial board to quality assure the work and it is not indexed within an published bibliography system. However, from an ANT perspective this may not be so relevant as these documents illustrate how they helped advance the CTP project and not whether they are an academically endorsed account of reality.

provided directly by interviewees and would not have been available by other methods.

In summary, documentary analysis is particularly helpful, as it is allows the researcher to consider events that have occurred in the past, but they may contain bias or be unreliable as they tend to be written by a similar group of people (eg managers)   (Ritchie 2006; Sarantakos 1998). However, Latour (2005: 81) argues that documents can help an ANT researcher. He states:

> "....when objects have receded into the background for good, it is always possible—but more difficult—to bring them back to light by using archives, documents, memoirs, museum collections, etc., to artificially produce, through historians' accounts, the state of crisis in which machines, devices, and implements were born."

3.6.7 Data Analysis

All interviews were transcribed. As a PhD is considered a training exercise to become a professional researcher (Phillips and Pugh, 2000), I elected to personally transcribe as many interviews as possible in order to fully understand the process. In total, I transcribed seven interviews which provided the necessary experience and understanding regarding the difficulties of transcription (see Kavale and Brinkmann [2009] for detailed discussion on guidance and problems regarding transcription). Thereafter, to save time, the remaining 23 interviews were transcribed professionally, and were moderated by myself. Interview transcripts were normally typed up within seven days.

Kavale and Brinkmann (2009: 189) offer a cautionary note to any qualitative researcher undertaking interviews, that is: "How shall I find a method to analysis 1,000 pages of interview transcriptions I have collected". My approach was to use commercial software NVivo™. Not only did this provide an efficient way to analyse the data (Gummesson, 2003) It also provided another opportunity to learn a new research skill. Whilst NVivo™ can be an effective way to process data, it should be noted that is does not replace the time-honoured way of learning from data nor does it ensure rigour in the analysis process (Bazeley, 2007). In terms of learning from the data, all transcripts were read a minimum of two times. In addition, this was

supplemented by listening to the recordings at least once and sometimes up to four times.

After each interview, the data were uploaded to NVivo™ and coded. The coding process allowed links to be developed between concepts and themes thus providing deeper understanding of the data (Basit, 2003). Coding the data followed a two stage process of 'initial coding' and 'focused coding' (Lofland and Lofland, 1995; Miles and Huberman, 1994). The initial coding provided a framework to consider the emerging themes, and as more transcripts were added coding became much more focused. The obvious codes to start with were Callon's four moments of translation and the ANT toolkit 'descriptors' that are used in section 3.3 (eg blackbox, anti-programmes, mediators, spokesperson, inscription etc). Thereafter more nuanced codes started to emerge that were incorporated into the coding structure iteratively. It is an accepted part of the research process that coding evolves through the duration of the project (Miles and Huberman, 1994). The final NVivo™ structure resulted in 20 free nodes and 24 tree nodes with 64 connecting branch nodes[28].

The data derived from key documents and my observation field notes were also analysed the same way by uploading the text files into NVivo™ and then coding the relevant paragraphs / sections accordingly.

3.6.8 Presentation of data

ANT has been described by Multch (2002) as a good way of telling and arranging story about organisational life, by taking mundane objects and then spinning them into complex tales. He further qualifies this statement by emphasising the need for storytelling to be based on sound empirical work which is based on rich descriptions and that *everything* deserves an explanation (this latter point goes back to the issues relating to Lee and Hassard [1999] and the notion of boundlessness, or lack

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[28] Free nodes are standalone codes unconnected to other codes. Tree nodes are used to identify a principal themes, which are then used cluster related subthemes. (Bazeley, 2007)

of - how can *everything* deserve an explanation)[29]. A narrative approach to data presentation is adopted by ANT researchers such as Czarniawska (2009a, 2009b); Lindahl (2005) and Herenes (2005). Hence, the empirical chapters (chapter 4, 5, 6 and 7) seek to tell an interesting story based on rich descriptions, in a way that articulates how the CTP was conceived and developed over a number of years.

3.7 CONCLUSIONS

The aim of this chapter has been to discuss and justify my research strategy - namely the methodology and research methods which will be employed through my study. The chapter commenced by noting some of the problems and divergent views on ANT including the lack of consensus on the theory of ANT or indeed if it is even a theory! (Law 1999; Latour 1999a). As an introduction to the subject, I discussed Latour's (1991, 1999b) European Hotel key fob vignette and acknowledged how this had influenced my ontological approach to the study of organisations and collaboration. From this I developed the discussion on ANT by citing the watershed conference (ANT and After, Keel University), which debated the future direction of ANT and cautioned against oversimplifying ANT as study of literal networks, to one which is sensitised to the socio-material bonds, ties and glue which joins the network together (Law, 1999).

My particular approach to implementing ANT was to focus on Callon's four moments of translation framework (problematization, interessement, enrolment - the 4th element was mobilization, but this was not actually used) to study the genesis and growth of the CTP. This was complemented by range of additional ANT concepts mainly drawn from Latour, Law and Callon, which are used, ontologically, to determine a view of how inter-organisational collaborations are fabricated.

Once the research strategy or methodology had been established, I then considered particular research methods which would be employed, and justified the use of a single case study approach.

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[29] In terms of writing up the result of an ANT study, Latour's simple advice is to "stop when you have written your 50,000 words" (Latour, 2007: 145).

In conclusion, it is recognised that ANT, as a research method/ology, is subject to criticism, not least its particular ontology whereby it treats human and non-human things/objects/actants equally. Therefore, in this chapter I have been careful to discuss and describe in reasonable detail the overall research approach which will be adopted. To summarise, I draw on Williams-Jones and Graham (2003 :275) observation that:

> "Every actor in a network is essentially independent and capable of resistance or accommodation, so there must be some 'glue' that encourages them to be involved in a network—this glue is translation. Each actor (whether a person, group, company, machine, nation) has its own diverse set of interests, thus a network's stability will result from the continual translation of interests".

So quite simply what is the 'collaborative glue' that translates actors' interests and holds a collaborative network together?

CHAPTER 4
THE CASE STUDY AND CONTEXT

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4.0 INTRODUCTION

At the time of inception, North East Lincolnshire Care Trust Plus (NELCTP) was a unique public sector healthcare organisation. Its uniqueness was attributed to the way in which two partner organisations, North East Lincolnshire Council (NELC) and North East Lincolnshire Primary Care Trust (NELPCT) agreed to work together to deliver health and social care. However, in order to achieve this innovative vision, managers from the respective organisations had to defy the Strategic Health Authority (SHA), the body that oversaw Primary Care Trusts (PCTs), in order for their new concept to be accepted and approved by the Secretary of State. The important point here is that the public-public partnership approach was not an 'off the shelf' blueprint which was adopted at the behest of Whitehall mandarins. It was a 'bottom-up' creative solution which was devised at a local level to serve the needs of the local population. This case study casts light on a number of interesting facets of public sector working and, not least, provides a robust example of innovation, risk taking[30] and defiance, features which are not readily associated with public sector working practices (Bessant, Hughes and Richards, 2010).

4.0.1 Chapter Structure

The detailed analysis of the case study is presented in chapter 5, 6 and 7 which is structured around Callon's ANT 'four moments of translation' as a way to understand how the CTP was conceived and developed over time. However, prior to embarking on this analysis it is necessary to understand the 'case' that is being studied in order to provide context and introduce key factors that are pertinent to the

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[30] Post inception, the NHS commissioned a review of the CTP's progress and confirmed that managers had been willing to embrace innovation and risk taking. The review stated that "the CTP demonstrated it had worked through some challenges in reaching the agreement between the two major partners to form the CTP. This shows the CTP's willingness to **take risks** in **innovating a new organisational model**."(NHS, 2009b – emphasis added)

CTP's development. The contextual information relates, not only to the key organisations involved in the development of the CTP, but also environmental / socio-economic factors that influenced the need and desire to create a new innovative organisation. In order to achieve this, the chapter is divided into four sections, which are described below:

1) The Care Trust Plus: This section describes the CTP organisation and, in particular, defines what made it a unique public sector health organisation. Clearly, as a core part of the research is about the conception, design and development of the organisation, it is helpful to understand its key purpose and structure.

2) The Context to Health and Social Care Collaboration and the Genesis of the CTP: This section looks at the contextual and environmental factors that underpin the concept of health and social care. It is identified that, although integration between health and social care is seen as a desirable aim, there are numerous barriers that prevent effective collaboration working in practice. I discuss how PCTs came into existence within the UK and how they were restructured in order to create cost savings, which ultimately led to the creation of the CTP.

3) North East Lincolnshire Council: The council was an intrinsic part of the CTP arrangement. This section describes the council, with particular reference to its poor / weak performance as judged by the regulatory authorities. It identifies that NELC was one of the worst performing councils in the country.

4) North East Lincolnshire County: The common denominator between NELC, NELPCT and NELCTP was that their respective directors' had a duty to serve the residents of North East Lincolnshire. This final section, therefore, describes a number of key features relating to the county and its residents. In particular it is noted how the area's residents, in general, suffered from poor educational attainment, high crime rates and health inequalities.

4.1   THE CARE TRUST PLUS (CTP)

The 1st September 2007 marked the inception of a unique and innovative health and social care partnership between North East Lincolnshire Council (NELC) and North East Lincolnshire Primary Care Trust (NELPCT), which became known as the 'Care

Trust Plus' (CTP). The CTP was seen as being different from the existing Department of Health (DH) care models which were, at the time, essentially divided into Primary Care Trusts (PCTs) or Care Trusts. PCTs were freestanding bodies responsible for commissioning care and could also undertake responsibility for delivering community health services; whereas Care Trusts were responsible for commissioning health and social care within one organisation (Smith and Smith 2001). At the time of inception there were 8 care trusts in existence, but North East Lincolnshire was the only Care Trust Plus (Guardian Unlimited, 2007).

5.1.1 The CTP's uniqueness

The key feature which separated the CTP from all other health care models and which defined the organisation as something new and innovative, was summarised in the consultation document:

> "There are a number of Care Trusts already in existences across the country but our proposal is more ambitious and innovative. It is a unique approach that will bring together not only all of the existing functions and services of community health and adult social care, but will also, within the 'Plus' element, place together public health functions alongside a range of council services....... It will provide real opportunities and benefits in tackling the wider health, wellbeing and quality of life issues." (CTP 2006: 2)

The 'plus' element was emphasised by an interviewee as being central to the new organisational arrangement as the phrase 'plus' signified something 'new', something 'additional' to the standardised menu of DH approved organisational models. However, the 'plus' was just one of three distinct elements, the other two being listed below:

1) **Adult Health and Social Care:** This element was about integrating adult health and social care commissioning into a single care trust to serve the population of North East Lincolnshire. Previously these functions were undertaken separately by NELC and NELPCT (Roughton, 2007).

2) Children's Health: This involved the creation of a children's trust which would undertake health and social care commissioning and community health provision for children's within North East Lincolnshire (Ibid).

Collectively, it was said these new arrangements would facilitate the provision of higher quality integrated commissioning and services, with the overall aim to improve the health and wellbeing of local people by reducing health inequalities (Cook and Whittaker, 2007). The marked difference was about health care philosophy. The emphasis of the CTP model was twofold. Firstly, it was about systematically identifying and addressing the causes of ill health, as opposed to reactively treating the symptoms of ill health. In order to achieve this it was recognised that the public health function should be transferred to the council as their services had much more influence on the causes of ill health, than primary health care functions (*source: interviewee*). Secondly, it was about aligning functions which were previously disjointed to create an integrated pathway between social care, primary care and secondary care to help meet patients' needs more effectively (*source: interview*), which is illustrated by the quote below.

> "Integration and alignment works in practice as it can avoid people going into accident and emergency and acute settings when there are actually other more effective interventions that can take place. It works where you have a multi-disciplinary team looking at an individual case, rather than being dealt with by one area of discipline, and then passed on to another. If someone is in a hospital setting, they come out, they are then likely to move into an appropriate social care type of situation where they get the right care and support at home because we have one integrated team looking at them, one team addressing it. The person arrives at home and the proper care and support is in place. So you don't have this risk of people falling into a black hole where nobody knows what's going on, and you are avoiding those types of situations, which are very real in other localities. The new service that is now in place avoids that black hole happening." (source: Interviewee)

The need for integration was also identified by another director who described, in a passionate and interesting way, how the point-of-delivery for health care had generally been shackled by institutional norms but need to be broadened to encompass non-primary care agencies:

"The NHS is obsessed with beds and how many beds there are; and I have never seen a bed deliver care yet! So why do we count beds? What does that mean? There are 150,000 beds in the town. This obsession with beds, I don't get it! Let's get obsessed with services and people and what we can do in other settings." *(source: Interviewee)*

The point that the interviewee was making was that the NHS does not have exclusive rights or a monopoly on health care. Moreover healthcare is community-wide and not a discrete function of NHS provision.

4.1.1 The CTP's key elements and core functions

Once the legal agreement was signed, this allowed the configuration of the CTP to be established which involved the core elements (described below) to be founded. The size of the budgets involved and the number of staff transferring between the organisations illustrates the size, complexity and scope of the transitional arrangements:

'**Care Trust Plus**: The Care Trust Plus, as a legal entity, came into effect on 1st September 2007 and involved the transfer of 677 staff (519 wte) from NLC to the CTP and the transfer of £54.3m budget. Once staff transferred over to the CTP, the council commissioned services back via service level agreements. However, although the council was able to transfer staffing and services, they were unable to transfer the residual overarching statutory responsibility for adult social care. Therefore, the Director of Adult Social Services (DASS)[31] function was ultimately retained by the Council (Ogley 2007a; Audit Commission 2009).

The 'Plus' transitional arrangements: This element related to the transfer of the public health function from the PCT to the council and came into effect on 1st October 2007. This involved 65 staff (56 wte) being seconded to the council and £2.03m budget being transferred. However, although the staff transferred, unlike the other two elements, this function was overseen by a 'Joint Director of Public

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[31] The DASS role is a statutory function which cannot be delegated by the council to external parties (DH, 2006a). Hence, even with the CTP arrangement, the DASS, and ultimate the council retained responsibility for adult social care.

Health' who was part funded by the council and the CTP. (Ogley, 2007b; Audit Commission, 2009).

The 'Children's Trust' health and social care transitional arrangements: came into effect on 1st April 2008. This arrangement involved the transfer of 117 staff (88.15 wte) from the PCT to the council and a budget transfer of £22.03m. This resulted in the council being defined as the provider of Community Child Health Services (ibid; Lewington, 2010; Audit Commission, 2009).

When the transitional arrangements were complete, the commissioning and delivery functions of the PCT adult social care services were brought together under the auspices of North East Lincolnshire Care Trust (CTP, 2007a) (see figure 4.1). From the outset the CTP became the host for front-line services inherited from the PCT and local authority (LA), with the intention of becoming a 'total commissioning' organisation in the future (ie not providing any in-house frontline services) (Cook and Whittaker, 2007). Service provision and quality was assured through service level agreements between the respective organisations.

Figure 4.1: Functions originally provided by NELPCT and NELC

Functions originally provided by North East Lincolnshire PCT	Functions originally provided by North East Lincolnshire Council
- Community service provision for example district nursing, health visiting, school nursing, continence advice etc - Primary care management and contractors. - Psychological therapies/psychology - Commissioning of health care - Learning disability services (including specialist) - Substance misuse services and community safety - GP out-of-hours service. - Health promotion - Mental health services. - Palliative care. - Smoking cessation - Public health.	- Adult care management - Adult community services (in-house day centres) - Intermediate care services - Learning disability services. - Mental health services - Supporting people - Emergency duty team - Occupational therapy. - Commissioning (adult care services) - Performance management (operational performance. - management related to delegated services included as a minimum) & corporate support functions. - Physical and sensory disability services. - Social work staff (not in care management)

Care Trust Plus

Source: (CTP, 2007e)

In addition to these frontline services, a number of back-office functions (eg human resources, finance) were divided and distributed between the CTP and the NELPCT's administrative teams, which are shown in the following table 4.1:

Table 4.1: Distribution of back-office functions between NELC and CTP

Provide via CTP	Provide via NHS Shared Service Arrangement	Provide via NELC
Finance		
• Financial stewardship • Management accounts (potential for shared service with NELC) • Strategic planning • Cash management • Corporate / statutory reporting • Payment for contracting care (primary / secondary care) • Financial support into commissioning primary / secondary care	• General ledger • Payroll purchasing / supplies (non-medical items) (potential for NELC option) • Payment for purchasing / supplies (non-medical) • Charitable funds	• Payments for contracting for • Care (excluding primary / secondary care commissioning) via SWIFT (assessment / billing and collection) • Debtors (including financial assessment and debt recovery) • Asset register (including access to capital accounting advice) • Clients' money / court appointeeship • Financial support into commissioning (continuing care / free nursing care)
Human Resources		
• Strategic (including HR / workforce strategies, policy development etc)	• Transactional (including recruitment processes, contracts, statutory checks etc)	• Operational (including operational support to managers, provision of workforce Information etc) • Health and Safety

Source: (CTP, 2007e)

In summary, the above illustrates a complex arrangement which resulted in the creation of the CTP. However, it is worth noting a technical point offered by an interview, that the NELPCT was never closed down:

> "As far as the public and staff were concerned we created a new organisation, but technically we did not. Which kept us out of lots of bureaucracy about closing down an organisation and establishing a new one but we were very careful not to say that really because that was a technical thing and it was really important to be a new organisation and not a takeover." *(source: Interviewee)*

In consequence, what this clearly illustrates is that the CTP vision could only be delivered by the creation of a partnership between the PCT (as was) and the council. This partnership vision was based on the premise that key adult health and social care functions should principally be provided by a health organisation (ie the CTP) and key public health and children's health function's should principally be provided by the council). However, strategically all inter-organisational functions needed to be unified in order to create the necessary levels of integration.

Therefore, to facilitate this the CTP and the council drafted partnership documentation which confirmed the accountabilities for the delegated functions between the partners. This included:

- The reporting and performance responsibilities of the respective partners;
- The outcomes and performance objectives for each CTP function;
- The financial framework within which partners will act,
- The risk management processes;
- Comprehensive governance arrangements and
- A dispute and dissolution process. (CTP, 2007a: 6)

Therefore, in its simplest terms, when the CTP was formed it effectively became a formal partnership between the PCT (as was) and the council. The new name, the CTP, embodied the partnership and the roles and responsibilities and the delegated functions were inscribed in to various governance arrangements. That said, because of the originality of this concept, it seemed difficult for some staff to understand how the concept of divested services would work, as one of the interviwees explained to me:

> "We were clear that the arrangements would be managed through the *partnership agreement* and other mechanisms, but what we didn't want to do, because it takes away from the collectiveness of the partnership was to directly performance manage each other. And it has been tricky to get people's heads round the fact that we are not performance managing each other. And so we spent quite a lot of time with the local authority and some of their more junior members of staff to address this issue". *(source: Interviewee)*

> "We would be saying to them 'why do you keep asking us for performance information on adult social care?', 'we are performance managing adult social care through our systems and processes, you don't need to do it!' 'We are not coming to your performance meetings, you are coming to ours'. You need to be focusing on children's [ie the things that have been divested to you] and we have got a whole mechanism through which queries, problems, non-conformance are escalated up through the partnership." *(source: Interviewee)*

A number of the governance mechanisms which the interviewee referred to are discussed briefly in the following sections.

4.1.2 Governance: Strategic Partnership Agreement

To establish the CTP as a robust organisation, a 'strategic partnership agreement' describing, very practically, the overarching objectives, mission and aims of the collaboration was drafted. This was subsequently underpinned by legal agreements and accountability frameworks to bind partner organisations to key service deliverables (CTP, 2007a). An interviewee explained that, to ensure these documents fairly represented each organisation's interests, the council and the PCT commissioned their own solicitors, to advise and help safeguard against bias and vested interest. The partnership agreement was the principal agreement for: Adult Social Care, Public Health, and Children's Services (NELC, 2007b).

4.1.3 Governance Arrangements

The CTP Board had overall responsibility for decision making and performance of the organisation and ensuring statutory and legal duties were fulfilled (Whittaker and Betteridge, 2007). The board was set up to meet its legal, clinical, quality and financial requirements. However, the make-up of the board needed to ensure that integrated governance was pervasive in order that a holistic view could be taken of all health and wellbeing activities (Ibid). Therefore it was necessary to have representation from both the council and ex-NELPCT on the board, as the following table illustrates:

Table 4.2: Constitution of CTP board Membership

• 1 x Chairman
• 3 x Non-Executives (NELC)
• 3 x Non-Executives (Appointments Commission)
• 1 x Chief Executive
• 1 x Director of Finance/Deputy Chief Executive
• 1 x Director of Public Health (NELC)
• 1 x Chairman of Professional Executive Committee
• 1 x Director of Commissioning
• 1 x Director of Adult Social Services (NELC)
• 1 x Plus co-opted Members
• Source (Whittaker and Betteridge, 2007)

This shows the council had five appointments on the board. The governance arrangements were also defined in a number of documents Including a 124 page document titled "Governance Framework: Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions". This specified how governance should be enacted including issues such as board constitution, role of board members, how meetings / business should be conducted (quoracy, emergency motions, standing orders), arrangement for the exercise of functions by delegation, financial regulations, procurement, risk management and funding . The sub-governance structures which support the board are shown in figure 4.2 and described below:

Figure 4.2: Governance Framework

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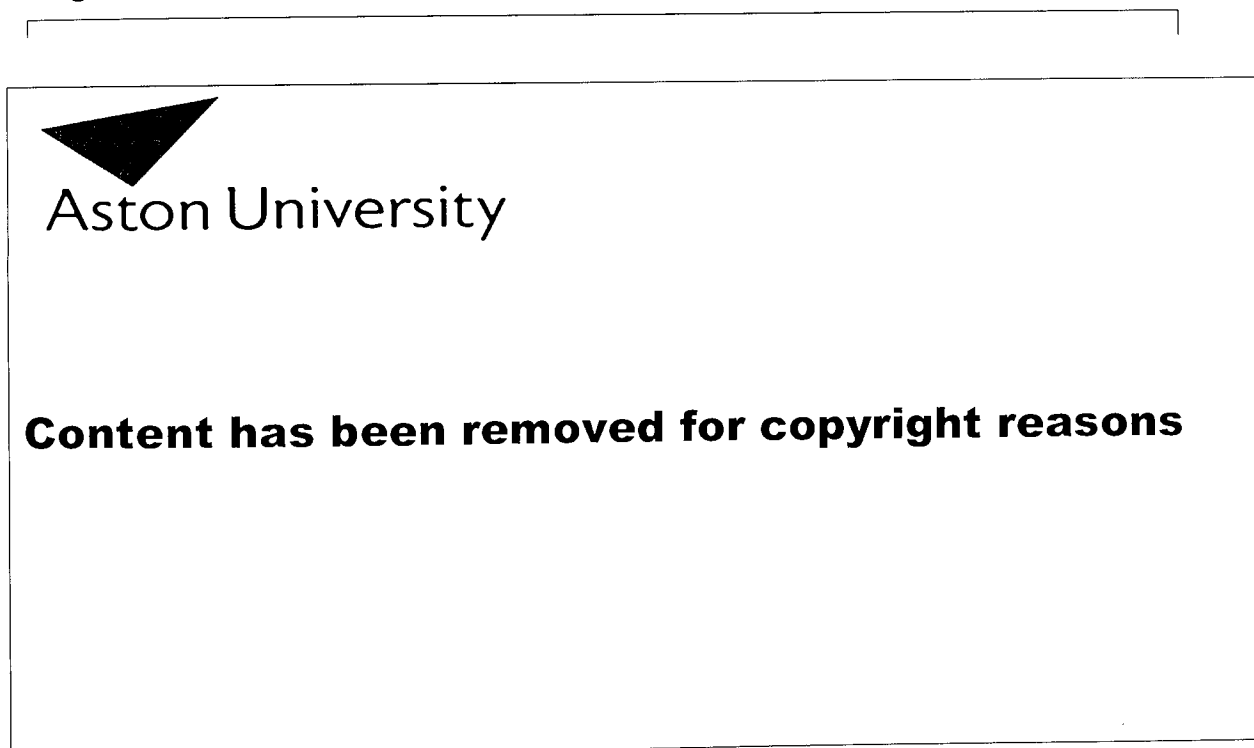
(Whittaker and Betteridge, 2007: 120)

Care Provider Boards. The four care provider boards were subsidiaries of the CTP board (see figure 4.2) which existed to advise the CTP board on strategy and performance of the provider functions of the CTP (Kennedy, 2007). The functions of the provider board included:

- The development and approval of provider business plans prior to submission to the CTP board for consideration.

- Provision of assurance to the CTP board that service quality and standards systems are in place regarding adherence to required standards of service.

- Development and monitoring of implementation of the workforce development and human resources strategy for provider services.

- Agreement of service level agreements with commissioners.

The Executive Management Committee: Had a specific responsibility for:

- Setting the overarching framework and strategic direction for practice based commissioning (PBC).

- For monitoring the success and implementation of plans and budget responsibility.

- Outline and final business cases for capital investment if the case, advise on acquisition, disposal or change of use of land and/or buildings.

- Advise on approval of individual contracts and approval of individual compensation payments.

- Appraisal of the affairs of the CTP and monitoring returns required by the Department of Health and the Charity Commission.

- Prepare, consider and endorse the CTP's draft annual report (including the annual accounts) for approval by the board.

Individual Committees: As the diagram in figure 4.2 shows, the CTP board arrangements are underpinned by 8 different committees. Two committees were set up in order to meet national recommendations and guidance in relation to health service governance. For example the Audit Committee was set up to meet requirements outlined in the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, and more recently the Higgs report (*cf* NHS, 2004, 2005; Higgs, 2003). The purpose of the committee was to an provide the CTP board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS (Whittaker and Betteridge, 2007). Details of each committee's roles and responsibilities, conduct of business arrangements and structures etc was confirmed in the 'Terms of Reference for Board Sub-Committees' (Betteridge and Whittaker, 2007).

4.1.4 External Governance Arrangements

In addition to the internal governance arrangement, the CTP heralded the use of 'new forms of governance' which would make the organisation more accountable to its citizens, facilitated through engagement with service users and patients. Governance arrangements underpinning the CTP were based on the following principles:

- Increased accountability and engagement with citizens, service users and patients;

- The direct involvement of service users and citizens in the governance and work of four commissioning localities;

- Building up a membership base for the NHS Care Trust in a way that complements existing local initiatives (e.g. citizens' panels and neighbourhood renewal community engagement fora) (Cook and Whittaker, 2007).

In order to meet these objectives the CTP created three public engagement sub structures referred to as 'commissioning groups', 'collaboratives' and 'Accord' which are described below:

4.1.4.1 Commissioning Groups:

Commissioning groups were set up to work in partnership with practitioners and professionals to assess the health and social care needs of North East Lincolnshire's residents. The groups were involved in agreeing strategic priorities at a local level; developing service delivery specifications; developing performance indicators for commissioned services and be accountable for key deliverables within the CTP (Ogley, 2007a).

Each commissioning group included 6 CTP representatives (normally from Accord see 4.1.4.2 below) and 7 publicly elected representatives (Carnell, 2010). The role of the public representatives was to articulate the hopes and concerns of their community and "once elected, they will hold a unique position in British health and social care by having involvement in spending a major budget and representing the needs and concerns of the community."(CTP website, 2011)

4.1.4.2 Accord:

Underpinning the commissioning groups was a community engagement organisation, which was also cited as being unique in England (*source: interviewee*). Membership was open to residents aged 18+, who were encouraged to work with local commissioning boards, advise on new policies and strategies, take part in local health campaigns (see *collaboratives section* 4.1.4.3 below) and provide insight into new areas of health and social care (NHS, 2009a). The purpose of Accord was to:

> "Make sure that public views are listened to every time and decisions about services are made locally. Normally, the NHS isn't that good at doing this, but the CTP is unique, and wants to make sure this happens. We won't just be asking you for your views though - public people have been voted on (by ordinary members of Accord) to the four decision making groups in the area. This allows members to have a real say in how NHS money is spent. Accord is the first of its kind in Britain and allows members to change their community for the better." (CTP Website, 2011)

The strategic agreement (Cook and Whittaker, 2007) confirmed that Accord would help:

- Develop local accountability by engaging with citizens, service users and patients;

- Influence the decision-making processes regarding priorities, quality and deliver outcomes;

- Improve intelligence around planning and decision-making on a more pro-active basis and

- To explore partnering opportunities between agencies.

Given the originality of this engagement initiative, the process was not straightforward as no predefined 'engagement model' was available to follow. To overcome this 'knowledge-gap' the Electoral Commission was engaged to advise how to develop, constitute and appoint a publicly accountable body (*source: interviewee*). While the CTP wanted to undertake a mail-shot direct to local residents using addresses from GPs' records, the GPs would not provide access to this information, despite legal advice confirming it this would not breach Data Protection Act (ibid). Therefore, the CTP promoted the initiative through general media and sent applications to all households in North Lincolnshire via door-step delivery. Despite the initial difficulties the membership flourished and 2,400 people became part of the arrangement by 2009/10 (CTP, 2010a).

4.1.4.3 Collaboratives

Collaboratives were a tripartite community based initiative between volunteers (many of which were Accord members), the CTP and external social marketing[32] consultants (*source: interviewee*). Members of the public were invited to join collaboratives, which were set up to help improve health and wellbeing in a number of areas including: early cancer identification (see plate 4.1), coronary heart disease, worklessness and skin disease (Basket, 2010a, 2010b) The initiatives involved collaborative lay-members being trained by health professionals and then delivering health awareness within community settings (this is discussed in more detail in

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[32] Social marketing defined: "Marketing is essentially a means of influencing behaviour....This capacity to influence behaviour can also be used to tackle social and health problems. 'Social marketing' campaigns have, for example, attempted to reduce illicit drug use amongst teenagers, encourage immunisation....." (Jobber 2003, p.11)

section 7.3.1). Engagement techniques were novel and involved, for example, lay-members working in supermarkets to help pack shopping, whilst distributing literature and raising awareness of specific health issues (CTP, 2010b; and *interviewee description*). Although a number of health professionals, specifically GPs and nurses, felt lay-people should not be involved in 'quasi- health assessments', the initiative endured and became widely accepted (*Source: Interviewee*) and won numerous awards[33]. The work undertaken by the cancer collaborative was recognised as a national exemplar and published by Department of Health as best practice guidance (DH, 2009b) and has also been recognised outside the UK (Basket 2010b: 1).

Plate 4.1: Cancer Collaborative

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Picture courtesy of CTP

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[33] NHS Acorn Alliance Best Public Health Project – Winner (2008); NHS Health and Social Care Awards, Yorkshire and Humber Health Improvement and Health Inequalities (2008) Winner; NHS Health and Social Care Awards, Health Improvement and Health Inequalities (2008) National Finalist; Health Services Journal Awards, Best Social Marketing Project (2008) National Finalist (Basket, 2010b).

4.2 CONTEXT TO HEALTH AND SOCIAL CARE COLLABORATION AND THE GENESIS OF CARE TRUST PLUS

This section provides an overview of UK public policy which has influenced health and social care collaboration. The discussion identifies some of the problems associated with partnership working between health and social care providers. Finally, I focus on mandated structural changes that affected PCT's through a programme of rationalisation, which ultimately led to NELPCT directors defying their 'masters' the Yorkshire and Humber Strategy Health Authority (Y&HSHA) and setting up the CTP.

The term 'health and social care' is a concept that has assumed different connotations over time (Peckham and Exworthy, 2002; Greenhalgh, 2007). The British welfare system has been predicated on the assumption that people who are ill or injured require *health care* and people who need lower level support due to frailty or disability are classed as having *social care* requirements (Glasby and Peck 2004). Whilst, this differentiation is not a recent phenomenon in the UK and is also evident in other Western European countries, Lewis (2001) argues that a 'yawning gap' has existed in the UK between health services and social care because of differences in financial, administrative and professional divisions between the two services. New Labour's Health Minister referred to the divide as a 'Berlin Wall' and stated to executives that collaboration was non-negotiable (Dickinson and Glasby, 2010; Hudson and Henwood, 2002). However removing the barrier was not going to be easy as the divisions had been long-established following the inception of the National Health Service (NHS) in 1946.

The NHS was actually based on the principle of a heath care / social care separation, whereby local authorities became responsible for providing residential and home-help services (social care) and the NHS became responsible for health care (Bridgen, 2004). This separation was maintained until the Conservative party introduced the *'National Health Service and Community Care Act' in 1990* (Glasby, Dickinson, and Miller, 2011; Write, 1998), which introduced *GP fundholding*. Under GP fundholding, budgets were transferred to GP practices which ultimately gave them the autonomy to make their own purchasing decisions regarding the choice of health and social care providers. This, therefore, resulted in the dissolution of the

monopolistic market previously enjoyed by public sector providers and granted new market freedoms for GPs to choose their preferred provider (Write, 1998). The purchasers could use this provision to create individual tailored 'packages' from multiple providers in order to meet the requirements of the service user (Glendinning and Coleman, 2004). Whilst, in policy terms this demonstrated a need to work collaboratively, in reality the policy did not reduce any barriers between health and social care as Glendinning and Coleman (2004) argued:

> "In the absence of a single health and social care budget, individual care managers were no more able to commit resources for a unified package of care than their predecessor." (p60)

Following the 1990 Act, the most notable changes thereafter came about through Labour's reforms from 1997 onwards which focused on creating local networks or partnerships between local agencies. This became a central feature of British social welfare policy (ibid; Sullivan and Skelcher 2002; Dowling et al. 2004). In their rhetoric Labour denounced the Conservatives ideology of internal markets, but maintained the 'purchaser provider split' (Write 1998, HoCHC 2005). Whilst this seemed to be a contradiction they argued that their 'third-way' would reduce waste and inefficiencies caused by administering internal competition between hospitals by creating an 'integrated care system', based on partnerships and driven by performance (DH, 1997). From this point onwards partnership working, co-operation and collaboration were emphasised and mandated at every turn by the government (Glendinning and Coleman 2004). Partnerships became Labour's new vision for health and social care which posited that the nation's health would improve if health inequalities were reduced (ibid). The primary document which spearheaded the focus on addressing health inequalities through collaboration was the governments White Paper titled "Saving Lives: Our Healthier Nation"

> "The White Paper describes those policies which are being taken across Government which will start to address the underlying causes of ill-health, such as poverty, worklessness, poor educational achievement, poor housing. But action also needs to be taken at local level by NHS bodies and local government working together to address local priorities for action. And individuals can themselves take informed decisions which will benefit their health, for example by adopting healthy diets, keeping physically active, and above all avoiding smoking. To deliver the health strategy action at all three

levels needs to be brought together in new forms of partnership. (DH, 1999: p5)

This quote has been selected as it illustrates the complexity of networking and collaboration. From a near standing start, the white paper signalled the need for local authorities (LA) and NHS bodies to work together and for citizens to support the health agenda by taking responsibility for their own wellbeing. The subsequent Health Act (1999) mandated the need for collaboration and removed a number of the structural barriers regarding finance and budgetary constraints, which typically had inhibited collaboration. These flexibilities were promoted in the NHS strategy *The NHS Plan: A Plan for Investment, A Plan for Reform, 2000*, (DH, 2000) which reiterated the government's desire for the NHS to work together with social care services and other agencies to ensure a seamless service for patients which would be facilitated through three core principles, these being:

- **Pooled budgets**: which involves local health care and social services combining funding into a single dedicated budget to finance a wide range of care services.

- **Lead commissioning**: either the local authority or the health authority/primary care group would take the lead in commissioning services on behalf of both bodies.

- **Integrated providers**: local authorities and health authorities merge their service (Glendinning and Coleman 2004; DH 2000).

In order to operationalise these principles, the plan confirmed the creation of new health and social care commissioning organisations which would oversee their implementation. There were three different models based on varying degrees of integration and commissioning. In the first instance every commissioning organisation was created as a primary care group (PCG), thereafter it was intended they would adopt primary care trust (PCT) status, which was followed by finally becoming a care trust (CT) (Snape and Taylor, 2004; DH, 2000).

Ultimately CTs were the government's ambition for the delivery of health and social care as this arrangement provided the desired level of health and social care collaboration (Reeves and Baker, 2004). As shown in figure 4.4, in order to become

a CT, organisations were required to graduate through four levels of organisational development starting from their initial incarnation as PCGs (Ham, 2009). Based on the continuum principle, figure 4.4 illustrates the four further levels of integration.

Figure 4.3: The Journey to becoming a Care Trust
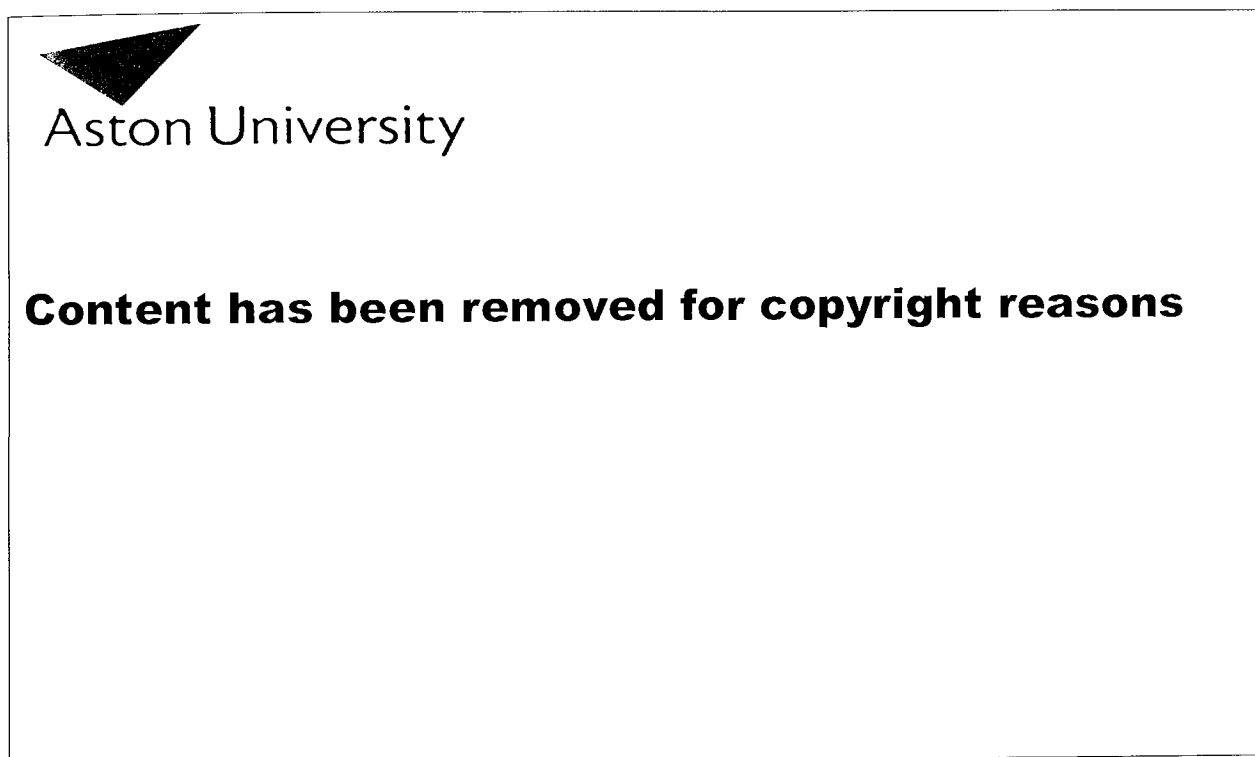
Adapted from (Smith & Smith, 2001, p2) & (Farrar, 1999)
(Source: NHS Confederation, 2010, p. 2)

The impact of this reform resulted in the creation of 482 PCGs in 1992, serving an average population of about 100,000 people (Sweeney, 2001). However, soon after their inception the government accelerated the pace of change and determined that all PCG must become Primary Care Trusts by 2004 (Rummery and Coleman 2003; HoCHC 2005). This created a significant programme of restructuring which resulted in the number of PCGs being reduced to 303 increasing their average population-cohort to about 170,000.

Shortly after the reorganisation of PCGs into PCTs, another wave of reform was announced which would result in further change. The principles of the new reform were promulgated in the DH's document *Creating a Patient-led NHS* (DH, 2005). The document outlined a number of themes for improvement, including:

1) **A patient led NHS** - which focused on the concept of understanding patients' needs and offering guidance to allow informed choices to be made.

2) **What services look like** - meant that new provision had to offer choice wherever possible and that all services and all parts of the NHS contribute to health promotion, protection and Improvement.

3) **Securing services** - This complements the need to offer choice and also made provision for independent sector providers to be consider as part of the patience's' portfolio of choice.

4) **Change the way the NHS works** - identified the need to measure the impact of services in relation to patients' health and welfare.

In addition to this the Chief Executive of the NHS, Sir Nigel Crisp, subsequently wrote to all Chief Executives of PCTs and LAs to confirm that, in order to deliver the 'step-change' required, it would be necessary to rationalise the number of PCT's, CTs and Strategic Health Authorities (SHAs), in order to deliver £250 million savings in overhead costs (Crisp, 2005). According to a number of interviewees, this was the genesis of the CTP, which is discussed in the next section.

4.2.1 Why was there a desire to create the CTP?

Three interviewees cited the DH document, "Creating a Patient Led NHS", as the principal factor precipitating the development of the CTP). The publication confirmed that SHAs were required to improve efficiencies and save money by merging PCTs together. This subsequently led to a significant reorganisations

resulting in Strategic Health Authorities[34] being reduced from 28 to 10 and the number of PCT's being reduced from 303 to 152. (DH, 2009a)[35].

Y&HSHA had responsibility for 34 PCTs within its region, including NELPCT. In order to reduce the quantity of PCTs, Y&HSHA proposed a rationalisation programme involving a series of amalgamations. In respect of NELPCT, the solution was to merge it with its geographic neighbour North Lincolnshire Primary Care Trust (NLPCT), to create a 'Northern Lincolnshire PCT' (source: supported by four interviewees). However, as one of the interviewees explained, the Y&HSHA's motive for pairing NELPCT and NLPCT was not based on a health improvement rationale. Moreover, it was based on historic precedents as both organisations had previously been paired together from 1996 to 2002, when Health Authorities (HAs), the SHAs predecessor, were responsible for PCTs. However, when HAs were disbanded in 2002, and SHAs subsumed their role, North Lincolnshire and North East Lincolnshire were separated and became single designated primary care trusts co-terminus with their respective local authority boundaries.

Managers, who at the time worked for NELPCT, confirmed there was immediate concern regarding the proposal to merge their PCT with NLPCT (source: supported by four interviewees). This was because they feared that amalgamation would reduce the amount of funding per-head for North East Lincolnshire's residents which would impact on service delivery. At the time of the discussions, NLPCT's financial situation was so serious that the Audit Commission (2007b: 4) published a Public

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[34]From 1996 to 2002 North East Lincolnshire and North Lincolnshire was part of the North and East Yorkshire and Northern Lincolnshire Health Authority (HA). North Lincolnshire and North East Lincolnshire formed the 'Northern Lincolnshire element'. However, HAs were disbanded as part of the NHS's "Shifting the Balance of Power" policy which created the new organisational model of Strategic Health Authorities. Strategic Health Authorities were larger than HAs and covered an average population of around 1.5m. The PCTs within the SHAs were responsible for local health care, and the actual SHAs were responsible for collective strategic leadership to enhance provision across their region. (DH, 2001a, 2001b)

[35] The Order that was made to abolish, merge and create the reorganised PCTs was the Primary Care Trusts (Establishment and Dissolution) (England) Order 2006 (SI 2006/2072). This was the main piece of legislation that dissolved and created new PCTs. There was a smaller Order - the Primary Care Trusts Establishment Orders (Amendment) (England)) Order 2006, (SI 2006/2077) which updated descriptions of the geographical areas of England for which the PCTs were established.

Interest report which stated: "The purpose of this report is to set out my concerns in relation to the financial standing of the PCT". It went on to confirm that concerns over rising debts had been raised in 2003/04, 2004/05, 2005/06 and which had reached £5.5m by 2006/07, caused by a failure to manage the organisation's finance properly (Audit Commission, 2007c).

Ultimately, because of the problems identified above, NELPCT directors objected to the Y&HSHA about the merger proposal and subsequently formulated their counter-proposal to form the CTP. From this point forward, the regulatory bodies (Y&HSHA, Yorkshire and Humber Government Office (Y&HGO), Commission for Social Care Inspection (CSCI) and the DH), to varying degrees, all opposed the CTP proposal, which is discussed in detail in chapter 5. The following sections move on to look at the two collaborating organisations (NELC and NELPCT) that came together to form the CTP.

4.2.2 North East Lincolnshire PCT

NELPCT was the forerunner of the CTP and was charged with the responsibility for delivering or commissioning primary care (its principal functions were described previously in figure 4.1). The PCT employed 871 / 681 full time equivalent members of staff (CTP, 2007b) and had an excellent track record in terms of service delivery, receiving the highest possible rating in its 2005 annual assessment, which ranked it 58th out of the 303 PCTs (NELC, 2006a). The Health Commission's[36] annual assessment identified that NELPCT achieved on 7 out of 8 key targets in relation to the following management and healthcare functions:

- Access to a GP
- Access to a primary care professional (PCP)
- Drug misusers accessing treatment
- Elective patients waiting longer than standard
- Financial management

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[36]The Healthcare Commission was the main inspector of healthcare bodies, which was established in April 2004 under the Health and Social Care (Community Health and Standards) Act 2003 (Select Committee on Health, 2007).

- Outpatients waiting longer than standard
- Total time in accident and emergency department to be: four hours or less

Their success and innovation was also recognised as the organisation won a selection of awards ranging from successful internal financial management arrangements to its external social enterprise initiatives like TukesCafé[37]. These awards included:

- HMFA[38] (The Healthcare Financial Management Association), Financial Management Award for PCTs (HmfA, 2006).
- NICE (National Institute for clinical excellence), Winner of the Shared Learning Award 2007 (NICE, 2007).
- Mental Health and Wellbeing Award (Tukes Café)(Anon, 2006).
- Nursing Times award for Innovation (Anon, 2003a).
- Health Service Journal Awards: FEDUP project (Anon, 2003b).

At the point leading up to the inception of the CTP, NELPCT was also viewed favourably by the Audit Commission (Audit Commission, 2007a: 4). The Audit Commission commented that the organisation's officers "had maintained the high standards of performance throughout 2006/07 despite the challenges faced by the organisation". Other positive citations included the managers' ability to implement major workforce changes, especially those relating to the NHS's national '*agenda for change*' workforce reforms (ibid). In summary, it can be seen that the PCT was a high performing organisation with a good track record of delivering or commissioning primary care services, which would have been an advantage as the CTP was to inherit this arrangement. This is to be contrasted with the CTP's collaborator,

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[37] Tukes Café is described as a "highly innovative employment and training scheme, established in July 2003 to provide training and employment opportunities to people who have little or no previous training, qualifications or work experience due to mental health problems. Tukes aims to enable people to gain new skills, increasing confidence, self-esteem and motivation and counteracting social exclusion within the labour market." (Tukes, 2012)

[38] The Healthcare Financial Management Association is (HFMA) a registered charity and the representative body for finance staff in healthcare. Supported by a strong branch network, HFMA sets and promotes the highest standards in financial management and governance in healthcare.

NELC. As discussed in the next section, NELC was plagued with problems and was deemed to be consistently delivering poor services.

4.3 NORTH EAST LINCOLNSHIRE COUNCIL

Unlike its counterpart NELPCT, NELC had a bad record of service delivery. In fact, the council was rated one of the worst in the country (Carvel, 2002) which placed NELC and NELPCT at opposite ends of their respective inspection regime ratings. The Comprehensive Performance Assessments[39] (CPA), which started in 2002, was the overarching framework used to assess local authorities' performance. Each assessment resulted in an overall grading being awarded to councils. Table 4.3 below shows general picture relating to NELC performance assessment from 2002 to 2007.

Table 4.3: NELC performance assessment from 2002 to 2007.

Inspection Date	Overall Judgment	Education	Children's Service	Adult Social Services	Auditor's Comment	Source
2002	Poor	3/4	1/4	2/4	The council generally is not serving local people well.	(Audit Commission, 2002)
2003	Weak	3/4	2/4	2/4	It has made limited progress in managing its performance. It has a severe budget crisis and a daunting agenda of major initiatives.	(Audit Commission, 2003)
2004	Weak	3/4	2/4	2/4	Over the last year some of its services have not delivered improvements. in particular education services.	(Audit Commission, 2004a)
Grading changed from poor. weak. fair. good, excellent to zero to four stars						
2005	Zero	1/4		2/4	Performance has not improved adequately over the last year	(Audit Commission, 2005)
2006	2 star	2/4		2/4	The council has made significant improvements in the way it delivers services during the past year	(Audit Commission, 2006)
2007	2 star	2/4		3/4	North East Lincolnshire Council is improving well	(Audit Commission, 2007b)

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[39] The CPA inspections supported the key philosophy of New Public Management, in that the outputs of public services should be measured, monitored and validated by 3rd party auditors – thus allowing information to be published and the public better informed (James and John 2006).

In addition to these routine publications, the Audit Commission published an exceptional 'public interest report' in March 2004 (Audit Commission, 2004b). Although the council had progressed from poor in 2002 to weak in 2004, the public interest report provided a damming assessment, which had an immediate and far-reaching effect on the council. Key issues raised in the public interest report included:

- "The council has been living beyond its means for the last three years mainly in an attempt to improve the poor services it provided." (p2)

- "The council is seeking approval from the ODPM (Office of the Deputy Prime Minsiter) to capitalise nearly £8m in 2004/2005. Effectively tomorrow's council tax payers are being asked to pay for today's services." (p2)

- "The Chief Executive has a particular responsibility for the effective management of the council. In my view, the depth of the financial crisis is evidence that the council has not been effectively managed." (p3)

- "Only now, after this substantial shock, is the council beginning to acknowledge the problems. The council does not, however, have the capacity to remedy the situation without substantial support from outside. Beyond this support, widespread changes are needed at the council to stabilise the crisis, begin to secure a necessary culture shift, and embed effective performance and financial management throughout the organisation." (p3)

A series of recommendations were made by the District Auditor. These included consideration of the future positions of the director of finance and the chief executive (they were subsequently dismissed), the need to improve leadership and performance; the need to appoint more qualified staff, improve financial and budget arrangements, and the need to help elected members understand financial arrangements. The recommendations of the Audit Commission duly became a reality when the director of finance was removed from his post due to the financial situation (Kennard and Wright, 2004). This was quickly followed by the appointment of a "high level team" of six officers who would work with elected members and officers to improve performance (Wright, 2004) and ultimately led to the chief

executive leaving his post, at a time when the council was planning to make £7m of revenue savings to address the financial shortfall (Smulian, 2004).

4.4 NORTH EAST LINCOLNSHIRE COUNTY

What managers from NELC and NELPCT had in common was the duty to serve the residents of North East Lincolnshire County. Therefore, the aim of this final section is to provide a profile of North East Lincolnshire County, with particular reference to the social, geographic and economic factors which were affecting the county at the time prior to the inception of the CTP. This illustrates the legacy which the CTP had adopted and the immediate 'hand-over' challenges which needed to be considered. The importance of these issues in relation to the aim of the CTP were widely acknowledged prior to its inception. The CTP application and subsequent 'questions and answers' article in the local paper confirmed that the area suffered disproportionally from health issues and that they needed to be addressed:

> "The actions required to improve the health status of the local population and reduce inequalities requires input from a wide range of agencies. Clearly health has a significant role to play in ensuring that its services are easily accessed by all in the community and ensuring that effective and targeted preventative strategies are in place. However, many of the wider determinants of health are outside the direct control of NHS organisations and the single biggest factor that influences an individual's health status is whether that person is in employment or not. The significant health challenges facing North East Lincolnshire have been recognised with designation as a Spearhead PCT." (CTP, 2007a: 7)

> "There are clear and marked differences in North East Lincolnshire between those people with the best and worst health. For instance, there is a seven-year difference in male life expectancy between the best and worst boroughs in the area. There is clear evidence to show that health and wellbeing is directly affected by factors spanning both health and social issues, such as employment, crime, education and housing. (GET, 2007: 12)

In order to provide contextual information which will help understand some of the factors affecting the deprived wards the following sections look at the 'make-up' and characteristics of North East Lincolnshire. The key themes covered include:

- Topographical and boundary features
- Employment and deprivation
- Health profile for North East Lincolnshire
- Alcohol and health
- North East Lincolnshire health profile

4.4.1 North East Lincolnshire: Topographical and Boundary Features

North East Lincolnshire County is officially designated by its parliamentary boundary[40] and was created on 1st April 1996, following the break-up of Humberside County Council in 1995 (The Humberside Structural Change, Order 1995). The council boundary also, by default, defines the administrative jurisdiction for NELPCT which was the normal configuration for PCT administrative areas (Hetherington, 2005; Hibbert and Huxham, 2010). The county is located on the east coast of the United Kingdom (UK) and shares its borders with the counties of West Lindsey District Council, East Lindsey District Council and North Lincolnshire Council see figure 4.4.

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[40] The Local Government Boundary Commission for England are responsible for: 1) conducting 'electoral reviews' which are reviews of the internal electoral arrangements (the number of councillors and the names, number and boundaries of wards) of local authorities; 2) to conduct 'boundary reviews' – looking at the external boundaries of local authorities and 3) advising the Secretary of State on the structure of local government (TLGBCfE, 2010, p2)

Figure 4.4: Map of NEL and Neighbours

Source: North East Lincolnshire Council:
www.consult.nelincs.gov.uk/portal/localdevelopmentplans/cs/sareport?pointId=1221082240673

NEL covers over 74 square miles (192 sq km) and has three principles towns; Grimsby, Cleethorpes and Immingham. In addition, there are a number of outlying villages of varying sizes and composition. In 2006, the area was inhabited by 158,900 people of whom about 1.4% are from ethnic minority communities. Around 122,000 people live in the Grimsby/Cleethorpes conurbation, 10,000 in Immingham, and the remainder in rural settlements. There are approximately 70,000 households, of which less than 6% live in areas which may be described as rural (The Local Development Framework (NELC, 2008b).

4.4.2 Employment and Deprivation

Unemployment has been a key social economic issue in North East Lincolnshire, which has been associated with the decline in the fishing industry from the 1950s[41]. Despite the decline in the fishing industry, the area still capitalises on its waterway access and prospers from providing cargo handling at the ports of Immingham and Grimsby which are described as "providing the economic gateway to the region" and are cited as the busiest ports in the country (NELC, 2008b). The mainstay industry is now based around chemicals, manufacturing, port activities (cargo) and food processing (NELC, 2008b), but these industries are highly volatile markets and susceptible to job losses (NELC, 2007c).

In terms of employees' skills, the 2007 indices of multiple depravation (IMD) shows a notable difference between the patterns of employment within NEL and the UK. For example: 9.2% of NEL's workforce was employed within managerial positions, while nationally this figure equalled 15%. When comparing professional occupations, 7.6% of the working population within NEL fell within this category, compared with 13% for the whole of Great Britain (DoCaLG 2007; NELC4 2007).

Conversely, occupational categories such as process workers and machine operators represent 14.1% of the working population within North East Lincolnshire compared with 9.3% within the Yorkshire and Humber region and only 7.3% nationally; and 14.9% of NEL's working population are employed within

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[41] In the 1950's Britain's fishing industry employed around 50,000 fishermen. In 2000 there were around 17,000. During the 1990's, the UK exported nearly 229,000 tonnes of fish per year. By the end of the 1999s, that figure had more than halved. According to fishermen the decline had been hastened in the UK due to the Common Fisheries Policy (CFP) agreed in Brussels (BBC, 2000). This set up quotas for each member state to conserve depleting fish resources and established discrete fishing boundaries (Ibid). The industry continues to be in decline and this has been exacerbated for coastal towns which rely on tourism because of the increase in foreign holidays, which has led to stubbornly high unemployment rates in coastal towns [ie Grimsby and Cleethorpes] (Butterworth and Hough, 2009)

elementary[42] occupations; whereas the figure for the Yorkshire and Humber region is 13.2% and 11.4% for GB as a whole (NELC, 2007a).

Finally, looking at perhaps the most overarching inidcator, the level of unemployment, which shows that between January 2007 and December 2007 unemployment for NEL was at 6.6% compared with 5.6% for the Yorkshire and Humber region and 5.4% rate nationally (ONS, 2007).

Ofsted, in their Joint Area Review of North East Lincolnshire, confirmed that the local authority had significant challenges surrounding deprivation and educational attainment (Ofsted, 2007). This review confirmed that the county was the 305th most deprived council area out of 354 councils in England. Furthermore, according to The Local Area Agreement in 2007 (NELC, 2007c) 26 of its 107 Super Output Areas[43] (SOAs) fell within the top 10% of deprivation nationally, including five in the worst 1% for income, two in the worst 1% for employment, seven in the worst 1% for education, eight in the worst 1% for crime, and two in the worst 1% for the living environment. (NELC, 2007b and DoCaLG, 2007).

4.4.3 Health Profile for North East Lincolnshire

The Department of Health's (DH, 2007) profile for North East Lincolnshire provides a general overview of the lives of people of NEL. Their analysis uses broad categories, or domains, to provide headline information relating to social, economic and health data which are standardised throughout all PCTs, thus allowing for inter-PCT comparison. The information is summarised in table 4.4 and shows that, in comparison with all-England averages, NEL is worse than average on 17 indicators.

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[42]Elementary occupations consist mainly of simple and routine tasks which mainly require the use of hand-held tools and often some physical effort. Most occupations in this major group require skills at the first ISCO skill level (a primary education which generally begins at the age of 5, 6 or 7 and lasts about 5 years).

[43] A Super Output Area (SOA) is defined by Office for National Statistics as "a geographical area designed for the collection and publication of small area statistics. It is used on the Neighbourhood Statistics site, and has a wider application throughout national statistics. SOAs give an improved basis for comparison throughout the country because the units are more similar in size of population than, for example, electoral wards." - http://www.statistics.gov.uk/geography/faq.asp

Table 4.4: North East Lincolnshire Health Profile 2007

Domain: Our communities		Domain: The way we live	
• Income deprivation	W	• Adults who smoke	W
• Homelessness	W	• Binge drinking adults	W
• Children in poverty	W	• Healthy eating adults	W
• GCSE achievement	W	• Obese adults	W
• Violent crime	W	• Physically active adults	A
• Ecological footprint	A		

Domain: How long we live and what we die of Our communities		Domain: The way we live	
• Life expectancy – male	W	• Feeling 'in poor health'	W
• Early deaths cancer	W	• People with diabetes	W
• Deaths from smoking	W	• Drug misuse	W
• Road injuries and death	W	• Children's tooth decay	A
• Infant deaths	A	• Older people hip fracture	A
• Life expectancy – female	A	• Mental health	A
• Early deaths heart disease & stroke	A	• Hospital stays due to alcohol	■

Domain: Giving children and young people the best start	
• Teenage Pregnancy (under 18)	■

W = significantly worse than the average for England **A** Average for England **■** Significantly below the average for England Source (DH 2007)

This data paints a picture of an area which was suffering from poor health further exacerbated by secondary factors like homelessness, worklessness and poor lifestyles which affect wellbeing. These issues were certainly a concern of the senior managers within the CTP. Whilst the health profile data presented a quantitive and detached view of the health within the county, the interviewees described a more personal and descriptive account of some of the health issues, which are illustrated in the observations below:

> "What do you do with all these other kids who haven't got anybody backing them up and there is definitely an underlying culture particularly in young males in Grimsby where loyalty or love is having unprotected sex." *(source: interviewee)*

The point which was being made in the wider interview was that there were intergenerational problems caused by the wider determines of health, which were self perpetuating. Un-protected sex, leads to teenage pregnancy, which lead to a cycle of benefits dependency, which leads to low expectations for their children.

Therefore the cause and effect of teenage pregnancy manifests itself in a series of other issues over space and time which will affect the mother and child .

The interviewee went on to explain that, whilst cancer rates do vary across the county, a bigger contributing factor is how early people present to their GP. The more affluent residents were more likely to present earlier at their GP, thus increasing life chances; conversely people in the deprived areas were more likely to be affected by cancer, because of late presentation at their GPs, as illustrated by the following quote.

> "... but what we came across which was a little bit unexpected was, in what I would call the former fishing communities of Grimsby. That was where our income and wealth used to lay, and of course that's gone into demise. And there is very much an attitude of stoicism in that community, so basically people from there say *'you know, this is what life has dealt me. There is nothing I can do about it, I have to just carry on and what will be, will be'*. And so that's going back to actually making people understand that there is something they can do about it, they don't just have to take it!" *(source: interviewee)*

4.4.3.1 Alcohol

The link between alcohol and employment has been established in relation to the decline of Grimsby's fishing heritage. Research by Manson-Siddle, Johnson, Wartnaby and King (2006) assessed the alcohol misuse in North East Lincolnshire and described the damaging effect of alcohol on its inhabitants. In setting the context for alcohol misuse the researchers identified that Grimsby had the largest malting in the country and, as this was the mainstay of beer production, it also had a significant number of public houses. In fact in 1796, Grimsby had 1 pub per 100 people. Moving forward to the 20th Century, the research acknowledged that, even though the fishing industry had declined (see 4.4.2), the effects of the drink-culture associated with the industry was still pervasive. The effects of this was illustrated by one of Manson-Siddle's et al. (2006) interviewees:

> "It was a fishing town... lots of pubs, lots of regulars are in there every day. ....There is a hard core of drinkers in this town.....Yeah.... I think it's a hard drinking town. Most working class towns are. Grimsby has a reputation for violence and hard drinking." (Manson-Siddle et al. 2006: 12).

The researchers felt that current alcohol-related problems were due to the decline in the fishing industry and lack of employment opportunities which, in turn, created an economic vacuum. Other findings demonstrated a correlation between alcohol consumption and crime, deprivation and unemployment. The researchers concluded that alcohol was a major determinant of ill-health and health inequalities in NEL, which was causing considerable social harm to individuals and communities and probably had a greater effect than illicit drug use. Looking at NEL in context of all other 326 local authorities, their performance in relation to a number of alcohol related areas was significantly worse than the UK average. These specific areas include:

- Alcohol attributable to sex offences (ranked 18th worst in England).
- Alcohol attributable violent crime (ranked 36th worst in England).
- Alcohol attributable recorded crimes (ranked 39th worst in England).
- Alcohol specific admission for under 18 year olds (ranked 59th worst in England). Source (LAPE, 2007).

4.4.3.2 Crime

The table overleaf has been complied to show the levels of crime within NEL. Crime data from 2007 Office for National Statistics (ONS, 2007) was analysed and tabulated to show how crime statistics for NEL compared with both the Yorkshire and Humber region and the national picture. To ensure the data were comparative for each category, the crime data were calculated based on per 1,000 people within the geographic area based ONS Mid-2007 population estimates (ONS, 2005). The data showed that out of the 12 categories of crime as measured by the Audit Commission, NEL performed particularly poorly in relation to the 41 other councils within the region. In summary, the county was the worst in two of the categories; the second worst in seven categories and ranked as worst for 'criminal damage including arson' and 'other wounding' categories.

Table 4.5: NEL Crime Statistics and Benchmarking data

	North East Lincolnshire	Y&H Avg	England
2007 Mid Population Estimate	157,979	5,181,000	1,106,200
Criminal Damage Including Arson	7,435	137,525	2,277,917
per 1,000	47.27	26.54	44.57
Rank	1		
Other Wounding	3,199	56,380	944,591
per 1,000	0.02	0.01	18.48
Rank	1		
Burglary Other than a Dwelling	1,877	43,703	641,338
per 1,000	11.93	8.44	12.55
Rank	2		
Theft of a Motor Vehicle	1,030	22,602	374,498
per 1,000	6.55	4.36	7.33
Rank	2		
Theft from a Motor Vehicle	2,527	56,599	971,649
per 1,000	16.06	188.98	19.01
Rank	2		
Violence Against the Person	5,717	105,178	975,843
per 1,000	36.34	20.30	19.09
Rank	2		
Wounding or Other Act Endangering Life	66	1,530	32,826
per 1,000	0.42	0.30	0.64
Rank	2		
Harassment Including Penalty Notices for Disorder	1,217	22,288	484,885
per 1,000	7.74	4.30	9.49
Rank	2		
Common Assault	968	18,916	396,889
per 1,000	6.15	3.65	7.77
Rank	2		
Burglary in a Dwelling	1,434	36,993	573,986
per 1,000	9.12	7.14	11.23
Rank	4		
Robbery	211	6,215	197,454
per 1,000	1.34	1.20	3.86
Rank	5		
Theft from the Person	331	11,303	206,445
per 1,000	2.10	2.18	4.04
Rank	7		

Note: Column 2 - there are 41 councils in the Yorkshire and Humber regions (Y&H)

4.4.3.3 Education

In the years preceding the inception of the CTP, the educational outcomes and attainment level of children and young people were well below the national average. The table below shows the percentage of GCSE[44] passes per maintained school[45] for 2006.

Table 4.6: % of pupils at the end of Key Stage 4 achieving 5+A*-C (and equivalent) including English and maths GCSEs
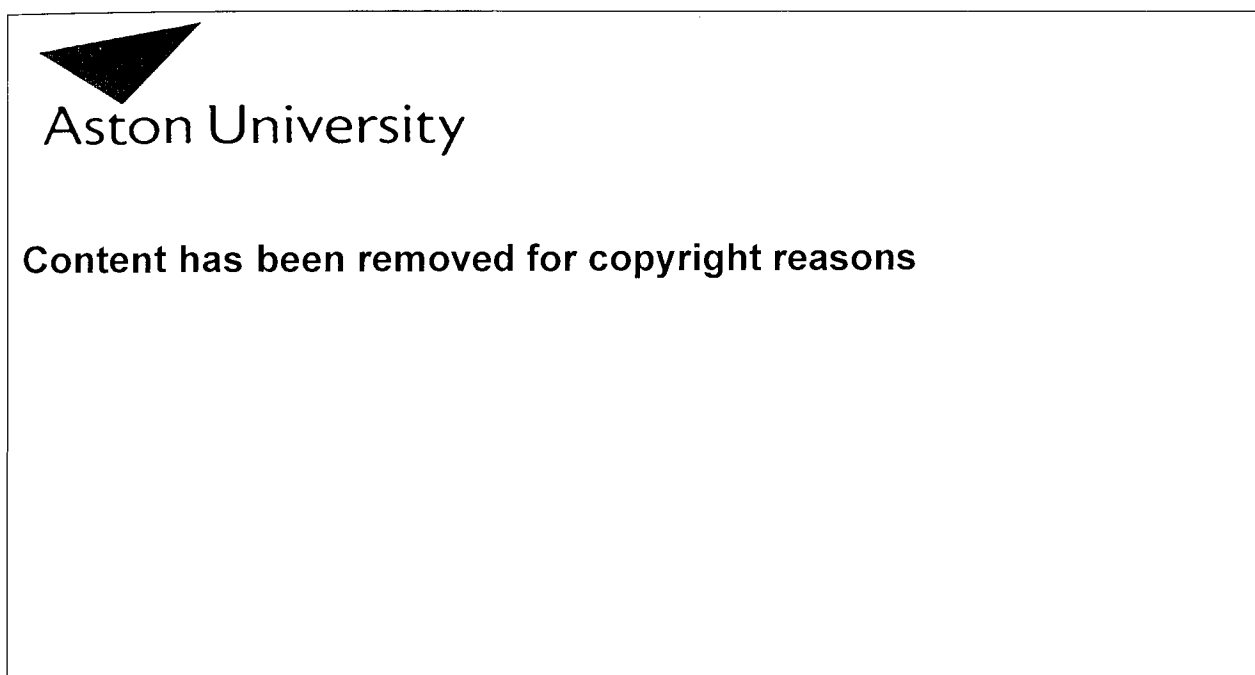
(Source: DCSF, 2006)

The data are used as a benchmark to judge the effectiveness of a school in terms of its ability to educate pupils to a levels where they have achieved five or more GCSEs passes, including mathematics and English, graded at A* to C. In summary of the of 12 secondary schools, nine schools had results that were worse than the national average; with five schools showing that more than 75% of the pupil cohorts left these schools with less than 5 A* - C GCSEs.

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[44] These were the mainstream qualification taken at the end of secondary education (General Certificate of Secondary Education).

[45] Maintained schools are schools that are maintained or funded by the public purse. In other words not private or independent.

The schools' underperformance was also mirrored by the Local Education Authority's (LEA's) failure to improve GCSE standards[46] which was noted by the Office for the Standards in Education's (Ofsted) Inspection during 2004. Ofsted confirmed that "attainment and progress of secondary school pupils remained among the lowest in the country, and consistently well below the national average for five or more GCSE A*-C grades".

4.5 CONCLUSIONS

This chapter commenced by providing an outline of the purpose and structure of the CTP, by identifying its unique way in which health and social care arrangements were integrated, allowing adult social services, public health and children's services to work more closely. Furthermore, the restructuring of the public health function allowed it to be integrated into other council services (education, housing, regeneration) to influence the wider determinants of health.

Finally, this chapter described key socioeconomic features of North East Lincolnshire. These features included poor health, high depravation, low aspirations, high presentation of antisocial issues and poor educational standards. These types of problems were identified as manifesting themselves as 'health inequalities' and prompted managers to think how a new approach was needed in order to improve the health and life chances of their residents.

The following three chapters now focus on the discussion and analysis regarding the factors that influence the formation of the CTP concept and how the inter-organisational collaboration was developed. This analysis is based on Callon's (1986) 'moments of translation' and considers the nature of socio-materiality in collaboration. In brief:

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[46] LEA Statutory duties to raise standards are contained within Schools Standards and Framework Act (SSFA): Part 1, Chapter III, General Functions, s13.A and Part VI, Chapter III, General Functions s 449. (SSFA, 1998)

Chapter 5 - Problematization: The CTP model was designed as a counter-proposal to avoid Y&HSHA merging NELPCT and NLPCT to create a Northern Lincolnshire PCT. This chapter discusses and analysed how the need for the CTP became problematized.

Chapter 6 - Interessement: Y&HSHA did not encourage the CTP proposal and together with other regulatory authorities opposed the concept. This chapter seeks to understand how the CTP concept was progressed despite resistance from the regulatory authorities

Chapter 7 - Enrolment: considers how other actors (staff and member of NEL communities) were enrolled into the CTP.

CHAPTER 5
PROBLEMATIZATION: HEALTH INEQUALITIES

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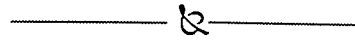
5.0 INTRODUCTION

The overarching principle of the CTP was to improve the health and wellbeing of local people by reducing health inequalities, which would be achieved through closer integration between NELC and the PCT (Cook and Whittaker, 2007). Clearly, this principle is central to the discussion regarding the formation of the PCT. Therefore, a ubiquitous theme throughout this chapter relates to 'health inequalities' and how actors became aware that health inequalities were a problem which needed solving. From an ANT perspective, the process of identifying problems and then repackaging them in a way which may attract other actants to seek suitable solutions is referred to as *problematization*. The problematization process is important in that actors not only identify problems, but also conceptualise them in such a way that wider audiences eventually accept them as mutual concerns. At this point in the discussion, it is worth remembering that problematization is the first phase of Callon's four moments of translation. Two further moments of translation, *interessement* and *enrolment* will be discussed respectively in the following chapters. Interessement will provide the framework to look at the strategies and devices that are used to gain other actors' acceptance of the problem and the enrolment phase considers how actors are actually incorporated into the network (mobilization is outside the scope of this study). However, for now, I will focus on problematization.

In this chapter, I argue that problematization is not a discrete process which happens at one point in time. Rather it is an iterative process in which problems come to be defined and shaped according to various pressures and influences. This case study shows that three stages of problematization unfolded over time and ultimately converged at the point where NELC directors accepted the need to collaborate and, as such pass through the PCT's obligatory passage point, at which point they are committed to become part of the network. The format for this section is structured as follows:

Stage 1: Problematization - The Precondition Stage: I have termed this the 'precondition stage' because it seeks to identify activities or events that occurred prior to the actual problematizion of health inequalities vis-à-vis the creation of the CTP. In this sense 'pre-condition' is used to denote factors and events that were occurring prior to anybody's conscious consideration of the CTP concept. The illustration I used to exemplify a 'precondition activity' is work undertaken by a multiagency project team to tackle health inequalities in relation to substance misuse. Throughout the duration of the multi-agency project, there was no consideration of the CTP concept. However, subsequently their work was cited as providing an example of 'precondition' work that ultimately helped inform managers' views about health inequalities and the need to develop integrated working (ie the CTP). Therefore, in this context the 'full and unwitting' potential of the project teams' work would remain latent until a 'precipitating actor' entered the network. At the point when a 'precipitating actor' enters the network, the precondition activities (along with the precipitating actor) may then start to coalesce and develop a wider network.

Stage 2: Problematization - The Precipitation Stage: This stage is characterised by a precipitating incident that galvanizes and coordinates the precondition actants into a new configuration. In this case the precipitating incident was the publication of the DH document "Creating a Patient Led NHS", which sought to rationalise the number of PCTs through amalgamation. Once the document had been published, it forced the directors to assess its ramifications. However, the important point to note is that the directors' assessment was contextualised and contingent on the precondition antecedents. Hence, those historic actants in stage 1, which were developing through un-coordinated and independent micro-networks suddenly had a catalyst (ie the DH document).

Phase 3 - Problematization (Acceptance Stage): Lastly, the third phase of the problematization process describes how NELC directors and elected members became aware of the problem of health inequalities and the concept of the wider determinants of health. Examples are provided to describe how council decision makers came to realise that this problem needed addressing and that the council services (education, housing, regeneration etc) could play a part in influencing the wider determinants of health and hence help to reduce health inequalities. The

three phases and how they interrelate with each other are illustrated below in figure 5.1.

Figure 5.1: Interaction between Problematization Phases
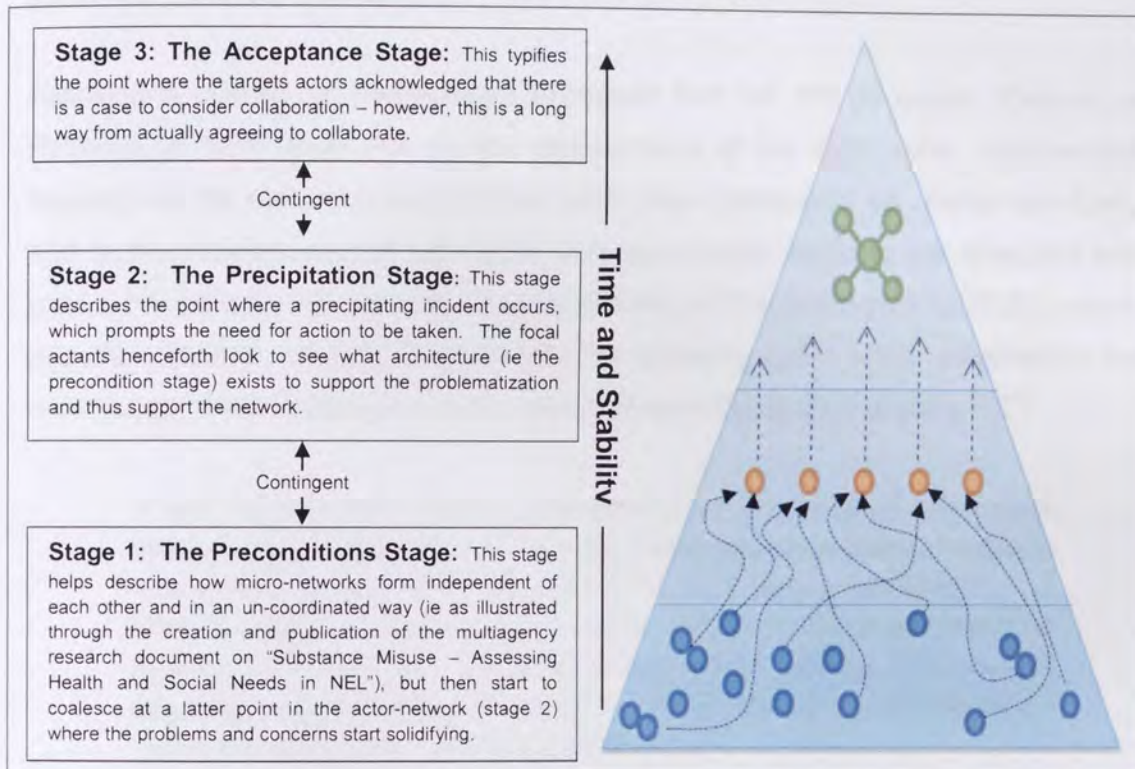
In summary, I intend to provide an account of objects that play a role in the conception of inter-organisational collaboration development by using a modified version of Callon's first moment of translation - problematization. This will essentially describe how managers, using a variety of objects and inscriptions, materialised the need to collaborate.

5.1   STAGE 1: PROBLEMATIZATION (PRECONDITION)

The research on stage one problematization is presented using two examples which illustrate how objects helped define, construct and materialise the notion of health inequalities. This helped to build precondition relationships between a number of key agencies. The first example uses a document titled: "Substance Misuse - Assessing Health and Social Needs in North East Lincolnshire". This is used to illustrate how objects helped construct and materialise a body of knowledge that confirmed health inequalities were a problem for the residents of North East

Lincolnshire and hence, contributed to the eventual justification for inter-organisational collaboration. The second example, based on documentary evidence, is presented to demonstrate how the council's decision makers, during this period, became sensitised to the concept of 'health inequalities' and hence, ultimately the need to take action.

Although a number of interviewees explained that the DH document 'Creating a Patient-Led NHS' gave rise to the development of the CTP, other interviewees focused on the historic preconditions which they considered as being absolutely vital to the development of the CTP. These primarily relate to the collegiate and productive relationship which the council and the PCT enjoyed prior to 2005 (*source: two interviewees*). This is illustrated by the following quote which emphasises the importance of the established relationship between the council and the PCT:

> "it was not just about what happened in 2005, it was more about prior relationships and building a common belief and an architecture which was joined-up and could be used to deliver various strategies......I think the big plus was that there was already a common **architecture** developing. There was an **architecture** about **talking**, and kind of **aligning** your **thinking**, where possible, to strategic commitments".
> *(source: interviewee* - emphasis added)"

The importance of this 'architecture' was also confirmed by another interviewee who emphasised the need for good relationships to be in place prior to any grandiose discussions about integrated partnership working. The quote below describes his blunt advice to professionals who visited him to talk about how their organisation could become an integrated health and social care collaboration.

> ".... and when people come to see me, only from their PCT or council to talk about integration, I say to them, and they generally are unhappy about this, *'look, the fact that you are here on your own almost certainly suggests to me that you're not in a position to take this model forward'* - and they say 'hmmm and get all agitated'. But that is the fact; you need that launching pad [ie good prior relations] as a foundation, otherwise it would not work. *(source: interviewee)*

The interviewee did not see the CTP as an instant 'off the shelf' solution, but one developed from an existing infrastructure, suggesting that preconditions of some form or another already exist. Therefore, the CTP did not (could not) develop solely

because of a single precipitating factor. This, 'architecture' and 'prior relationships' therefore suggests the existence of substrata beneath the more visible discourse that enabled and facilitated the development of the inter-organisational collaboration. The following illustrates how 'preconditions' were shaping and influencing the council and PCT, thus creating organisations that would be receptive, in future, to integration. This is achieving through the presentation of two examples:

Example 1 (below): Describes how agencies started to work together to publish a document titled "Substance Misuse - Assessing Health and Social Needs in North East Lincolnshire". This evidenced how professionals started to realise that health inequalities was a multi-agency problem.

Example 2: (para 5.2): Describes how NELC decision makers became cognisant to the problems of health inequalities through inscriptions such as cabinet reports, scrutiny report and presentations by health professionals.

5.1.1 Example 1: 'Precondition' established through the Publication of Substance Misuse Needs Assessment document

During my empirical data collection, I sought to establish how relationships were formed and how health inequalities became conceptualised, prior to 2005. In response to these lines of enquiry, I was advised by two interviewees that a number of health needs assessments had been undertaken throughout the preceding years. Furthermore, during an interview I was provided with a document titled "Substance Misuse - Assessing Health and Social Needs in North East Lincolnshire" which was recommended as a good example of pre 2005 multiagency working and intelligence building regarding health inequalities.

Following a cursory examination of its contents, it was clear why the document had been recommended. Not only did it illustrate how relational networks were forming, but it also provided examples of the ways in which health inequalities were being constructed and understood by agencies, prior to the conception of the CTP. Furthermore, it also presented evidence to demonstrate that the PCT supported the need to work collaboratively and utilise the wider determinants of health in order to reduce health inequalities. Therefore, this document provided an exemplar

illustrating how 'preconditions' were being established prior to the publication of the DH document "creating a patent led NHS". The uniqueness and originality of the document, in terms of bringing both multi-agencies and health inequality issues together is partially explained in the document's preamble:

> "[the] needs assessment <u>brings together for the first time</u> a whole range of routinely collected, and also specifically collected, epidemiological and statistical information to illustrate the 'size of the problem' in North East Lincolnshire and the numbers of drug users known to different agencies, ie the volume of activity generated for these agencies. It also, for the <u>first time,</u> seeks the views of drug users, drug dealers and community groups about their perceived health and social needs" (Manson-Siddle, Bolaji and Davis, 2003: 5 apostrophes in original, underscore added).

The research and data collection for the report was undertaken by multi-agency representative through various meetings and other interactions. Therefore, what this illustrates is that, from an ANT perspective, numerous actors and actants were connected, in one way or another, to form a network that was centred on substance misuse and health inequalities. It is important to note from the above quote that an aim of the research was to identify the 'size of the problem'. Hence, prior to the research, the prevalence of health inequalities was not quantifiable and, at that point in time, health needs and health inequalities were not rehearsed constructs. This was the advent of the construction of a new body of knowledge.

The document was written in 2003 and, from a temporal perspective, it clearly predates any discussion about the CTP concept. However it is evident that the document shares the underpinning health and social care philosophies of the CTP, as it identifies the need to address inequalities, particularly through the engagement of the council's social, economic, environmental and regeneration services because they have an influence on the wider determinants of health:

> "Because there is an association between drug use (particularly opiate use) and deprivation and also unemployment, prevention should also include tackling the wider economic, social (family breakdown) and environmental influences on health, with initiatives targeted to socially deprived areas" (p.52).

Therefore, given that one of the main purposes of the CTP was to reduce health inequalities through partnership working and integration of council services, this document provides an opportunity to consider whether the concepts relating to health inequalities were becoming established before the conception of the CTP vision; whether relationships were being developed that may have established the preconditions for future collaboration and what objects, if any, helped facilitate this. The following provides a brief overview of the document followed by extracts from an interviewee who helped with the document's production:

The document contained 108 pages including 5 appendices and 80 references. The first section of the report provided context relating to North East Lincolnshire; the second section defined the terms of reference for the report; the third section described the findings from the primary research and the last section detailed recommendations. An interview with one of the steering groups' members gave rise to the following observations and insights regarding the construction of the report:

Flicking through the document, he stated that the work of the steering group and the way the report was constructed was 'of-a-time'. He advised that, had the document been written now, it would have been produced completely differently. He described the antiquated and laborious way in which the data were gathered reminiscing how it appeared farcical in comparison to the way that data are instantly available nowadays:

> "I remember colleagues having to go to archive stores and go through manual records to find the data and records they needed, which were then analysed. All that information is now stored electronically by agencies. If we were doing this type of research again, it would be more about 'cutting and pasting' relevant extracts from our own plans and strategies and forwarding it on....If the exercise was undertaken now, it would be done much quicker and much of it by email, and definitely not as many meetings and contacts." *(source: interviewee)*

He recollected how, because of the work undertaken by the group, their understanding of the concerns and issues regarding substance misuse became much broader. This essentially modified to some degree, but not wholly, people's

perceptions of drug users. He explained this was evident in the way that police officers were subsequently able to see drug users as 'people with health and social needs' opposed to just 'criminals who should be punished'. Hence, it appears that the project helped the police and others to see the complex layers that underlie drug-use, their home circumstance, their limited life chances and their lack of employment opportunities. This new knowledge provided an alternative way to see drug users, where there was a multi-agency consensus that it was in everybody's interest to work collectively to help reduce the impact of drugs. The interviewee explained that relationships flourished as a result of the group's work as traditionally the police had been very *paranoid* about their data and intelligence. However, working with the steering group helped them realise the need to share information if their strategies were to become effective. Over time, thereafter, the police became more trusting and involved in other initiatives. For example, they realised that if they were to undertake domestic drug raids, they needed to work proactively with the council to ensure that innocent occupants (eg mothers, children etc who also live in the dwelling) were immediately rehoused. If drug suppliers were removed from the supply chain, health professionals needed to be accessible to get users into rehabilitation programmes. The police began to realise that simply 'knocking a door down and arresting a drug supplier was not going to solve the bigger problem, and that a multi-agency response was needed'.

The interviewee talked about how the document had become a credible and professional piece of work. Even though it was nearly 10 years since he was involved in its composition, he stressed how he could still recollect its importance. He said that the project, not only provided the agencies with a better understanding of health issues relating to substance misuse, but it also "pulled us all together and gave North East Lincolnshire a collective responsibility and ownership of the problem". He explained about the benefits of having a 'single document' which meant that agencies had a point of reference confirming the situation and that could not be dismissed or ignored as the issues were rehearsed as 'we all had the same information'.

Based on feedback from the steering group member, I argue that the report acted as a mediator by translating individual agencies disparate and sometimes conflicting inputs into a single consolidated report. Thus, the report provided a homogenised

construction of substance misuse, which united the agencies together confirming their collective acceptance of the issue. On this basis I propose that the report may indeed provide an example showing: how relationships between agencies were formed prior to the conception of the CTP; how health inequality issues start to become materialised and inscribed and how objects helped in this process. These themes are explored in more detail in the following section:

5.1.1.1 Construction of the Report

Although the report was authored by three public health professionals who were employed by the PCT, the steering group establish the scope of the project. This entailed the work of 8 organisations as shown in figure 5.2 below:

Figure 5.2: Organisations represented on the Steering Group
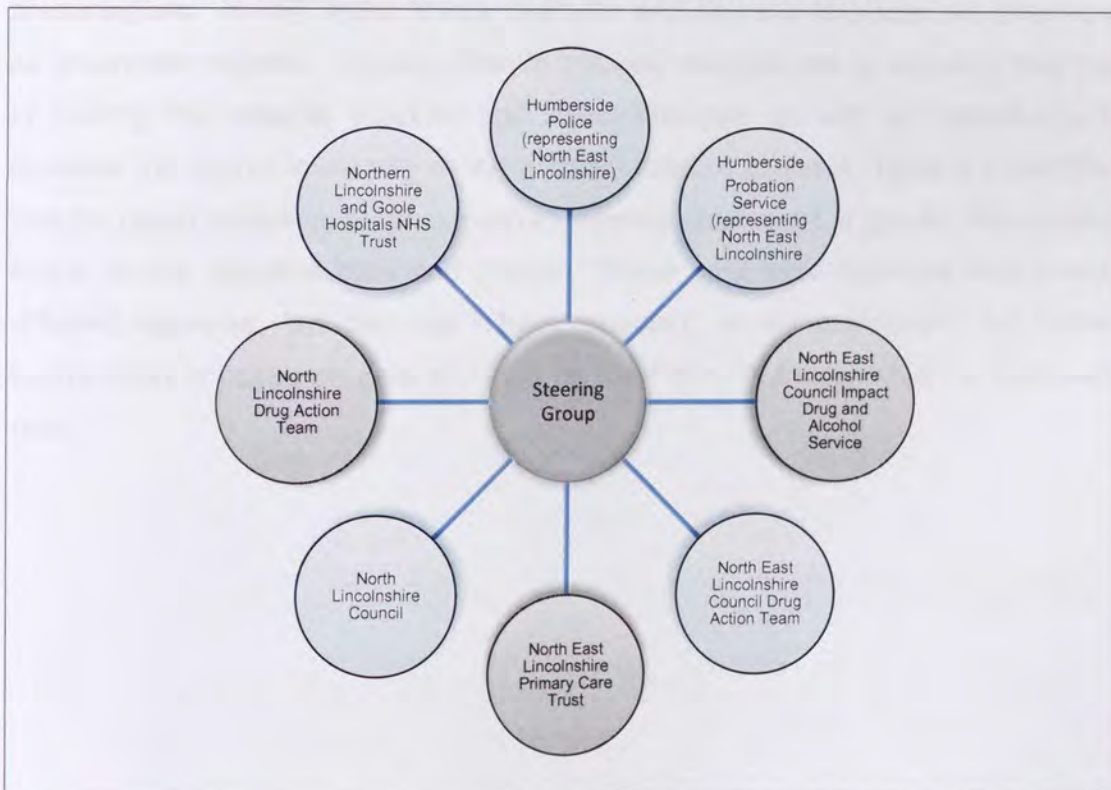
The diagram highlights that a number of organisations were assembled together to form a larger actant, the steering group. A key role of the group was to advise on the aims, objectives and scope of the research, which was a two-way process between the group and the authors. In summary, the authors wanted a collective understanding about 'the problems' from the various professionals' perspectives and to also seek their advice on how to collect the necessary data and information in

order to determine the 'answers' *(source: interviewee)*. To achieve this a number of scoping meetings were arranged which allowed consideration of these perspectives. These meetings were minuted (ibid) which can be seen as a mechanism to materialise and stabilise people's ideas and the consensus of the group. Therefore, through the process of agreeing the report's scope, aims and objectives, the authors had started to collectively problematize the issue by identifying that there was a shared problem. At this point, the ownership of the report and acceptance of the issues had changed from the authors to the steering group.

Once the steering group had set the scope, aims and objectives for the report, they were then tasked with the job of providing data and information so the groups could start to establish 'the size of the problem'. The analysis in table 5.1 identifies a range of data provided by the various agencies in different formats and methods of presentations. In ANT terms, these particular and discrete data-sets are referred to as 'inscription objects'. Viewing them in this way enables one to consider their role in binding the network together and, thus, provides us with an opportunity to consider the role of materiality in the problematization process. Table 5.1 identifies that the report contained six inscription categories which are bar graphs, line graphs, maps, tables, narrative date and quotes. These data were provided from twenty different agencies, but the one I have selected, as an exemplar[47], for further examination is based on data provided by the Police Authority which is discussed next.

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[47] It is not possible within the scope of this section to analyse all the objects used. Therefore a specific vignette, *police data,* has been chosen to illustrate the potential role of the objects in the problematization of health inequalities.

Table 5.1: Objects used by Steering Groups Representatives to illustrate 'the size of the problem'
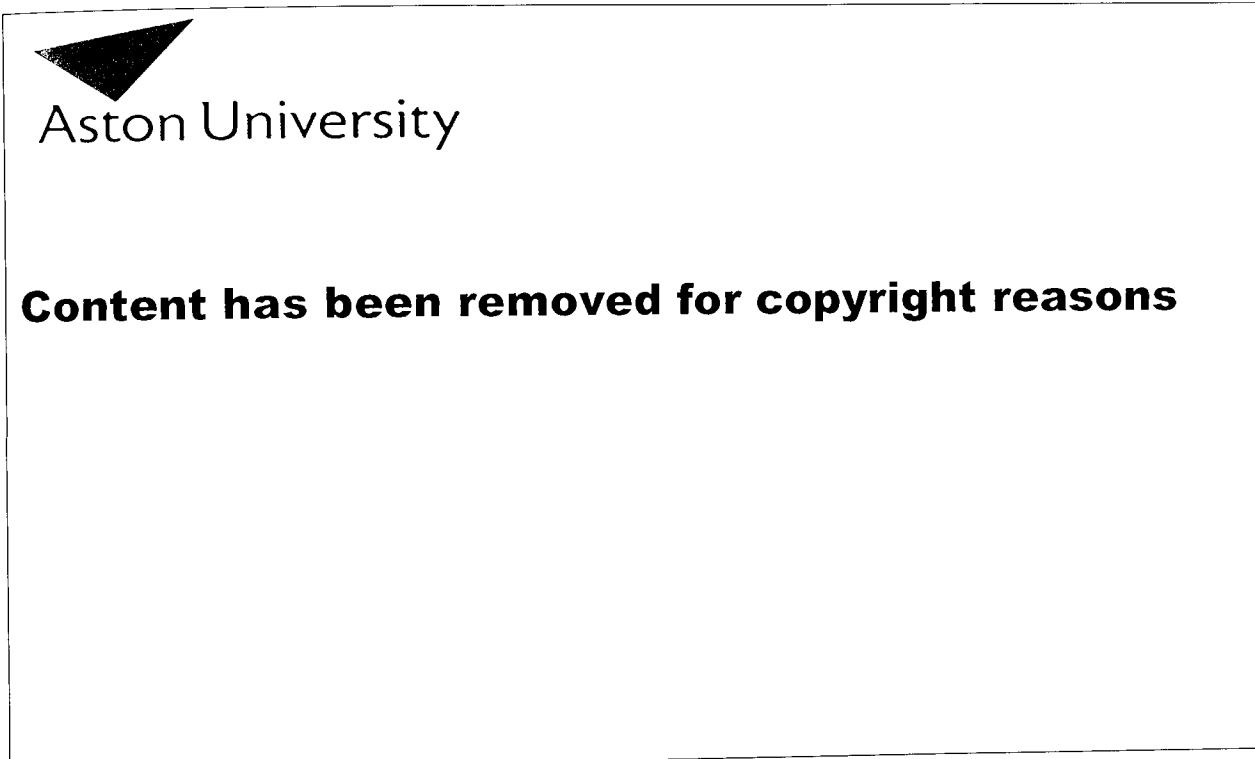
*represents the use of data from the agency, but informants from these agencies were not directly involved in the project.

Key = grey box is the object selected for further analysis

5.1.1.2 Vignette: Police Data

Police data were used to analyse drugs offences in relation to possession, supply, seizure and cultivation. Whilst the phraseology regarding drugs abound with technical, professional (medial and judicial) and criminal definitions, the report ensured a common understanding by using ordinal rankings to describe and classify the various drugs being consumed: (eg 'class A' drugs related to cocaine, heroin

and LSD; 'class B' drugs related to amphetamine and 'class C' drugs related to cannabis etc). This therefore allowed data to be repackaged in a format which was easier to understand and allowed all the 'high impact' drugs to be consolidated into a single category of 'class A'. The use of classifications to understand drugs can be compared with Star and Griesemer's (1989: 392) analysis of MVZ, whereby the museums original curator devises curation guidelines so 'diverse allies could participate concurrently in the heterogeneous work of building a research museum.' Therefore, the classification system allows drugs to be understood in a standardised way by different social actors.

The substantive part of Humberside Police Force's analysis was based on their previous anti-drugs operation named 'Troop', which was specifically targeted at class A drug dealers. The operation commenced with a covert exercise to collect background evidence and intelligence. This then then led to over 120 officers taking part in dawn-raids "to strike a blow against the region's drugs network" in an operation that was "a chance for police to reclaim the streets and to crush street-level drug pushers responsible for much of the crime on the South Bank of the Humber." (Mark, 2002). The work of Operation Troop was distilled into the document into two 'objects': the first object was a table showing a breakdown of arrest by age, and other object, see figure 5.3 overleaf, showed arrests by dwelling. It is the later I wish to focus on:

Figure 5.3: Object used to identify location of arrests (Operation Troop)
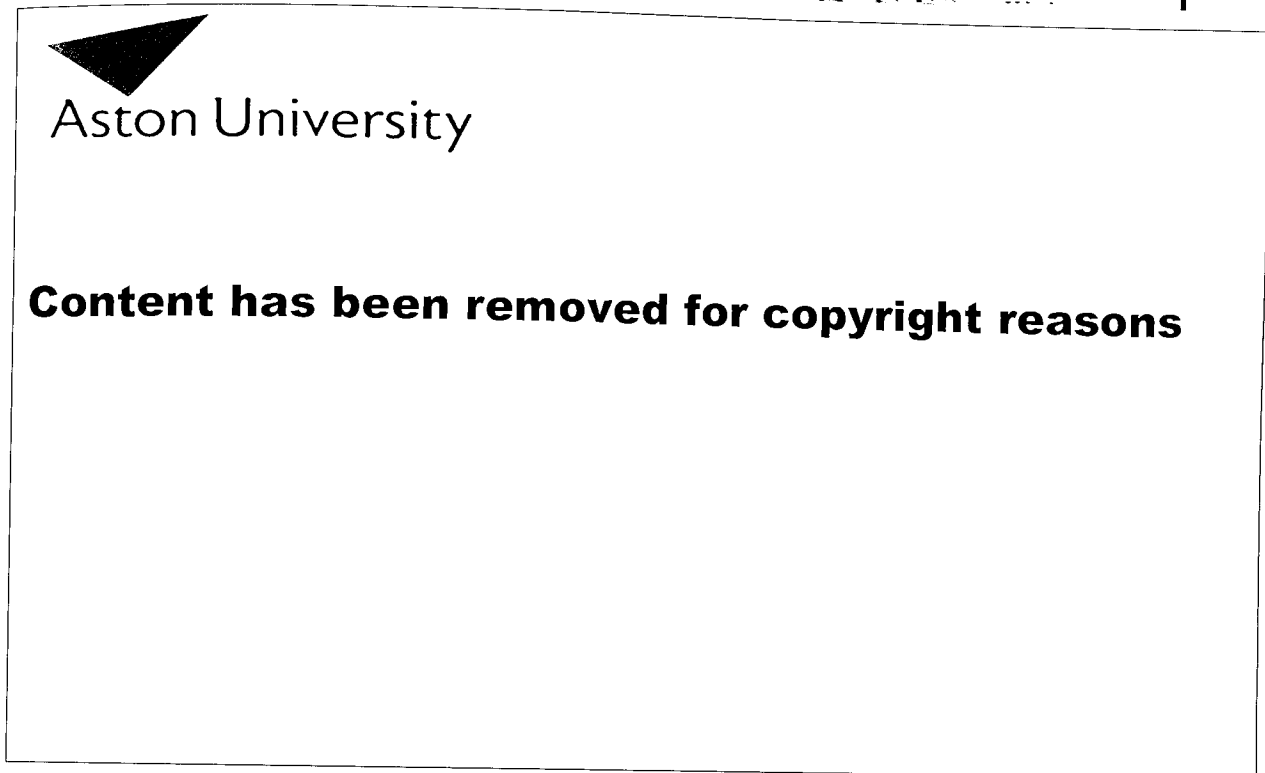
Figure 5.3 identifies the residential location of the drug dealers and users who were convicted as result of operation Troop. The arrests for illegal drugs activity are represented by red stars, which are the symbolic conclusion to the police department's endeavours. However, these stars also identify a gateway to a hidden network, which allows other actors to be followed, thus providing insights into how this drug related network created health inequalities in North East Lincolnshire. This network is beyond the scope of this research, but suffice to say this could include actors and actants associated with drugs, for example: drug producers (equipment for cultivation), logistics (networks of supply and demand), drug paraphernalia (syringes), the police, the judicial system, prisons and probation services. Therefore, data collected by Humberside Police forms a wider part of the actor-network, but this is not the key thesis of this analysis. The key point I wish to raise relates to how the map becomes a meditator translating all the information provided by the police into information which can then be used by the steering group to understand more about the impact of drug misuse and, again 'the size of the problem'. Furthermore, through this process the map can also be seen as an object

linking different agencies and different social domains together, as the red stars allowed multiple social worlds to coexist on the map (eg drug users as criminals and drug users as people with health and social needs etc). Therefore, from a socio-material standpoint we can see how numerous actors and actants, have been transposed onto a single map, thus compressing space and time and allowing the problematization of substance misuse and its impacts to be considered collectively by the multi-agency. So based on Fox's (2000: 862) interpretation of problematization, in which he states that it is a process "in which one set of actors defines a problem in such a way that the others can recognize it as their problem too...." the document can be seen as the 'actant' that has defined a problem of substance misuse in such a way (eg through the red stars) that other agencies recognise as their problem too, which is documented in the report's recommendations, as shown below:

Recommendation 1: "That regular health education and health promotion programmes provide accurate information to all young people (starting in childhood) while specifically targeting vulnerable groups, for example, those that are socio-economically deprived and excluded, those whose parents or sibling(s) are drug users, young offenders, those in care and those with learning difficulties" (p.89). This recommendation clearly shows the PCT's need to focus on the deprived areas, which were typically seen as having greater health inequalities within North East Lincolnshire and the need to involve education providers (ie the council) to deliver health education for children.

Recommendation 2: "that the issues that have been shown to impact on starting a drug career are opportunistically addressed via partnership working and raising awareness of their implications for substance misuse. Policies need to cover: poverty, being in care, sexual abuse, bereavement and adoption counselling, diversionary schemes for young people, etc." p.89). This recommendation shows that the PCT needs the help and support of other agencies, via partnership working, to address people opportunistically seeking a drugs career.

Recommendation 3: "As in other areas of health care, often it will not be sufficient to tackle a presenting problem in isolation. Failure to address wider life context issues such as accommodation needs, education, preparation for employment and childcare may slow down or reverse progress in addressing drug misuse itself. It is vital that services recognise this and offer drug misusers not only treatment for their drug misuse but also access to other services, including help with housing, legal issues, childcare needs, parenting skills and reintegration into society (p91)". This is one of the most interesting recommendations as it unequivocally advocates the need for the wider determents of health to address drug misuse.

Recommendation 4: "Drug misuse is a complex and growing problem and tackling it requires a successful balance between addressing prevention (wider life context/ education), treatment/abstinence, harm minimisation and availability. Paramount is the co-ordination and integration of action by different agencies and communities. While it is recognised that there are competing priorities for scarce resources, uncoordinated or piece-meal action attempting to tackle problems in one strand may exacerbate problems in another" p92. Finally, this recommendation establishes a view that there needs to be integration between services, otherwise the efforts and resources may be deployed ineffectively.

5.1.1.3 The Document as a Black Box

The published report can be viewed as complete and discrete object - a black box. As discussed above, this report is seen to have influenced professional opinion on health inequalities and partnership working. Therefore it is argued that the document is, in itself a larger object, which contains a myriad of other objects or inscription devices. On this basis, following the publication of the report, the steering group's work became an immutable mobile. As the previous interviewee asserted, the document was a credible and professional piece of work which made people recognise and accept the report as a representation of a whole picture which became a crucial part of the foundation of the CTP. Thus, the document and its findings in relation to health inequalities had become black boxed as depicted in figure 5.4.

Figure 5.4: Objects within an object: Health Inequalities Becoming Black-Boxed
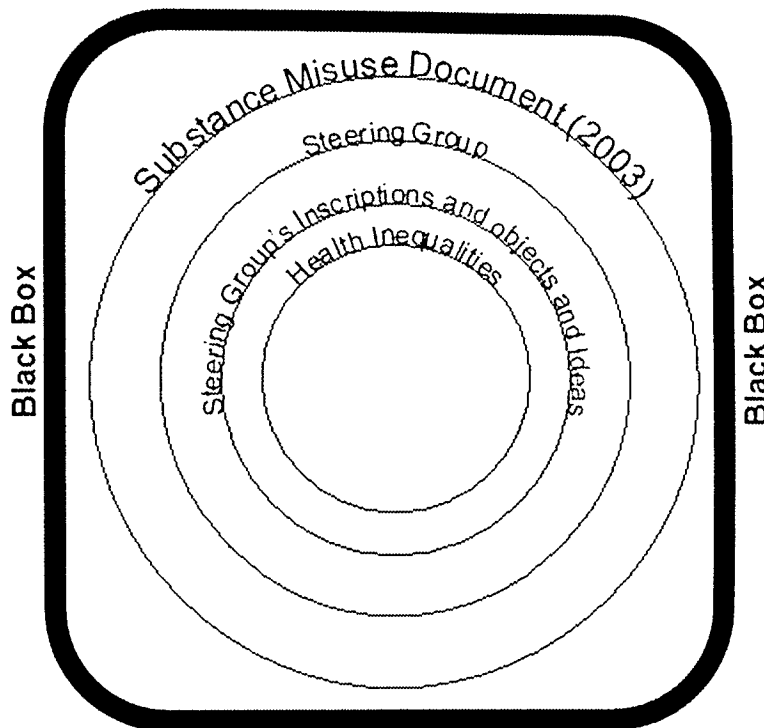
Thus the socio-materiality that is embedded within the document has, ultimately, constructed a new body of knowledge, which thereafter became black boxed.

Given that the report was written by three PCT employees in 2003, and based on the content and recommendations of the report, there is clear evidence to show that senior managers at the PCT accepted the importance of health inequality and the need to embrace partnership working long before the DH Published the document "Creating a Patient Led NHS". Furthermore, not only had their work established the need for collaboration, but it also exposed partners to the practical benefits of starting to build relationships with other agencies to gain their support. However, despite the agencies acceptance of the need to work in partnership to tackle health inequalities, the 'idea' lay dormant until a 'precipitating actor' provided the catalyst to establish a wider network. In summary, therefore, this vignette illustrates a practical example showing, perhaps, how a 'common architect' and 'thinking', was being developed which may have formed part of the foundations (or preconditions) needed for the CTP to become established.

Accepting the limitations of making any generalisations based on just one document, my proposition is that PCT managers were keen on collaboration. However, what is of equal interest is to understand how health inequalities were problematized and materialised to the NELC decision makers. Therefore the focus of the next section is to present empirical evidence to show how the elected members became acquainted with the notion of health inequalities.

5.1.2 Example 2: How Council decision-makers were becoming sensitised to the need to address Health Inequalities:

This section builds on the analysis of the previous example relating to "Substance Misuse". However, rather than focusing on a single discrete document, it considers a wider evidence base to identify how, prior to 2005, the concept of 'health inequalities' became disseminated to influential stakeholders in NELC, thus supporting the argument that 'alignment', 'thinking' and the creation of the right 'architecture' was being developed on an on-going basis. In summary, the following broad brush analysis suggests that a 'road to Damascus' event did not occur. Rather, there were a number of low-key events which provided a 'drip-feed' to key stakeholders confirming the need to consider issues relating to the concept of health inequalities. The following analysis is based on documentary evidence collected, from formal council meetings from January 2004 until April 2005. The period of time has been selected because it precedes DH's publication of the document 'Creating a Patient Led NHS'. In other words this demonstrates how key decision makers became exposed to the issues of health inequalities and the need for them to be addressed, prior to the publication of the DH document.

January 2004 The council's Scrutiny Panel[48] joined with health partners to look at health issues relating to North East Lincolnshire. It was concluded that the need to address health inequalities was recognised as the most important issue by the majority of those present (NELC, 2004f).

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[48] Scrutiny Panels are set up by the council to hold decision makers to account, ensure transparency, challenge where necessary, and where relevant engage with outside bodies (NELC, 2010).

February 2004: The council agreed to develop a Health Scrutiny Network. The network would be used to help forge closer working relationships between the agencies. This would help share experiences and issues relating to: coordination of work programmes; the exchange of best practice and strengthening links between NELC and NHS organisations to develop joint protocols (NELC, 2004j).

February 2004: A Scrutiny Panel was set up to look at whether agencies were working effectively to tackle health inequalities with children and young people aged 10-15 years, regarding drug and alcohol misuse (NELC, 2004b).

February 2004: Peter Melton (Chair of the Executive Committee, PCT) presented the Scrutiny Commission for Health with an overview of the Clinical Services Strategy which identified key priorities including the need to tackle inequalities and improve access to services and maximise potential health opportunities. An emphasis was placed on achieving this for those with the poorest health, not only by providing high quality, accessible and effective services, but by focusing on factors that have a wider implications for on health (NELC, 2004d: 1).

May 2004 The council's Health Scrutiny Panel was advised that health inequalities in deprived wards were significant issues that needed addressing. In consequence the council's Health Overview and Scrutiny Board was tasked with overseeing and monitoring a range of health targets. The board involved over 12 agencies, including representatives from North East Lincolnshire PCT (NELC, 2004d).

May 2004: The Health Scrutiny Panel set up a forum to look at health inequalities. The remit was to invite a number of organisations to provide evidence to the panel to demonstrate how they were tackling or improving health inequalities. From this initial investigation the panel was able to begin to understand how services could be targeted around 'difficult to reach' groups or to tackle specifically identified areas of deprivation. (NELC, 2004e).

May 2004: The Scrutiny Panel for Health invited Jane Lewington (Chief Executive NELPCT) to update them on key health issues. Jane Lewington gave the panel a presentation on current challenges and forthcoming actions which NELPCT would

be undertaking. The five key challenges related to: health inequalities, access to services, workforce issues, premises issues and health and social care (NELC, 2004k).

July 2004: The Scrutiny Panel received a presentation from Dr Tony Hill (Director of Public Health) to discuss the 2003 Public Health Annual Report. Key issues in the report related to high rates of suicide, a high number of teenage pregnancies, persistent issues of drug misuse and the effect of health inequalities in deprived wards' (NELC, 2004c).

September 2004: The Education Scrutiny Committee undertook work to look at the National Healthy School Standards (NHSS) promoted by the Department for Education and Skills (DfES) and the Department of Health (DH). This was seen as a way of reducing health inequalities, promoting social inclusion and raising educational standards (NELC, 2004g).

September 2004: A protocol / agreement between North East Lincolnshire Council's Health Scrutiny Panel and the Northern Lincolnshire and Goole Hospitals NHS Trust Patient and Public Involvement Forum was agreed. This document raised, amongst other things the possibility of joint working (NELC, 2004h).

December 2004: The Health Scrutiny Panel arranged an event for relevant organisations to look at how health inequalities could be reduced. This event identified 14 projects to support the healthy schools initiative and help reduce health inequalities (NELC, 2004i).

January 2005: The council's elected members received information about how future local government inspections would focus on council's with the worst health inequalities and how local authorities would need to meet national targets. It was also identified how inspection regimes would expect joint working between agencies to be in place to tackle health inequalities. Emphasis was placed on the local authorities helping assist public health functions, in order to make a lasting difference (NELC, 2005e).

February 2005 : The Education Scrutiny Panel met to look at a topic titled 'failing to thrive' which sought to understand eating variation between schools and whether children have access to healthy food at home.(NELC, 2005b).

February 2005: The Annual Report 2004 from the Director of Public Health was presented to the Health and Scrutiny Panel. Such was the interest surrounding this report, that a special meeting of the panel was arranged to consider the content in more detail. The report confirmed issues relating to health inequalities in deprived wards. The report also confirmed that life expectancy was improving locally but North East Lincolnshire was still in the bottom 20% of areas nationally with the worst life expectancy. In conclusion, the report confirmed that more effort was needed to support the residents of East Marsh, West Marsh and Croft Baker wards. The document showed a comprehensive array of data including 15 tables of epidemiological data, line graphs, box and whisker graphs, histograms, plot-charts and hierarchy diagrams.(NELC, 2005a; NELPCT, 2004).

March 2005: Health Scrutiny Panel considered the implications of the 'Choosing Health' White Paper. The White Paper was described as being of vital interest to all sections of local government as it determined the action needed to address growing health inequalities. It also highlighted the key role of local authorities in promoting the health of the population and confirms the importance of partnership working and of local community engagement (NELC, 2005c).

March 2005: The council's cabinet approved the Healthy Communities Collaborative that aimed to reduce accidental falls. The collaborative programme confirmed the need for health, social care and the wider community to work more closely for the effective delivery of key services. The key partners who made up the collaborative were identified as Northern Lincolnshire and Goole NHS Trust, North East Lincolnshire Council and the North East Lincolnshire Primary Care Trust (NELC, 2005d).

May 2005: North Lincolnshire and Goole Hospital presented their 'Draft Strategic Direction 2005- 2010. Again this confirmed the "The most significant problem that we have to tackle is that the health of the poorer people in our community is not only

less good than the average but that the gap between their level of health and that of people with the best health continues to increase" (NL&GH, 2005: 9).

Analysis: The above documents confirm that health inequalities were becoming socio-materially embedded and that relationships were being formed prior to initial discussions regarding the CTP formation. Democratic processes such as cabinet meetings and scrutiny panels allowed elected members to become exposed to the issues and concerns relating to health inequalities. These were aided by inscriptions such annual public health reports, which problematized health inequities through the use of text, diagrams and physical presentations. The cabinet papers and supporting appendices helped the elected members understand key health issues and enabled them to become familiar with its phraseology (eg health inequalities, areas of depravation, public health). Therefore, interactions about information sharing helped problematize and raise awareness of health inequalities (eg what are health inequalities? How are health inequalities created? How can we reduce health inequalities?) At this point (ie April 2005) it could be argued that because a connective 'architecture' had been established as exemplified in the multiagency 'Substance Misuse Report' (section 5.1.1) and the subsequent communications with NELC elected members (section 5.1.2) the two key partners' values had started to become aligned which provided the necessary level of trust for the CTP concept to be considered.

The next section looks at stage 2 problematization. This follows the CTP journey from the point when directors made a conscious decision to create a macro-actor which would become the CTP.

5.2   STAGE 2: PROBLEMATIZATION: (THE PRECIPITATION STAGE)

As discussed previously, the need for the PCT to consider a new model of primary care delivery (ie the CTP) was precipitated by the DH document, "Creating a patient-led NHS: Delivering the NHS Improvement Plan" which was also underpinned by the DH's strategy to develop a commissioning approach to NHS provision. Together these documents articulated the DH's vision for widespread reform which necessitated PCTs to reorganise themselves through mergers and, ultimately, reduce their overall numbers. This structural reform, it was argued, would help

generate cost savings of £250 million through greater economies of scale realised by improved commissioning (HoCHC, 2005). The regional Strategic Health Authority, known as the Yorkshire Humber Strategic Health (Y&HSHA) Authority was responsible for implementing these changes (HoCHC, 2005). Through consultation with local people and patient groups, NHS organisations, local government, MPs and other stakeholders, the regional SHA was required to "deliver a fit for purpose health system with an effective and objective commissioning function able to deliver high quality care and value for money alongside the improvement of health promotion and protection" (Crisp, 2005). As reported in the previous chapter, the Y&HSHA had responsibility for 34 PCTs, and proposed that North Lincolnshire and North East Lincolnshire should merge to create Northern Lincolnshire PCT, which was the original configuration pre 2002. However, NELPCT managers felt this was a regressive move as illustrated below:

> "What the SHA wanted us to do was to combine North Lincolnshire PCT and North-East Lincolnshire PCT, which would have taken us back to the same geographic area which we operated when the South Humber Health Authority was in place; and those of us that were working in North East Lincolnshire at that time knew this arrangement wouldn't work and secondly we feared that resources would once again be drained from North East Lincolnshire and syphoned to North Lincolnshire and we wouldn't want to see that happen as it would have a detrimental effect on our ability to reduce health inequalities." *(source: interviewee)*

The PCT directors felt there were different kinds of reasons to restructure: one based on the needs assessment of the local population, and the other based on the convenience of previous health care administrative boundaries (the SHA were pursuing the latter). The possibility of the Y&HSHA proposal coming to fruition created a great deal of consternation for North East Lincolnshire health care managers as they felt that funding of between £6m to £13m would be reduced thus representing a poor deal for *their* residents *(source: interviewee)*. This is summarised by one of the interviewees comments:

"One of the issues was that the Strategic Health Authority was spending much more on North Lincolnshire than North East Lincolnshire and that was largely because, and it's still true today, that the use of hospital resources and the use of residential care was very much higher in North Lincs....and from my point of view that was a gradient in the wrong direction because the poor health and health inequalities were much greater in North East Lincolnshire than they were in North Lincolnshire so I would not have wanted to see the expenditure the other way round." *(source: interviewee)*

Clearly, from the interviewee's perspective, a merger would exacerbate the health problems, as less money would be available to spend on the residents of North East Lincolnshire who were seen as having a higher level of health inequalities. So in order to counter this proposal, NELPCT looked to develop an alternative primary health model. An approach described as a *defensive strategy*:

"I think the big change that stimulated this, the care trust plus, and I am sure Jane [Jane Lewington CEO] would agree really, was a defensive one, not a natural progression of what had gone before, and the defensiveness was around changes in the NHS, which was that one [pointing to the DH 'Patient led NHS document'], where the Health Authority's view of it, as then, was that there should be one single PCT across North and North East Lincolnshire. History suggests that North East Lincolnshire gets the worst deal that it could get etc so the response to what was seen by regional office as the right way forward ie a single PCT [created from North Lincolnshire and North East Lincolnshire merging] was challenged locally, and that's where you have got what I think is an **acceleration of the partnership arrangements**....So I called this a defensive view about making the care trust plus application." *(source: interviewee)*

Describing the approach as a 'defensive strategy' recognises that managers were starting to problematize the current state of affairs. One does not build a defence, unless there is an expectation of a problem. Hence the phrase 'defensive strategy' acknowledges that something was under attack; something that the PCT felt was worth fighting for and defending. The following section takes forward this defensive concept and argues that the core issue which the actors wanted to defend was actually a further deterioration in health inequalities.

5.1.2 Defenders of Health Inequalities:

The previous section identifies that, when the PCT became aware of the impending crisis caused by the YHSAH desire to create an inter-PCT, senior managers problematized the consequences in terms of finances which would lead to deterioration in health outcomes. In response, NELPCT's solution was to form a partnership with the council and leave North Lincolnshire out of the arrangement. Figure 5.5, below, attempts to capture this process by showing how the key actants interrelate to each other in the second phase of the problematization process.

Figure 5.5: How Health Inequalities Created a Barrier to Prevented Inter-PCT Merger?
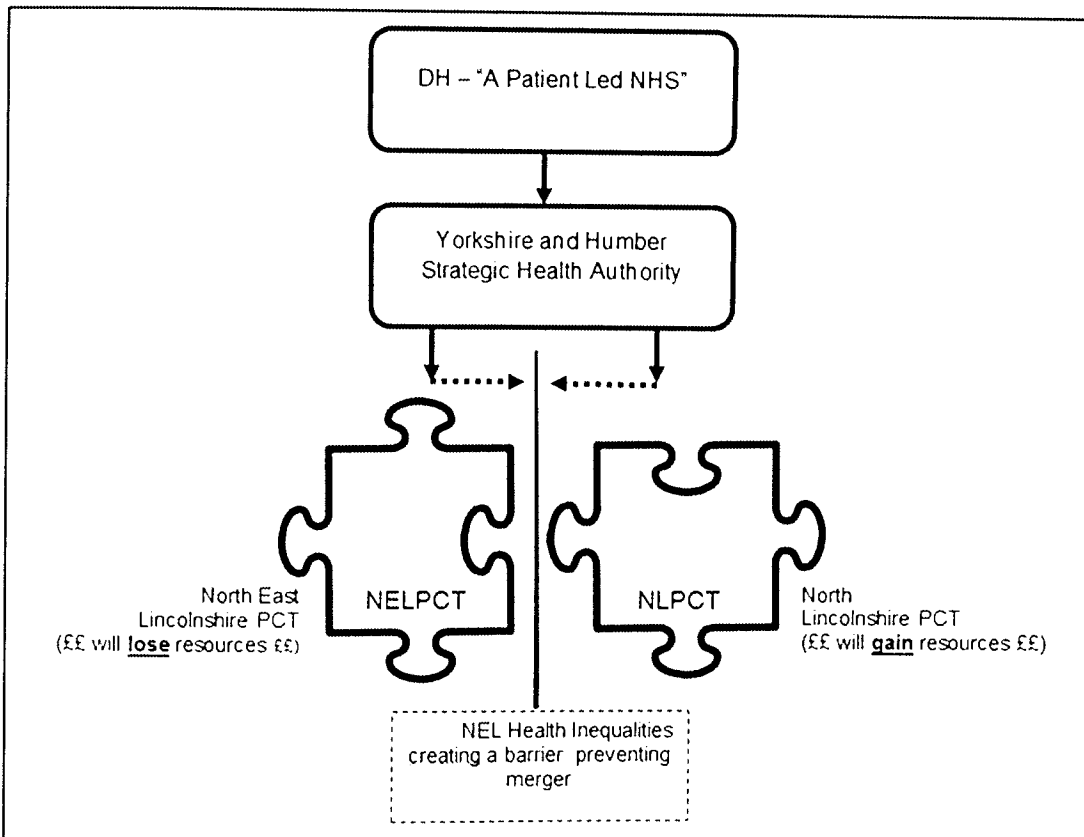
Looking at figure 5.5, the process starts by understanding the context. Power is embodied within the DH document "Creating A Patient-Led NHS", which is, in itself, an inscription of the government's intention to make PCTs more efficient and cost

effective[49]. The document was widely disseminated and SHAs were consequently charged with the role of considering new PCT configurations and implementing change. At this point the SHA proposed to merge North Lincolnshire and North East Lincolnshire together to create a Northern Lincolnshire PCT. Although initial discussion took place, the plans foundered because North East Lincolnshire PCT had deep-rooted concerns that health inequalities would widen if the proposal came to fruition. These deep-rooted concerns were recognised by key decision makers as previously discussed in phase 1 problematization, through socio-material arrangements such as scrutiny committees, maps, graphs and reports etc which identified the importance of addressing health inequalities. The key argument to this analysis is, as shown in the diagram, that health inequalities may have actually prevented or inhibited the progression of the inter-PCT amalgamation. The diagram suggests a barrier; however, in reality health inequalities are not physical or vociferous. So how did health inequalities prevent the Y&HSHA macro actor from gaining momentum? One suggestion is because of the myriad of socio-material elements that became inextricably linked together in such a way as to ensure that health inequalities had a voice to act as a spokesperson to speak on their behalf. For instance, the myriad of performance information, as reference in Chapter 4, demonstrated the acute problems suffered by many residents of North East Lincolnshire. The agency of the socio-material factors described in phase 1 illustrated how the 'thinking' and 'architecture' had been established over a number of years. Together these compelled decision makers to face up to the health problems that abound within North East Lincolnshire. The synthesis of this argument is that health inequalities are not a barrier in their own right, but constructs that are established and solidified socio-materiality through things like performance data, reports, presentations, managers' attendance at scrutiny committees. In this case, it is argued that antecedents identified in phase 1 problematization had the agency to change ideas, ideology and the philosophical underpinning of what

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49 Naturally, one could extend the research to trace the actants that were responsible for publishing the "Patient-Led NHS" document. Whilst this would provide a whole new layer of 'down-stream' actants which could be embodied within the research such as ministerial, health professionals, ideological input. However, the boundlessness of ANT contrasted with the need to ensure the research scope remains manageable and focused means the research has to impose some boundaries on what is perceived to be both relevant and important. To do otherwise would mean the analysis can go back further... twofold, threefold....ad infinitum.

constituted health inequalities. For health inequalities to have a voice within the network they needed, not only to be recognised as an issue of concern, but to be given sufficient attention over a period of time for the issue to become sustained within the network. Thus health inequalities are embodied within a wider network of actants. They become immutable 'facts', or at least 'facts' with sufficient gravitas that could influence the organisational development of CTP.

5.2.1 Health Inequalities and Wider Determinants of Health (WDH)

Referring back to figure 5.5 this suggested that, although North Lincolnshire acted faithfully to the DH policy and were happy with the principles of the proposal, the actions of North East Lincolnshire unilaterally changed the fate of North Lincolnshire. So, while North Lincolnshire PCT was compliant, they were unable to become wedded to their pre-arranged partner, because of the disparate health needs across NEL. Health inequalities therefore acted like a junction box, bifurcating the DH's power in two directions. This is a pivotal moment, crystallizing the problematization. The problem for NELPCT was, essentially, the relative poor health of its residents and the prognosis of further decline if the inter-PCT merger was realised. This is where NELPCT directors became cognisant of the need to develop an alternative-network to address health inequalities. Thus the directors became mediators as they literally translated the DH document "Creating a Patient Led NHS" as an opportunity to develop their own organisational model. In this regard it could be argued that the PCT (or at least its chief executive) became the spokesperson, speaking on behalf of the North East Lincolnshire residents and, in particular, the stoic[50] residents (who may not have felt empowered to speak for themselves).

Although the DH's desire to merge PCTs was not seen as a positive move for North East Lincolnshire, ultimately it presented an opportunity - it acted as a 'wake-up-call' that something had to be done to improve health inequalities. So, the PCT directors realised that, unless a counter-proposal could be drafted which also met the DH's

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[50] This is with reference to page 140 section 4.4.3 where an interviewee advised that pockets of the population had a stoic attitude "this is what life has dealt me" and would not necessarily consider seeking medical advice.

efficiency objectives; it would be unlikely that inter-PCT merger could be avoided (*Source: Interviewee*).

In lieu of the inter-PCT proposal, a concept of shared / integrated services between the North East Lincolnshire Council and NELPCT (ie the creation of the CTP) was considered by PCT directors. Although the impetus for organisational change was precipitated by the need to avoid a merged-PCT alliance, ultimately the directors realised that, by aligning the council and PCT together to deliver health care, it could actually offer an innovative alternative to the traditional health care delivery model. The contrast between *traditional health care* and an *alternative health care paradigm* is illustrated by the following quote, which also demonstrates the organisations commitment to 'think differently' about health care:

> "The things that affect people's health are largely not health services. This always irritated some of my colleagues in the health service but the fact is, the health service has some impact on people's health but nothing like as much as they and the public would like to think. So what is probably the biggest impact on people's health is whether they have a job or not, but linked into that, and all these things linked very closely together, is: their educational attainment, what are their skill levels, what's the environment they live-in, the housing that they live-in, their access to transport and leisure, and all sorts of things as well as their air quality and water quality and food quality and all those things have a big impact. And our jargon is that those are the **wider determinants of health**. What we were arguing for was that the local authority and many other partners in the local strategic partnership had a bigger influence on people's health and gaps that exist in people's health than the NHS, then there should be a much closer link." *(source: interviewee - emphasis added)*

This quote demonstrates the directors believed that *wider determinants of health* (WDH) can have a much bigger impact on people's health. So from the network's perspective NELPCT has started to re-orientate what constitutes a health provider. For example education is no longer regarded as an institutional process for gaining qualifications; but is seen by the PCT managers as a process for being a health enabler (tackling obesity through education), ill health prevention (smoking awareness) and health providers (providing healthy meals and physical education). This shares similar characteristics to DeLaet and Mol's (2000) study of neo-baby milk (*cf* chapter 2 section 3.2.3.1), where they considered the question "what is

food?" in respect of staff in a clinical setting. To the dispensary staff, it was mere fluid, to the nurse it was numbers and to the baby it was sustenance. Similarly, if we ask 'what is education' we can say it is about advancing children's knowledge to gain qualifications, but we can now also say it is a way to improve their health.

In summary, this discussion acknowledges the role which the wider determinants of health (WDH) can have on people's wellbeing. As the council had responsibility for education, transport, economic regeneration, housing and social welfare, securing its allegiance would be necessary for the network to succeed. This, in itself, presents an interesting paradox, as the only way in which the PCT could gain strength is to divest some of its power, primarily embodied within its public health function, to the council. Therefore, through the formation of a bigger actor-network (ie the CTP) the PCT does not assume an imperial position and absolute sovereignty. On the contrary, for the network to develop, it needs to surrender parts of its structure. In this instance, power is not unilateral, but based on a web of interrelationships and interdependencies.

5.3 STAGE 3: (ACCEPTANCE STAGE)

According to Gunawong and Gao (2010: 2) "focal actors [are] striving to become indispensable to the other actors by defining the problem and motivating them into the network". Clearly, relating this to the preceding discussion, NELPCT directors may be considered as the 'focal actors'. The directors identified that inter-organisation collaboration would provide a win-win solution for both organisations and problematized this in a way that 'motivated NELC Executives into the network', this was also supported by the council's ruling administration. On this basis, I have defined this element of the problematization process as the 'acceptance stage', because it describes a point in the process where NELC directors acknowledge the need to accept the proposal for inter-organisational collaboration between themselves and the PCT. The following two quotes illustrate how the symbiotic and interdependent relationship between NELC and NELPCT was problematized and accepted.

Quote illustrating the how the PCT was indispensable to the Council

"The council was in special measures in relation to their overall performance and they became so focused on trying to improve their ratings overall, it certainly felt, from a health perspective, that we had to pick up more and more things which historically the LA would have led on. We started to lead on their behalf because they were so inward focussed. So, I think we just started to move things on for the council. So, they accepted that and that we [the PCT] could probably be the support they needed, especially in relation to Adult Social Services which is what they were being most scrutinised on. And so it would be a win-win. So if you like, we were initially opportunistic in taking things forward, but they were willing to accept our support because they needed us." *(source: interviewee)*

Quote illustrating the PCTs desire to motivate NELC into the network

"Because the local authority was in a bit of a crisis basically. That was when the first chief executive left and all hell broke loose, for about two years and they were under heaven knows what scrutiny. So they were understandably inward looking and needed what help they could get, so we ended up doing very broader outward looking stuff. So I guess we took that wider view quite quickly, and we also had a very strong director of public health; who was very keen on public health improvement and the wider determinants of health and saying 'you know we can't do this, the change that we need' and our track record in terms of the performance was very good, but what we were really really struggling with was the health, public health, health improvement, health inequalities. We were really failing to crack that and that's where we needed the council." *(source: interviewee)*

These quotes illustrate how the performance of the council was ultimately determined by the Audit Commission's CPA as they had placed it in 'special measures'. Thus, in effect their performance assessments (inscriptions) reduced the organisation's scope to lead a collaborative project, as the council consequently became 'inward looking' and unable to provide community-wide strategic leadership.

With regard to the second interviewee, she confirmed that the PCT was failing to crack the health inequalities, so an alternative strategy had to be sought. Thus through the problematization process a partnership solution started to emerge (ie CTP), but how were other relevant actants engaged in the process so they could be negotiated into the new partnership arrangement? At this stage in the process the relevant actors are considered to be the council directors and elected members. In

other words, the key decision makers, who needed to be persuaded to join the alliance. Without their agreement, the venture would not be able to progress any further. In view of this, the next section looks at this question through the concept of the obligatory passage point, which shows that the PCT, in their self-appointed community strategic leadership role was able to help with the council's own (and very different) problematization process which was fundamentally about improving their internal arrangements (not necessarily health inequalities). The PCT had articulated a solution in the form of the CTP, which not only helps them 'crack health inequalities', through the development of an integrated partnership, but also helps facilitate a pathway to for the council to improve their 'core business' and, hopefully, provide an expedient solution so Adult Social Services could be removed from the Audit Commissions 'special measures' register. This quid-pro-quo problematization process thus provided a recipe to develop the CTP.

5.4 ANALYSIS OF THE PHASES OF PROBLEMATIZATION AND THE OBLIGATORY PASSAGE POINT

Problematization is a process "during which a macro-actor determines the identities and interests of other actors that are consistent with its own interests. In this way, it establishes an obligatory passage point (OPP) and renders itself indispensable. Other actors are then approached to join in solving the problem through forming an alliance" (Rhodes, 2009:5). This process is described below and is delineated in table 5.2 showing how NELPCT managers problematized numerous issues and set themselves up as a 'solution' for the ailing council.

Quad 1 (table 5.2): The myriad of issues relating to NELC are problematized through performance management regimes and inscriptions (eg poor inspection ratings, financial deficit etc). Using these inscriptions, NELPCT's managers are able to understand the council's needs and consider ways to improve its performance.

Quad 2 (table 5.2): NELPCT's managers are able to offer ways in which they can help NELC council managers improve service performance. Thus, NELPCT managers are showing that they are indispensable to the council managers. They have defined NELC's problems (aided by inscriptions) and offered their expert solution. NELPCT managers have also identified that any help offered to NELC

managers would be 'consistent with their own interests', as they needed NELC managers to form an alliance to help reduce health inequalities.

Quad 3 (table 5.2): PCT managers problematized how it would be difficult to reduce health inequalities, unless the services that have a wider determination on health can be employed (ie NELC). Hence, the solution they offered was to form the CTP (See quad 4).

Table 5.2: How roles were defined and problematized

Quad 1: NELC Problems (as defined by inscription)	Quad 2: PCT Solutions (as defined by the PCT)
• Being inwardly focused	• PCT managers could provide community leadership
• Lacking leadership	• PCT could directly manage adult social care services.
• Being under constant scrutiny	• PCT could improve service outcomes, which would remove adult social care from special measures.
• In need of capacity and better financial management	• The council would become a commissioner, freeing up capacity
Quad 3: PCT Problems (as defined by the PCT)	**Quad 4: Solutions (as defined by the PCT)**
• There are problems relating to health inequalities • The PCT has, historically, had difficulties 'cracking' health inequality issues	• Formation of the CTP • Engage council's services (education, housing and regeneration) to help reduce health inequalities.
• There is a need to more effectively address health issues through the engagement oaf adult social care	• Integration of health and social care..

Therefore, in order for NELPCT managers to achieve their objectives (quad 4), they underwent a process of negotiating and defining new roles for NELC managers which would ultimately lead to the establishment of the CTP.

5.5 CONCLUSION

What ANT draws attention to in this debate is that socio-material elements form an intrinsic part of the network development, binding various heterogeneous elements together. In particular, consideration is given to the materiality and objects which might otherwise remain obscure. So, whilst it is clear that NELPCT managers were visible and vociferous protagonists who were wilfully preventing the Y&HSHA's merger from progressing, this analysis equally argues that 'health inequalities' also played a significant role in the impasse (hence both social and material). Through the interplay between managers and various objects, health inequalities became established as an actant which was durable enough to, not only survive the Y&HSHA predatory advances, but sufficiently sophisticated to be a mediator translating people's views. ANT has allowed the associations between health inequalities, other actants and actors to be traced.

The concept of problematization occurring over three phases and iteratively provides an argument to suggest that problematization is solidified over space and time through a socio-materiality. It is not necessarily a single incident but a number of interactions which ultimately creates a critical mass. Depending upon the particular point within the ANT journey, the interactions may appear to be abstract and unconscious - who knows their relevance at the time and where they will lead? (phase 1) or directly relevant (phase 2 and 3) as there is a defined pathway which is being followed by this stage.

The next chapter now looks at Callon's second moment of translation, interessement which identifies the strategies that were used to enable the CTP concept to become a reality.

CHAPTER 6

INTERESSEMENT
STRUCTURES, ADMINISTRATION AND GOVERNANCE

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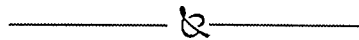
6.0 INTRODUCTION

In the last chapter, I identified how socio-material factors supported the problematization of health inequalities. The analysis was undertaken in three stages of problematization. The first phase (precondition stage), described how agencies within NEL started to become aware of health inequalities. I focused, in particular, on how agencies worked collaboratively to publish the county's first multi-agency report on "Substance Misuse - Assessing Health and Social Needs in North East Lincolnshire". This exemplified how multi-agency collaboration helped, not only to establish new information regarding health inequalities, but also to develop a socio-material network that would ultimately help (years later) in the development of the CTP. The second stage (the precipitation stage) identified the 'tipping point' whereby the initiating actors realised that remedial action needed to be taken to address issues of concern. Their concerns related to the DH's publication of the policy document "Creating a Patient-Led NHS: Delivering the NHS Improvement Plan", which resulted in the Y&HSHA proposing to merge neighbouring PCTs (NELPCT and NLPCT). The last stage, (the acceptance stage) is the when the actors who were targeted to join the network accepted the problematization presented to them by the focal actors. NELPCT directors positioned themselves as indispensable to the council, by arguing that they could offer leadership to improve its services (particularly Adult Social Services), which the council's executives welcomed because it may hasten the organisation's removal from the Audit Commissions 'special measures' register. Hence, this final phase of problematization is seen as the 'acceptance stage', because it describes a point in the process where NELC directors acknowledged the need for the PCT's support and vice versa.

This chapter uses Callon's second moment of translation - interessement to understand how the PCT directors "sought to lock the other actors into the roles that had been proposed for them in that programme" and what devices were used throughout this process (Callon 1986: 196 / 203). Another helpful way to understand interessement, is to consider it as a series of practical negotiations that ultimately test the problematization claims (Sage, Dainty and Brookes, 2011). While these definitions are invaluable and are necessary to frame the discussion within this chapter, they appear to assume that interessement strategies only flow from the prime movers (or to use Callon's terminology 'primum movens'). Although it may be the case that the prime movers initiate interessement strategies, what my case study also shows is the possibility of 'counter-interessement' strategies, which are initiated subsequently by those actors/actants of anti-programmes. As such interessement strategies can also be seen as something that one set of actors initiates and another set of actors reacts to or vice versa. This is discussed later in this chapter.

6.0.1 Chapter Structure

The discussion on interessement is structured around five key themes which are briefly described below:

Part 1: Anti-programmes and their Context: In this section, I introduced the notion of anti-programmes by discussing how four regulatory agencies, (Y&HSHA, Y&HGO, CSCI and DH), to some degree or another, opposed the CTP proposal. Whilst the four regulatory organisations resisted the ascension of the CTP, their endeavours ultimately failed.

Part 2: The Directors' Inaugural Meeting - Bridging the Gap: This section provides a description of a 'watershed' meeting attended by NELPCT directors. The meeting concluded with all directors voting on whether to proceed with the CTP proposal. In particular this vignette illustrates two points: firstly how the endorsement of the CTP proposal was contingent on just a single director convincing the other directors that the CTP proposal was worthwhile; and secondly

how this meeting could be seen as the 'bridge' allowing the 'token' to pass from the problematization phase to the interessement phase.

Part 3: Pre-Inception Boundary Spanning Processes: Following the directors' meeting, I then go on to describe how the *pre-inception*[51] administration, governance and organisation structures were formed. This identified that actants such as 'fibre optic cables' and various coalitions of actors helped to develop the administrative capacity and structures necessary to complete CTP set-up arrangements.

Part 4: Inscribing Pre-inception Governance and Administrative arrangements: This section describes the key outputs of the pre-inception administrative and governance activities and explains how DH's formal application process influenced NELC/PCT structural arrangements.

Part 5: Analysis of Informal Network development: The last section provides an insight describing how the directors utilised their own professional networks to unofficially lobby the regulators (ie the anti-programmes) and convince them that the CTP proposal was a worthwhile venture.

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[51] Pre-inception refers the time period between: the point when it was agreed to develop the CTP and up to the point when the CTP became a legal entity ie the point of inception.

6.1   INTRODUCTION

Clearly NELC and NELPCT's overall objective was to create the UK's first integrated health and social care organisation encompassing public health. However, as is often the case with collaboration, many factors can either prevent its development (Widmark, Sandahl, Piuva and Bergman, 2011; Maddock and Morgan, 1998), which was certainly true of the CTP proposal. To this end, this section sets the scene by describing a number of anti-programmes[52] that may have prevented the CTP network from forming. These anti-programmes are considered to be the four main regulatory organisations that had an interest in the CTP proposal, (arguably an interest in the failure of the proposal) and are briefly described in the following sections. The discussion on anti-programmes provides the necessary context to this chapter, as the much of the analysis focuses on the negotiations between the regulators and NELC/NELPCT directors, highlighting the socio-material devises that were used to lock allies into place.

6.1.1   Yorkshire and Humber Government Office (Y&HGO)

This department represented the Yorkshire and Humber region. The organisation's role was to "offer experience and expertise to Whitehall Departments in the development of policy and in the way that policies are best implemented, and are the primary means by which a wide range of government policies and programmes are delivered in the English regions" (Government Office, 2010: *website*). In this sense the Y&HGO can be seen as a mediator, because of its ability to influence and translate between the DH and the region on the matters relating to the development and implementation of policies, which would clearly encompass something as far reaching as the CTP proposal. However, the organisation became an anti-programme, because it felt that CTP would be an unnecessary distraction inhibiting the improvement of one of the council's core functions, namely adult social services. The lack of interest by Y&HGO was described by an interviewee as follows:

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[52] Conflicting forces in ANT terms are referred to as *programmes of action* (ie the CTP) and *anti-programmes* (ie actors/actants who/that oppose the programme) (Latour 1992).

"The Yorkshire and Humber Government Office was only interested because of the council's crappy social services department. And because it was largely a crappy council anyway which needed to improve, and improve rapidly, the Government Office saw the CTP proposal as a distraction because, going into a new organisation arrangement, would put back any progress that they might make over the coming two years - so their stance was wholly negative." *(source: interviewee)*

Hence, because of NELC's poor CPA rating and pressure to improve the adult social service department, Y&HGO's preferred strategy was for the council to focus on its core business of improving its statutory service and not get side-tracked with the CTP proposal.

6.1.2 The Department of Health (DH)

The DH had two specific goals: Their first goal was to attain better health and wellbeing for the nation and their second goal was to provide leadership for the NHS, social care and public health organisations (Mccay and Jonas, 2009). In order to achieve these goals the DH would set "the direction for the NHS, adult social care and public health - policy, strategy, legislation, resource allocation and NHS operating framework" (Ibid: 7). This clearly shows that the DH's responsibilities mirror the principal elements of the CTP (ie primary health services, adult social care and public health) and hence identifies the centrality of the DH in respect of the CTP application. However, unlike Y&HGO, only a select part of the DH was opposed to the CTP concept. Broadly speaking the factions were divided into 'regulators' and 'policy makers' as the following quote illustrates:

"And it was interesting because the regulatory part of the DH's health and social care service was in a very different place to where policymakers where at. So there was a lot of support from DH policymakers, but absolute scrutiny and cynicism from their regulators. They were clearly very suspicious, worried about the nature of putting things together etc; opposed to policymakers, who saw and recognised that, actually, it was a natural extension of something called *'Our Health, Our Care Our Say',* which was a dominant kind of Department [of Health] health and social care policy framework at that time." *(source: interviewee)*

A cursory examination of the document referred to by the interviewee, 'Our Health, Our Care Our Say (Health and Social Care Working Together in Partnership)', clearly illustrates that the CTP proposal was indeed aligned to government policy. On health inequalities the document comments that integration between health and Local Authorities was necessary:

> "It is still the case that where you live has a huge impact on your well-being and the care you receive. .... The new emphasis on prevention will help close the health gap..... These changes will be matched by much better links between health and social care. We will cut back the bureaucracy so local government and the NHS work effectively in tandem.... All this will encourage local innovation" Tony Blair's Introduction to the document (DH, 2006c: 1)

These sentiments clearly chime with those raised by the directors in the problematization stage, whereby health inequalities in deprived areas needed addressing. Therefore, given the insights from the above document and the previous interviewee's comments, it is reasonable to believe that DH policy makers were opened minded to the CTP proposal. They appeared to be in tune with the concept of the 'wider determinants of health' and 'health inequalities'. However, it appears that the regulators[53] were not minded to support this integrated approach, despite the policy directive from the DH document "Our Health, Our Care Our Say (Health and Social Care Working Together in Partnership)", In summary, this shows a gulf between the expectations and aspirations of the policymakers and the more cautious inspection regimes.

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[53] Even after the CTP arrangement had been approved and was operational, there was a still a disconnect between the regulators and the CTP principals of integration as the following interviewee describes:

> "The inspectorate was inspecting one integrated organisation and they sent two teams down! We have integrated all of our provision. We have integrated our individual commissioning teams so that the social workers and the senior community nurses decide what happens. They know what packages go to individual people - that's all integrated so people do not get two visits you get one visit. And one person whether they be a social care manager or a community nurse manager decides what the whole package is that. And they [the regulator] sent down two different teams of people to inspect what we are doing!" (source: interviewee)

6.1.3 Commission for Social Care Inspection (CSCI)

The Commission for Social Care Inspection became operational on 1 April 2000. Its role was to provide a legal framework to inspect adult social services in the public, private and voluntary sectors (LGIaD, 2012). In doing so it sought to promote improvements in the quality of social care and to ensure public money was being well spent by working with councils to help deliver better outcomes for adults (CSCI, 2007a). Their performance assessment framework did not measure integrated arrangements with health care providers, but did identify that they had a responsibility for taking actions to address underperforming councils (ibid). So, similar to the Y&HGO, CSCI were also cited by directors as inhibiting progress of the CTP proposal, because of their need for the council to focus on its core business. Essentially CSCI directors were accused of being out of touch with the needs of the local communities:

> "They [CSCI] are definitely not in touch with local issues. They don't want to see any flexibility really, because they liked to have a uniformed arrangement that they can easily understand, but it doesn't necessarily work on a local basis and we want to go further and faster with our policies than CSCI would allow." *(source: interviewee)*

> "It's to do with control actually. So the powers that be at CSCI are much more comfortable controlling things that they understand how it works and they didn't understand the CTP concept, so they were totally outside their comfort zone." *(source: interviewee)*

This illustrates that the existing procedural arrangements and organisational structures provided CSCI directors with familiarity, comfort and security. These constraining factors, therefore, seemingly influenced inspectors to favour the status quo as opposed to innovation.

6.1.4 Yorkshire and Humber Strategic Health Authority (Y&HSHA)

Lastly, as has already been stated, the Y&HSHA was clearly opposed to the development of the CTP as their expressed intent was for North East Lincolnshire and North Lincolnshire PCTs to merge together to create a Northern Lincolnshire PCT. Their opposition was based on their lack of interest in social care, as the following interviewee describes:

"The Yorkshire and Humber Strategic Health Authority doesn't care about social care, it's not their problem. The Authority is not performance managed on its social care delivery so it's not its core business, so why should they be bothered?" *(source: interviewee)*

This was also supported by the Y&HSHA annual report which confirms their aim was to focus on the delivery of all NHS performance targets, with particular attention being given to: waiting times, reduction in MRSA (methicillin-resistant staphylococcus aureus), patient choice and sexual health. Thus, there seemed no real organisational incentive for the Y&HSHA to look beyond the tightly defined remit of their organisation's aims.

6.1.5 Analysis of the Anti-Programmes

The preceding discussion identified that employees in a number of the regulatory organisations appeared to gravitate towards their familiar organisational working practices and/or maintain loyalty to their own organisation's objectives. However, this says nothing about the types of socio-material arrangements that helped constitute the anti-programme. So, with this in mind, my objective is to try to determine the underlying reasons why employees from four different organisations would independently rally against the proposal? In response, I posit that certain actants within each organisation may have created an organisational culture which forced employees to consider the success of their own organisation over any greater civic aspiration. More specifically, the case suggests that performance management actants may have influenced the way in which employees behave. For example, referring back to CSCI and Y&HSHA, it was identified that neither of these organisations had any organisational interest in supporting each other. Moreover, there was actually a disincentive to support other organisations, because each regulatory body had its own performance agenda, which was clearly constructed to measure the quality of either health care or social care, but not both. So, when this is considered alongside the discussion highlighted in chapter 4, which identified how

poor organisational performance resulted in the dismissal of senior managers[54], I posit that managers in the regulatory organisations were compelled to meet their organisation's objectives, irrespective of any other factors because a) their own performance was being measured and b) failure to achieve objectives may result in dismissal. Hence, I am arguing that objects which materialise performance management regimes (ie performance indicators, statistics, graphs, targets, objectives, pledges etc) created strong organisational ties resulting in resistance of new organisational designs. Thus the cause of the CTP anti-programme may have been as a result of performance regimes which obliged directors' to comply with their respective organisation's objectives and core business as they were "much more comfortable controlling things that they understand" *(source: interviewee quote).* In this environment, why would managers risk their reputation supporting untested and untried venture such as the CTP proposal?

Moving forward, if this argument is accepted, it allows us to consider how different 'logics' apply to the notion of integrated health and social care vis-à-vis the maintenance of organisational norms. To do this I use Boltanski and Thévenot (1999) *'orders of logic' (*see section 2.3.3), which suggests that, in this situation, two types of 'logic' coexist - an 'industrial logic' and a 'civic logic'. Firstly, from the regulators perspective they assumed an 'industrial logic' because their own interest would be best served if their organisations were judged as successful - public outcomes of less consequence. The regulators thus had little motivation to support a proposal that did accord with their organisations' industrial logic. Conversely NELC/PCT directors could be seen to be driven by a 'civic logic' which suggests their commitment to improve health needs, irrespective of self-interest and the potential consequences of failure. Despite the juxtaposition between the different logics, North East Lincolnshire actors ultimately prevailed over the regulators and achieved their objective to create the CTP. Therefore, the point of interest is how

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[54] In chapter 4 I identified the consequences of poor strategic leadership. I explained that the Director of Finance was removed from his post due to poor financial management, which was quickly followed by a the appointment "high level team" of six officers who were appointed to work with elected members and officers to improve performance. Shortly after the appointments of the 'high level team' the Chief Executive was subsequently removed from his post.

negotiations between the different logics were undertaken in order to allow the CTP proposal to progress. I address this within the latter part of this chapter (see section 6.4.4 Analysis of the Formal Application Process p216) by positing that compromise and negotiations were achieved through the completion of formal 'CTP application'. This analysis also explains how the application process can be viewed as an example of counter-interessement. This is because the process was initiated by the DH (not the focal actors) and made especially complicated in order to 'make life difficult' for NELC/PCT directors. The regulators were hence seeking a programme of 'anti-action' as one of the directors confirmed:

> "So each regulator had a negative view of the CTP proposal, so not only did they revise the application process to make it very difficult for us, but they also sought levels of reassurance on a whole series of things outside of that formal application". *(source: interviewee)*

However, prior to this detailed discussion on the application process, I first wish to describe an important meeting that took place between CTP directors as this essentially links the problematization issues, as discussed in the preceding chapter, to the interessement issues discussed in the latter part of this chapter.

PART 2:
FROM PROBLEMATIZATION TO INTERESSEMENT
THE DIRECTORS' INAUGURAL MEETING

6.2 INTRODUCTION:

Moving on from the context of the anti-programmes, this section describes a seminal meeting which took place between NELPCT directors, which culminated in each attendee voting on whether to proceed with the CTP proposal. Whilst the directors within the PCT were wedded to the idea that health improvements could only be achieved through the creation of the CTP, up to this point, the discussions had been largely theoretical. Therefore, the purpose of the meeting was to formally seek the directors' views on whether the proposal should be formally carried forward. As one interviewee described, it was necessary for *all* the directors to support the concept otherwise it would not work:

> "If any one of the directors had not supported the concept of the CTP, then any one of these individuals could have made things more difficult indeed and brought it to its knees. For the concept to work, all the directors needed to be behind it 100%, there was no room to carry unwilling passengers." *(source: interviewee)*

So, whilst the PCT directors were, in theory, committed to the need to reduce heath inequalities through the integration of health and social care, they had serious doubts about whether *their* organisation should be used to test out this hypothesis. These doubts were caused because of the universal lack of support from the regulatory agencies and fear of failure, which created anxiety amongst the PCT directors *(source: cited by three interviewees)*. Therefore, in summary, the directors had one of two options: The first option, to confirm their approval of Y&HSHA proposal to merge NLPCT and NELPCT; and their second option to endeavour to create the first integrated health and social care partnership of its type in the UK. At the meeting, the directors did in fact support the motion to form the CPT, however, this could have easily been rejected, as the following quote indicates:

"That was the risk that the CTP could fail. And there was a point, and I don't suspect you get many of those in your career, a pivotal moment where you vote for something which could end up with you losing your job - the chief exec, the whole team could be taken out. We were in revolt really. I remember it distinctly, we were in a room and it was such an important vote, we each had to vote to say, as directors, whether or not we would go for the Care Trust Plus. And almost everyone said in the discussion up to that point, that you have got to go with North Lincolnshire [ie the Y&HSHA's preferred option to merge North East Lincolnshire with North Lincolnshire] you have got to! And I remember the vote going around the table and Lisa [name changed] who was a clinician, and I think this is where clinicians coming into their own, said NO! Now we hadn't picked a loser in that sense because she was a GP and she said 'NO! No! No! - I don't care, I'm not doing it! She said I know what we are saying here [ie merger with North Lincolnshire is the safest bet], but no we are not doing it! And from that, I think each one of the directors thought 'you're right, you are absolutely right' - put your money where your mouth is and say ok - 'if it means us losing our jobs, if it means us being battered to death, fine but we would rather go down fighting'. And that was the sort of spirit why I think everybody voted for it. I think that was a very pivotal point." *(source: interviewee)*

6.2.1 Analysis of the Directors' Inaugural Meeting

I believe this quote is particularly interesting, as it exposes the fragile nature of the network and how its stability, at this moment in time, was actually contingent on the sensemaking of a single actor. Therefore, without Lisa's intervention the CTP proposal may never have been developed beyond a theoretical concept. In consequence, this also suggests that Lisa undertook a role of translator and spokesperson. Akin to Callon's (1986) researchers, Lisa was able to speak on behalf of the community to remind her colleagues of the necessity to develop the CTP. Whereas some/most of her colleagues were wavering on whether to support the proposal, Lisa was able to remind her colleagues about the community benefits and moral justification of the CTP concept. The fragility at this point in the process is illustrated in figure 6.1. This diagram shows how the inaugural meeting can be considered as a link bridging the problematization phase to the interessement phase. Therefore, the role of the directors' meeting and, in particular, Lisa's role can be seen as the bond that links the problematization stage together with interessement stage and allows the development of the CTP to continue (otherwise, as Latour states 'the token would be dropped and the performance ended'). This

also suggests that if Lisa was not present at the meeting, the outcome may have been somewhat different.

Figure 6.1: **Representing the Interface between Problematization and Interessement**

Bridging the Gap

Problematization

Interessement

Lisa –
translator, spokesperson and
proponent of civic logic

Lisa 'the clinician' was able to make the link between health inequalities and the need to take action. Thus Lisa ensured that the token was passed on.
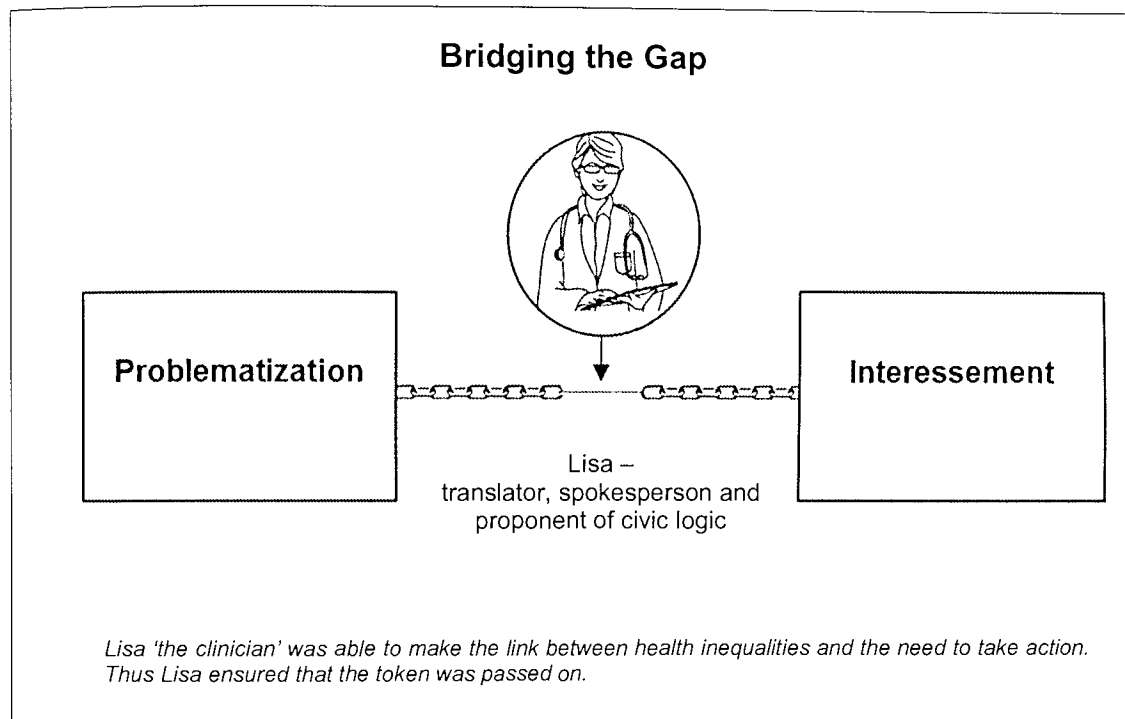
Following Lisa's intervention, the numerous opinions of the meeting then became subject to a vote that allowed all the proceeding ideas, discussion, and observations to be consolidated into a binary outcome - 'yes' or 'no'. Therefore, the vote also acted as a translator condensing and reducing the previous discussions into this very small, but significant outcome. At this point, the preceding complexities and nuances of the directors' discussion had been embodied within the 'vote' and this was then inscribed as the minutes of the meeting. From this point forward, it could be argued that the directors' views had been black-boxed, thus binding them together as a collective. Thereafter, irrespective of what the directors actually felt about the CTP concept, the decision had been made. It was immutable. The CTP concept, from this point onwards, had the directors' moral and formal endorsement.

6.2.1.1 What Happened after the Directors' Meeting?

Despite the directors resolve and determination, the regulatory authorities would still not support the concept. So the directors' counter-response was decisive and

unequivocal; they bypassed the regulators and went directly to DH policy makers who were, as noted earlier, more sympathetic to the concept of health and social care integration. Regarding this unorthodox process, an interviewee noted:

> "The regulators weren't happy with us, because we bypassed them and pulled a political flanker - so it doesn't win friends! But we have some pretty national players here who know their way around the system. We have a good MP who is not bashful about knocking on doors saying if you want me to vote on this Bill then I need you to do something about North East Lincs. So, yes, we had to then use the political machinations to get around the regulators to bypass their decision making and to prove that we had something to offer. The best way to get our foot in the door was to get some kind of approval from the Department [of Health]." *(source: interviewee)*

As a result, the DH notionally allowed the directors 18 months to put forward a fully worked out 'fitness for purpose' application explaining how CTP would work in practice *(source: interviewee)*. However, clearly, the DH did not have a procedure or policy in place for PCTs wishing to innovate and devise new organisational models. Therefore, the DH needed to hastily formulate a methodology that would permit a systematic appraisal of the proposal. The solution was to modify an existing, but rarely used, process that was originally invented for hospitals wishing to apply to become foundation trusts *(source: three interviewees)*. This resulted in the production of a 'CTP' application form and a tailored self-assessment proforma document. To supplement the application process, the DH also requested that two further document were published, although they were not so prescriptive over their contents. These were the 'formal partnership agreement' and the 'governance framework'.

Whilst the DH had conceded to allow the proposal to be progressed, it was stressed that there was no guarantee that the application would be accepted *(source: two interviewees)*. Therefore, the regulators would still need convincing, as their influence over the success of the application could not be underestimated (ibid). Despite, the directors' belief in the CTP vision, they embarked on the application process, fully acknowledging that it could fail.

"We knew other people were not utterly convinced that it was the right thing to do. So we were completely prepared for the application not to be accepted. I don't know what we would have done if it had not been. I suppose we would have just buckled under and done what they wanted us to do, but in reality we had grave doubts about whether we would have able to succeed in our application." *(source: interviewee)*

6.2.2 Summary

In summary, although the CTP proposal hung by a thread momentarily (as depicted in figure 6.1), the directors coalesced to establish a much stronger and resilient network. Therefore, the meeting and the voting process can be seen as the directors' OPP because it allowed the safe passage of the CTP concept from the problematization stage to the interessement stage. However, this was a means to an end, as the commencement of interessement stage marked a point where the concept would start to become a reality as the following interviewee described:

"It's fine when you talk about it [ie collaboration and integration] in broad principles, but when you translate that to: 'right we can't create an organisation on broad principles' there has got to be something that says in all these different circumstances how the integration will work in practice, this is what will occur, this is what will happen, this is what the process will be, this is the decision making attached to it, this is the funding. It becomes an absolute beast." *(source: interviewee)*

The next part of this chapter expands on this observation by describing how the 'broad principles' were translated into: 'how the integration will work?', 'how the arrangements will occur?', 'what the process will be needed?' and 'how decisions will be made?' This discussion is framed within the nomenclatures of administration, structures and governance.

PART 3:
BOUNDARY SPANNING AND THE SOCIOMATERIAL

6.3 INTRODUCTION

In this section I describe how pre-inception 'governance', 'structures' and 'administrative' arrangements where implemented, in order to ensure that the key systems and procedures were in place, at the point of inception on 1st September 2007. I believe this analysis is important for three reasons:

- Firstly, it provides a narrative account of the socio-material nature of boundary spanning in relation to inter-organisational collaboration. As noted in the literature review, the boundary spanning concept tends to focus on the human aspects of relationship building, leadership and management, but not sufficiently on the material elements.

- Secondly, this section identifies a clear demarcation between *pre-inception* and *post-inception* processes, which was not an obvious distinction apparent within the literature review.

- Implicit within these two objectives, is the need to move away from the ostensive views of collaboration processes which were prominent throughout the literature review, to a performative account that gives a richer description of practice.

Therefore, the following serves to address these deficiencies by providing thick descriptions of the governance, structures and administrative arrangements that were required in order for the CTP to come to fruition.

6.3.1 What were Pre-inception Structures?

In order for the CTP to be realised, NELC and NELPCT directors were required to undertake a number of formal *pre-inception* administrative tasks which resulted in the publication of four key documents: In recognition of the scale and complexity of the work required to produce these document, NELC and NELPCT managers formalised an administrative and governance structure that ensured the appropriate

outcomes would be achieved (CTP, 2007a). These arrangements effectively formed a discrete 'shadow' structure with its own governance procedures that were separate from the NELC and PCT's normal arrangements. A diagram of the pre-inception structure is provided in figure 6.2 and an explanation of key functions are provided below.

Figure 6.2: Project Management and Governance Structure
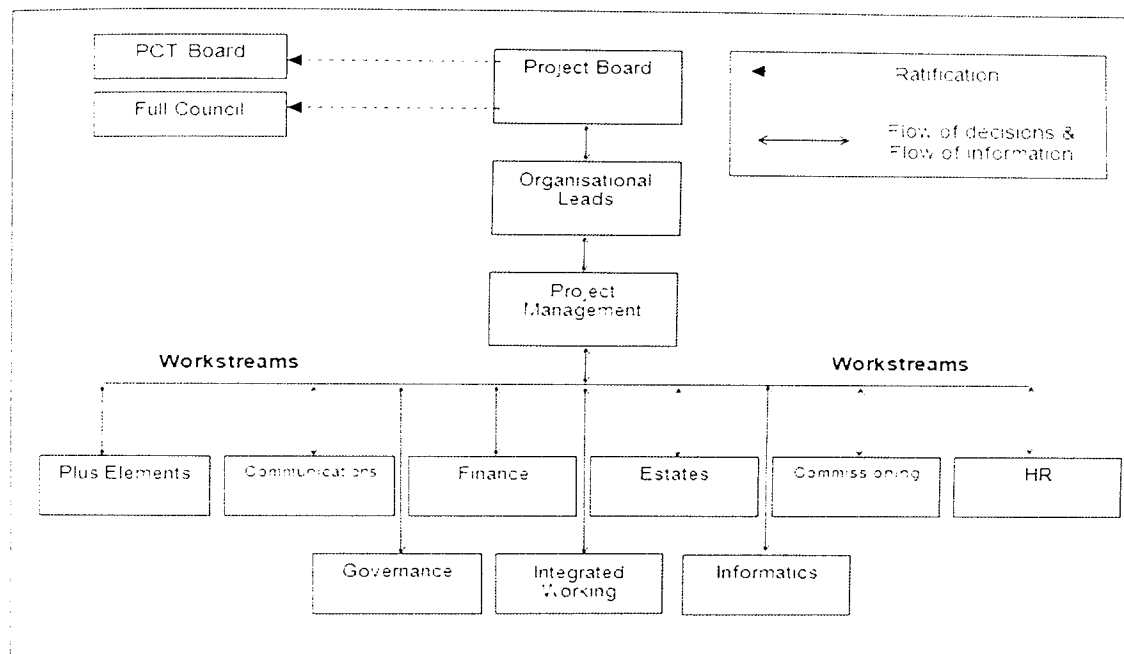
The Project Board

The project board had the highest level of accountability. In addition to overseeing the submission of the CTP application (see 6.4.3), the board was also responsible for producing two other principal documents which included: The CTP partnership agreement (see 6.4.1) and the CTP Governance Framework (6.4.2). The board had a total of 13 members (see table 6.1) and it met on a monthly basis. Collectively it acted as a co-ordinating body on behalf of NELPCT and NELC to ensure appropriate high level decision-making and accountability. As the board was comprised of the most senior members from both NELC and NELPCT, they also acted as the 'champions' within their respective organisations in order to facilitate effective communication, mobilise support, ensure impetus and secure commitment and/or resource as necessary. Lastly, the board agreed the necessary governance

and reporting mechanisms to ensure that the project adequately progressed in accordance with the project's aims and timeline (CTP, 2007).

All decisions made, which could have significant ramifications on NELC or the PCT's ability to fulfil its statutory functions, had to be co-approved by their respective organisations' decision makers (ie the PCT board or the council's democratic cabinet process). Table 6.1 shows the project board included positions for the council's portfolio holder for adults and children's services and the chair of the PCT board (the most senior positions in both organisations). Therefore, any recommendations that were made by the project board and needed external ratification would stand a higher chance of being approved, if the respective chairperson / cabinet member had previously supported the project board's resolution. So their presence on the board acted as a mediator between the project board and NELC / PCT, ensuring that resolutions were aligned with their own organisation's aspirations.

Table 6.1: Membership of the Project Board

Category	Representative body / position
Council 'lay members'	• Local authority Portfolio Member (Adults and Children's services)
Council 'professionals'	• Professional Executive Committee Chair • Local authority Chief Executive • Executive Director of Children's Services • Executive Director of Community Care/Housing • Local authority Deputy Director of Finance • Director of Law and Democratic Services
PCT 'lay members'	• Chairperson of the Primary Care Trust Board
PCT professionals	• Primary Care Trust Chief Executive • Primary Care Trust Director of Clinical Services • Deputy Director of Primary Care & Disability • Primary Care Trust Director of Finance
Independent	• There were also two independent external consultants (Project Director and Project Manager) who act as permanent Project Advisors to the Board

Source: Based on (CTP, 2007c)

In addition to the formalities of the project board, meetings were constantly taking place in private between senior representatives. According to an elected member, one of the main reasons why the board meetings ran so smoothly was because

many of the professional and political issues had already been thrashed out and agreed before the project board even met. S/he stated that:

"There was no sort of great haranguing from other elected members [about the CTP]. And I suppose one of things I would say, it wasn't all about me making that happen. There was also Julie [Executive Director of Community Care/Housing] and George [NELC CEO] who would go through the issues with me and my colleagues. So when all the stuff went to cabinet and scrutiny committee, it pretty much got accepted because we had done the groundwork beforehand. It needed to be done this way because the issues were way too complex and significant to understand in a formal meeting, well for me anyway! Because we involved the key people, and nobody felt marginalised, which I think is important, is probably why it worked so well " *(source: interviewee)*

Another interview described how the nuances of' decision making between NELC and the PCT needed to be carefully managed, as the organisations had very different processes and different expectations of the decision making bodies:

"I think the biggest issue about bringing those two organisations together was the very different culture and I think the biggest single issue was the decision making process. In the local authority you have very specific, very structured, non-negotiable and political driven process. Now obviously the health sector, at that time, they had a PEC [Professional Executive Committee] and a board and it had some representation of non-executive members, and indeed some of the non-executive members were councillors from the authority. But the PEC didn't have the same kind of influence and decision making protocols as the council's [processes] so it was easier to progress matters with them, and that really is the biggest tension when you bring together social care from a local authority and put it together, the elected members were far more protective and precious about them". *(source: interviewee)*

"Elected members are much more significant in the council than non-executive directors are in a PCT for example. So that is a problem of having to have ways of doing things…The burden of working within two organisations very difficult at times and decision making processes cannot be overstated its extremely difficult and tiresome." *(source: interviewee)*

So, to summarise, the project board was the prime governance structure which oversaw the 'production of pre-inception artefacts such as 'The Governance

Framework' and the 'CTP Partnership Agreement' which would essentially be post-inception inscriptions (manuals) explaining how the CTP would operate following its inception.

6.3.2 Organisational Project Leads

Within this function there were two organisational project leads. These roles which were undertaken by the chief executive of the PCT and the executive director for community care for NELC. These staff members were given responsibility by the project board to implement resolutions and ensure effective management of resources and oversee any intra / inter-departmental issues that may inhibit progress. Essentially the project leads fulfilled the role of 'whip' guaranteeing that their staff undertook the necessary duties to ensure favourable outcomes.

6.3.3 Project Management

The project management role was a cross-cutting function that served both organisations. It was the only function that was solely dedicated to the development of the CTP proposal (members from all other groups had regular 'day-jobs'). There were two project managers who also sat on the project board as independent external consultants. An interviewee explained that one of the project managers was a good appointment because s/he was familiar with both organisations and had previously worked for the LA for many years. S/he knew the decision makers from the PCT and the LA which put in a very good position.

The specific duties which the project manager undertook included:

- Support for project leads from the workstreams
- To undertake project management arrangements to track progress and review and update milestones and deadlines from workstreams
- To undertake facilitation/negotiation
- To provide first line resolution or escalation of unresolved issues.
- To act as advisors to the project board.
- To co-ordinate and arrange for production of all necessary materials for meetings of the Project Board and Project Working Group (e.g. agenda, minutes, presentations, reports, performance data)   (ibid)

One of the key roles of the project management groups was to co-ordinate and oversees the effective function of the 11 workstreams (see table 6.2). The following provides an overview of a member of staff's involvement in chairing several workstreams:

> "I chaired eight workstreams; every work stream had a joint lead from each organisation…..We met every fortnight for the whole morning going through each of the work stream's progress, where were we up to, what was happening and went through the project plan and the barriers, which enabled us to take things to Jane [CEO PCT] and Julie [Executive Director NELC]. They could then decide on whether they could decide on the issues or take a view on whether we needed to the board or if it was so difficult, we had to go to the good governance group." *(source: interviewee)*

In addition, the project managers undertook various administrative duties which helped link, horizontally and vertically, numerous elements of the overall project together. They not only participated as project board members, but played, arguably, a more important role in terms of servicing the project board:

> "we did the project board's agenda, ran formal risk registers to prompt key areas for discussion, and provided feedback on workstreams' progress and went through all the important things at every meeting. We made sure it received the right papers etc, reports on the project plan and all manner of things to drive the change forward". *(source: interviewee)*

Therefore the role of the project managers was very much about co-ordinating and connecting the various teams together to determine the issues which, ultimately, needed to be considered by the project board. In this sense the project managers' and, indeed, the project boards' power can be considered as contingent on their inter-relations. Or to paraphrase Latour (1986: 265) "When *the project board* simply has power - in potential - nothing happens and *they are* powerless; when *the project board* exert power - in actu - *the project managers* are performing the action and not *the project board*". So the project board had the power, but could only exert it via the project managers. In summary, therefore, the power of the board was contingent on the project managers' compliance, which in turn was contingent on the workstreams project leads' compliance, which in turn was contingent on the workstream members' compliance and so on. Collectively, their compliance would

have been assisted by inscriptions and other objects that helped bind the various groups together and would have aided the transfer of power from one group to another. Examples, of these inscriptions were cited earlier - agenda items, report, minutes and project plans. So, in summary, whilst the structure shown in figure 6.2 identifies the relationships between the workstreams, project managers and the project board, in practice these nodes would have been bound together by numerous inscription devices, thus illustrating the socio-material nature of boundary spanning and the pre-inception network development.

6.3.4 Workstreams

In total nine workstreams were used as a way to progress critical projects prior to the CTP' inception (CTP, 2007c). Each workstream was led by a senior member of staff from the council or PCT. The workstreams *raison d'être* was essentially to identify and resolve the complex and often unique problems that may have prevented the CTP coming to fruition. As table 6.2 below shows, these workstreams had a common feature, which was all about the creation of 'joined up services', 'integrated services', 'transferring services', 'single services' (ie see highlights in the table). Therefore, the workstreams can be seen as socio-material boundary spanning mechanisms that are able to facilitate the 'joining' and 'integration'.

Table 6.2: Summary of Functions and Critical Tasks undertaken by the workstreams

Human Resources
- Establishing the **joint** negotiating machinery internally and externally;
- Consulting and communicating **jointly** with staff;
- Development of **joint** HR policies
- Undertaking staff **transfer**/TUPE processes.

Finance
- Developing a **single** financial framework for the CTP taking into account national guidance, advice and best practice;
- Implementing appropriate financial processes and reporting mechanisms to support the CTP;

Informatics
- Reviewing current IS solutions and the developing a **shared strate**gy for transition to **integrated** solutions;
- Reviewing IT infrastructure and addressing **integration**;
- Developing strategic direction regarding the provision of **integrated** health and social care records.

Service Governance (including performance management)
- Establishing an operational **integrated** governance structure of the CTP
- Establishing a performance management framework for key performance targets that require **joint** action in relation to delivering of Care Trust 'Plus' functions

Communication
- Developing **coordinated/integrated** communication mechanisms, information. policies and procedures in advance of Care Trust Plus. in shadow and full form.

Estates
- Developing and establishing **transitional** arrangements;
- Developing a strategic Asset Management Plan to reflect and support new organisational needs;

Commissioning
- Developing an **integrated** commissioning function taking into account specialist/North Lincolnshire collaboration;
- Developing systems. approaches and structures for the commissioning function

Integrated Working
- Producing a **joint integrated** adult care strategy;
- Identifying opportunities and barriers to **integrated** working

Plus Element – Developing he Wider Determinants of Health
- Developing a **joint** vision statement. defining the opportunities presented and the mechanisms for achieving it;
- Developing a performance framework for the functions delegated and the measures for judging outcomes.

(Source: CTP, 2007c)

To develop this argument further, the following describes a selected number of issues which became the responsibility of the workstreams to resolve. These vignettes, as described by the interviewees, give a 'feel' for some of the issues which the workstream project leads had to contend with. Through these select narratives I hope to illustrate how the enactment of *pre-inception* collaborative practice was delivered through the workstreams processes.

Vignette 1: The Human Resources Workstream

"The HR one [workstream] literally became a monster because of the pension issues. Because of this, each organisation had its own lawyer and all kinds of HR specialists and directors were involved. It grew like topsy simply because the issues were so complex and the stakes so high. We knew that if we didn't get the key issues resolved it was, you know, probably going to be a major problem. If we couldn't find a way to integrate the staff into the new organisation in a way that would, at minimum, protect what they have got in their current terms and conditions, we were never going to be able to deliver the CTP. Even within the workstreams there became numerous sub-plots that almost over took the core business of our workstream. So that process took many, many, many months working our way through all of that. And all the way along of course we had the two sets of lawyers working alongside!" *(source: interviewee)*

So whilst table 6.2 suggested that the HR workstream would be considering a 'neat package' of issues. It would appear from the interviewee that the workstream was very organic and influenced by emerging issues. What is particularly interesting about this quote is that, initially, there was little appreciation about the complexity of the issues that were manifest under the auspices of HR issues (ie it grew like topsy). The workstream, in itself, can therefore be seen as a micro actor-network located within the bigger network. For example, the group was not only working on 'agree problems', but concurrently problematizing new and unforeseen issues which then required their own interessement strategy. As such, the group was undertaking, at least, the processes of problematization and interessement, which suggests a plurality of 'networks operating within networks'. To illustrate this concept, I borrow the phrase 'nested-loop' from computer programming vernacular, which essentially describes micro processes occurring within a larger process, which iteratively influence each other and affects outcomes (Kiong, 2006). I have illustrated this concept in figure 6.3, whereby the macro-actor (ie the CTP proposal) is shown as

the outer loop which contains several micro-actors (ie the workstream). While I have used the HR workstream to demonstrate this nested-loop process, it really serves to illustrate how the pre-inception governance, administration and structural arrangements create new micro-networks, which ultimately help the macro-network to form. Furthermore, the freedoms and flexibilities the workstreams were afforded ensured they were able to work fluidly in order to 'follow their actors' thus ensuring that the relevant issues were problematized and resolved. This shows a commitment to 'bottom-up' design, and a confidence that workstreams would be the mechanism to effect change.

Figure 6.3: Representation of Micro Actor-Networks Iteratively Working Within a Larger Actor Network

Outer loop: 'Main' actor-network (ie the CTP proposal)

Inner nested loops: Examples of micro-networks (eg workstreams) but that develop as a result of the main actor-network

'P' = Problematization, 'I' = Interessement, 'E' = Enrolment and 'M' = Mobilization
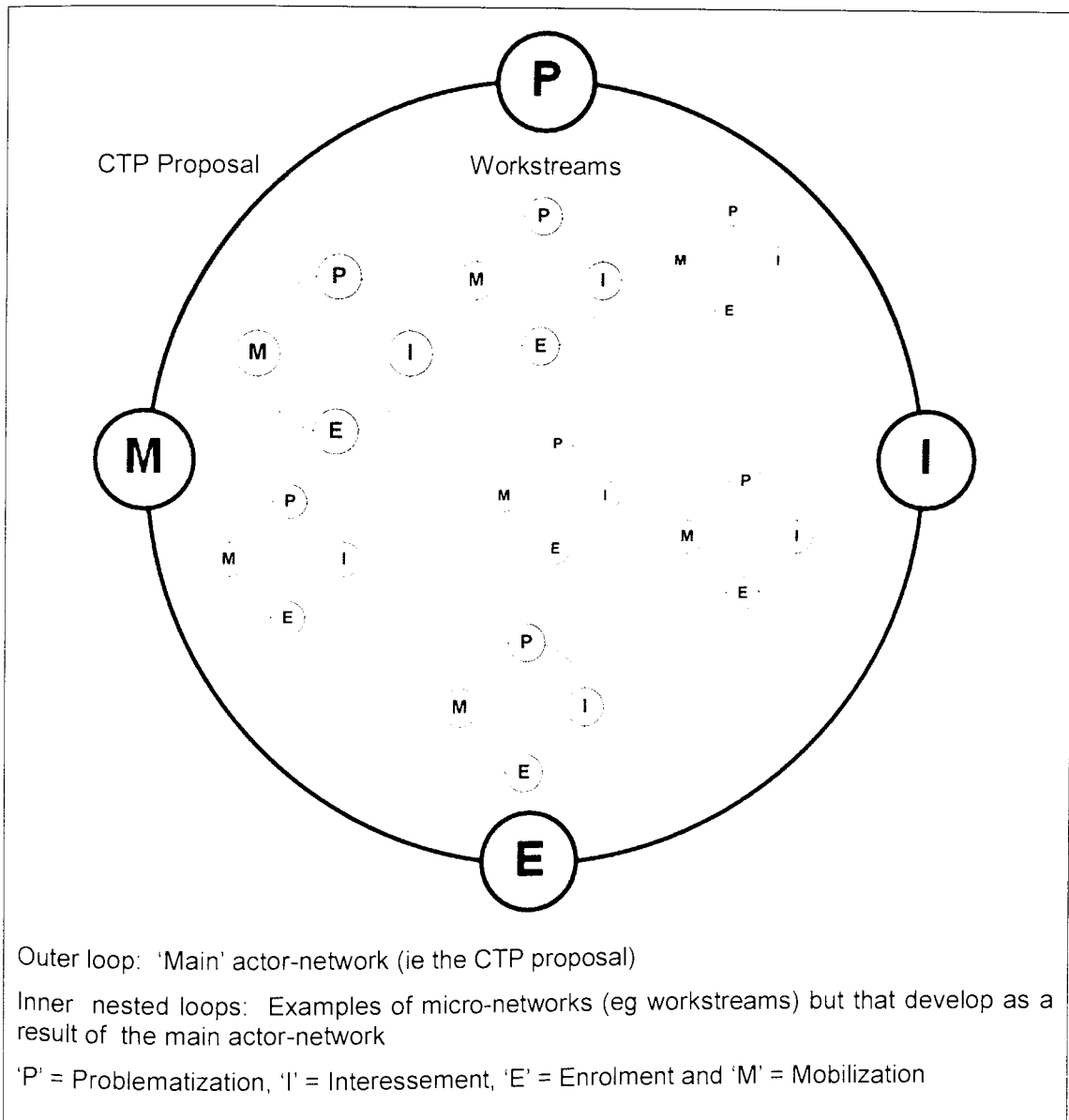
Vignette 2: Integrated Working Workstream

"One of the key sticking points was that the Care Trust Plus, as it was going to be, would see some of the functions of the DASS [director of adult social services] being transferred to them. The local authority on the other hand were not comfortable with the transfer of those functions, they felt that their duty in terms of their statutory responsibility could only be properly protected if the majority of functions and role and decision making of the DASS was retained in the authority. We ended up with something of a hybrid which meant that, in a sense, the DASS almost had a dual reporting line to the chief exec of the CTP and the chief exec of the local authority. In the end, to satisfy everyone, <u>there was some fancy wording included in a bespoke schedule that had the roles and responsibilities and duties of the DASS down one side and then two columns, one for the CTP and one for the LA. And in each row, a tick was placed in either column to denote what was agreed about the DASS's role and reporting arrangements so that both</u> organisations could feel comfortable in in terms about what was agreed about his role." *(source: interviewee)*

What is noteworthy about this is that, whilst the issues regarding the statutory duties of the DASS[55] were deemed as very significant, which is perfectly reasonable given the high profile nature of the role, the problem was ultimately resolved through a somewhat benign schedule with 'ticks'[56] delineating responsibilities between either NELC or NELPCT. This schedule can therefore be seen as a mediator and an inscription device that has played a part in negotiating a pathway between two different orders of logic - the council directors seems to gravitate towards a 'traditional' order of logic because of their reluctance to deviate from the norm, whilst

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[55] Statutory guidance published by DH (2006) confirmed seven key responsibilities of a DASS's remit, which were: (1) Accountability for assessing local needs and ensuring availability and delivery of a full range of local authority services; (2) professional leadership, including workforce planning; (3) Leading the implementation of standards; (4) Managing cultural change; (5) Promoting local access and ownership and driving partnership working; (6) Delivering an integrated whole systems approach to supporting communities; and (7) Promoting social inclusion and wellbeing.(DH, 2006b)

[56] One is reminded of Laws advice to be agnostic about 'big' versus 'small'. In this example the schedule with ticks (the small element) played it part in developing the network because it helped the DASS's responsibilities and duties (the big part) to become immutable. While, the strategic thinking and decision making was undertaken by the directors, the schedule embodied their wishes and presumable acted on their behalf as spokesperson in the future, should disputes or queries arise.

the PCT directors seemed to adopt an 'logic of innovation'. In the end, negotiations between these two logics were facilitated through the workstream which resulted in the schedule providing an object of equivalence[57] which allowed the issues to be ordered, classified and inscribed to both organisations' satisfaction.

Vignette 3: Information Technology Workstream

As part of the CTP arrangement, NELC would be required to undertake the management of the school nurses, which was ultimately a function of the NHS. However, as the following quote describes, it was not possible for non-NHS organisations (ie NELC in this case) to deliver NHS functions like school nursing. So, whilst this created initial problems, the IT workstream was able to resolve this with a 'workaround[58].

> "There was an issue with the NHS about the eligibility of the council to provide NHS services. Because once you start taking services outside of the NHS [eg school nursing] you will not be eligible for the NHS access codes, which are necessary for the NHS IT systems. So basically every organisation has a code and unless you have this code then you can't access all the files and all the systems within the NHS. So what that means is, unless you are an NHS organisation then actually you become disadvantaged and its one of the interesting issues that starts to come up when you start to look at integration......So what we had to do, from a technical point, was implement a *workaround*, we had to put dedicated fibre-optic links and firewalls in between the organisations to keep it within the NHS wide area network. So, in the end, it was available in council buildings, but actually linked via the NHS networks, so we can actually now share services and applications." *(source: interviewee)*

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[57] Equivalence clarifies what different items, facts and people have in common (Annisette and Richardson, 201: 234)

[58] Workaround: "A method, sometimes used temporarily, for achieving a task or goal when the usual or planned method isn't working. In information technology, a work-around is often used to overcome hardware, programming, or communication problems. Once a problem is fixed, a work-around is usually abandoned" (Koopman and Hoffman, 2003: p7)

Clearly what this example illustrates is that the solution was about physically creating a new bespoke infrastructure[59] to allow systems to integrate. The anti-programme was the NHS's refusal to allow intra-organisational sharing of their databases, applications and codes; so the fibre-optic cable became the programme that would actually facilitate this operation. The next example provides a similar vignette, but relating to the need to connect in-house intranet systems.

> "With regard to IT and communication, we had to do other things that you might not always immediately think about like giving staff access to things like the intranet in each organisation because that's where your employment information and all the other useful stuff is kept. And setting the intranet up is fairly straight forward because it's not confidential stuff, it's about making sure people have access to the right part on the server. So our philosophy in informatics was always to try and stop buildings becoming a barrier and create a virtual building, a building without walls where we can all work together. So actually having shared intranet systems removed the constraint of not being co-located or because we work 10 miles away from our colleague's."
> *(source: interviewee)*

This vignette illustrates, in contrast, how much easier it was to share different intranets, because the data was not sensitive. Furthermore, this also demonstrated a socio-material solution, which created a 'virtual building' where people could readily share information without being constrained by their physical locations. So as an object, IT helps 'flatten' the CTP and the geography of North East Lincolnshire in terms of space, as people become much closer together as information becomes shared in real-time.

Vignette 4: The Estates Workstream

> "Integration of estates and infrastructure was darn tricky, she says cheerfully. What we ended up doing.... let me remember the basics.... The basic principle was that, if the majority of users of a building were from a health organisation, then the health Informatics service supported that building in terms of network and infrastructure and vice versa. We didn't think we should merge the function as it would have

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[59] On further discussion with the interviewee, I asked what physically happened to connect NELC building to the NHS network. He explained that it literally involved laying new fibre-optic cable from the NHS hubs into council buildings. Then making sure that that new IT hardware in the council was installed which was dedicated to serving the NHS systems.

been hugely disruptive to have split the functions, so we did not. Instead, we had service level agreements where clearly there are systems which we are using which are hosted by the local authority and we have service level agreements about access and support and maintenance from the council. In other cases there are specific pieces of kit that are associated with the specific system then we have a service level agreement which says the local authority maintains that. Otherwise we just would not know what we were doing. And similarly with the other way with stuff going across to the local authority, the children's health services are on System-One [database system] and the local authority does not know anything about System-One, so our people support and maintain that for them and make sure that they have the right access with all the right logins and things." *(source: interviewee)*

The estates workstream established that merging some of the back office functions would have been counter-productive (see underscore in quote). Therefore it can be seen that: a) the workstreams were actually developing CTP strategy - deciding how back office functions should be managed and b) the buildings[60] were influencing strategy. Collectively this socio-material arrangement influenced the CTP's organisational structure, back office service delivery model and the physical location of staff. Lastly, as the interviewee explained, it was not always appropriate to merge back office functions. Hence, paradoxically, separation can strengthen collaborative arrangement. Therefore, where functions could remain unchanged, this was seen as a desirable option because it created areas of stability amidst the unsettling change that affected numerous other areas.

Vignette 5: Finance

The last three quotes show that, despite central government's rhetoric regarding collaboration, there were structural issues relating to public sector accounting

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[60] In this example, one is reminded of Winner (1980) paper 'Do Artefacts have Politics' where he describes how the construction of the Brooklyn Bridge prohibited public buses to pass under it, thus preventing the mobility and access of lower social economic groups into the neighbouring district. This led him to pose the question. "do artefacts have politics? However, I am not arguing that NHS / Council buildings have politics, but I see similarities in that the nature of the building and IT systems, created sociomaterial network (ie the Estates workstream) which collectively influenced decision making.

standards, and HR databases, which inhibited connectivity between NHS and local authority.

> "The final accounts timing are so different it is laughable. And that is quite a problem, we close down by mid-May and the council closed down 6 to 8 weeks later!" *(source: interviewee)*

> "We also spent an awful lot of time on deciding who should provide what services to each other in terms of back office functions and finding a 'VAT vehicle' that would allow different VAT regimes. The local authority can charge and reclaim a lot more VAT back than health can". *(source: interviewee)*

> "We have to get payroll from the NHS trust because we cannot sub-out ESR[61] [electronic staff records]" *(source: interviewee)*

So whilst these problems were eventually resolved, they serve to illustrate how problematic collaboration can be between public-public partners because of national policy incompatibilities.

6.3.5 The Good Governance Group (GGG)

The last group, the 'good governance group' (GGG), is not depicted in figure 6.2 as it was unofficial. This group had a significant role to play in the development of the CTP, yet it was a private arrangement. The following extracts from interviewees provide an insight in to the role of the group and how it operated:

> "The board also had a group that sat alongside it, which was very private and much smaller, which we called the good governance group[62]. This is where I could take any issues that I thought were challenging people's bottom lines." *(source: interviewee)*

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[61] Electronic Staff Record system is described by the NHS website "The workforce solution for the NHS, ESR supports the delivery of national workforce policy and strategy by providing HR Directors and their teams with a range of tools that facilitate effective workforce management and planning; thereby enabling improved quality, efficiency and assurance of compliance against essential workforce standards." (NHS, 2013b)

[62] The irony of the good governance group being a private affair is noted.

"The good governance group was a narrowed down version of the project board, but the most senior members were on it and that's where we took the wicked issues, so we would go to that group and say *'you have a problem and the problem is this'* and capture the problem. We would then confirm that: *'your position is this', 'your position is that', 'these things are bubbling up'* and *'this is the context'*. And we used that informally and we always did it away from the council and the PCT venues, so we used Tollbar Academy, which was neutral venue". *(source: interviewee)*

"So one of the first things we ever did with the good governance group was to say to the local authority and the PCT at that time, *'what are your bottom lines?'* *'Where are you not prepared to go, and what are you not prepared to see happen?'* One of George's (NELC CEO) bottom lines was that, if adult social care comes across to the CTP, public health and children's services have to come across to us. If you renege on any one of those two, adult social care does not come, so this is an all or nothing - that's our bottom line!" *(source: interviewee)*

"We would use it [the good governance group] to resolve things and we would say to the politicians *'what's on your mind?', 'what are you getting concerned about?', 'what's the thorny issue for you?'* And very early on in the good governance group we did a bottom line analysis that is we said *'what's your show stopper?'* so we clearly knew what they were. The good governance group worked really well, we were able to thrash things out away from the action and say what we wanted and walk away and be ok." *(source: interviewee)*

"The private nature of the meeting was good because the issues got resolved, people then didn't have to showboat at the project board meeting or play to an audience or do anything else - and we were able to legitimise the way forward. You couldn't run the project management board and the workstream meetings unless we were clear what the environment was, where people were prepared to go and not go." *(source: interviewee)*

In order to understand the significance of the GGG, I refer to the theoretical work of Laurent Thevénot and his use of 'codes' to understand and interpret interactions. In this regard, Thevénot, (1984) explains that codes can be multifaceted and relate to diverse concepts such : 'codes of honour', 'civil codes' or 'criminal code'. Therefore according to Thevenot "the term 'code; is also applied to the set of conventions which govern 'regulated' communication between people where the available equipment necessitates such a treatment of message" (ibid: 1). So relating this to

the GGG, their codes included: the need to be informal, the need to meet at a neutral venue, the need to volunteer problems, the need to suggest other people had problems, the need to suggest solutions, the need to be honest, the need to be direct, the need to prevent showboating in other meetings. Thus these codes helped in the development of the CPT as they created a 'safe environment' where issues could be discussed without fear of external scrutiny and thus created a bridge between 'private governance' and the project board's convention of 'open governance'. With open governance, normal codes comprise of, for example: 'a code of administration' (ie formal invitation letter, attendance of a clerk, published minutes) 'A code of etiquette' (eg speaking 'through the chair', sticking to the agenda, and use of titles etc) and 'a code of collegiality'. Collectively, the codes of the GGG seem to form an important and efficient governance mechanism. However, whilst the GGG was considered private, I did not get the impression that is operated in a clandestine way to subvert outcomes. Therefore, I believe that the GGG was a pragmatic governance arrangement born out of necessarily to test and contest the key ideas and issues out prior to committing them to the formal project board. In this sense, it can be seen as an annex to the project board. In summary, what this illustrates is a particular way in which governance strategy is actually performed with regard to complex inter-organisational situations, which does not seem to be reflected in the current collaboration literature.

6.3.6 Summary

To summarise, this section identified how socio-material factors coalesced in order to provide the infrastructure or 'pre-inception' governance and administrative arrangements, in order for the CTP to become a reality. Through the use of a number of vignettes, a narrative developed describing how governance arrangements, formal structures, informal structures and administration processes were established. I consider the analysis offers an alternative perspective to the accounts of collaboration as presented in the literature review. This approach has allowed me to coin the phrase 'pre-inception' as a way of describing the specific activities that are undertaken in order to facilitate effective governance throughout the 'setting-up' stage of the collaboration. This is markedly different from post

inception governance arrangements that would focus on the actual strategic and operational performance of the organisation[63]. This is a point which I feel the current literature on collaboration (although not necessarily the generalist governance literature and contract management literature) does not adequately distinguish between.

At the beginning of this section, I argued that the notion of *boundary spanners* in the collaborative literature was too narrow, and heavily biased towards the social aspects of this role (managing, leading and relationship building). However, through the vignettes presented, I have demonstrated that boundary spanning is also about the way that social and material relationships are created. A specific example would be the construction and enactment of the workstreams as these groups were led equally by representatives from both NELC and NELPCT. Examples of the material ties that were considered included: intranet, service level agreements, buildings, fibre- optic cable, NHS codes, pension calculations, schedules, VAT calculations, GGG, project boards, reports, agenda, and neutral venues. However, these were all, in some way or another interdependent on social factors such as: directors, lawyers, IT technicians, managers, workstream leaders, independent consultants. Hence this shows its socio-material nature.

The last point to make is with regard to the organic development of the pre-inception arrangements. This was, in particular, noted in relation to the work undertaken by the workstreams that appeared to problematize, not only their initial issues of concern, but new issues. These issues developed rhizomes which, in turn, germinated new problems. So the work of the workstreams grew and adapted to meet the needs of the network.

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[63] Post-inception governance is beyond the scope of this thesis. However, if included, it would be considered under Callon's 4th Moment of Translation - mobilization. According to Callon (1986), mobilization is about "Who speaks in the name of whom? Who represents whom?" Therefore in the context of post inception, I would look to identify, for example, the governance mechanisms that were identifying whether health inequalities were improving and whether the health and social care integration model was having a positive impact.

PART 4:
INSCRIBING PRE-INCEPTION GOVERNANCE AND ADMINISTRATIVE ARRANGEMENTS

6.4 INTRODUCTION

In this section I describe a number of the key outputs from the pre-inception governance and administrative arrangements. In particular these relate to the following three inscription objects, which were required by the DH:

1. Publication of the Partnership Agreements.
2. Publication of the Governance Framework.
3. Publication of the CTP application (including the tailored self-assessment document).

These documents are discussed in turn, followed by a detailed analysis of the CTP Tailored Self-Assessment Document, which considers how this document may have influenced the shape and focus of the post-inception CTP structure. In this analysis I argue that the configuration of workstreams (see figure 6.2) was largely influenced by NELC/PCT's requirement to complete the Comprehensive Tailored Self-Assessment Document which, in turn, had an influence on the post-inception CTP governance and structural arrangements.

6.4.1 The Partnership Agreement

"The purpose of the Partnership Agreement was to contractually regulate the relationship between the NELC and the CTP, in order to ensure that: "both partners properly fulfil their delegated responsibilities and obligations" (NELC, 2008: 2). In total the partnership agreement was over 200 pages long and covered issues relating to:

- Financial responsibilities
- The performance of the CTP
- Staffing arrangements - Including the Transfer of Undertakings Protection of Employment regulations (TUPE)
- The role of the director of adult social services
- Value for money

- Dispute resolution
- Dissolution of partnership

Owing to the unique nature of the CTP proposal, an interviewee explained that it was not possible to ask lawyers to draw-up the agreement, because nobody really knew what the end product was going to look like - this wasn't like a commercial contract. The difficulties are illustrated in the following quote:

> "We were dealing with issues on a daily basis and I was coordinating with all the workstreams. I had to understand what the possible options were, what the stumbling blocks were so I could start to draft the partnership agreement. So it wasn't an agreement that was produced at the end of the process, it was iterative because it needed to keep reflecting where we were and what we were doing, what we were solving and what we were having to 'park'. You could never have done it with the lawyers coming in at the end of the process, and say to them: *'right can you now write an agreement, a formal partnership agreement for us'* because you had to understand and find words that reflected the issues that were local to us. Although we also found there were a number of partnership agreements where people said *'you might be able to use this'* but when you really looked at them they wouldn't have been fit for purpose and it would have been a mistake in terms of trying to get one off the shelf and just trying to cut and paste, jiggle about with it and hope that the whole thing would knit together. My colleague and I always reflected, you know, it nearly killed us the process of getting it finished and signed off on the 1st September. However, we have always said that without it, without the process and without the agreement in the document, some of the subsequent tensions could never have been managed as effectively as they were. What we always said, and I think this is really important principle, if you ever need to look at the agreement you know you are already in trouble!" *(source: interviewee)*

The first part of this quote illustrates the trials and tribulations experienced by the report's author regarding the drafting of the partnership agreement. However, what is more notable, perhaps, is the moderating and relation-building effect the document had on both parties. Although, the document was not used to resolve

disputes[64], it had serendipitously allowed NELC and the PCT directors to identify and reconcile issues iteratively which ultimately dissipated tensions. Therefore, the process of constructing the document can be seen as a material factor aiding social negotiations and acting as a boundary spanner to link the different organisational perspectives and lock the actors in palace.

6.4.2 The Governance Framework

The governance framework was written for the CTP to confirm items such as: standing orders, scheme of delegation, financial instructions and the system of governance. The document was 134 pages long (43,000 words) and contained 32 key headings including information on for example capital investment, tendering, budgetary and finance control, auditing, the role of the board and its members and approval of appointments to committees. (CTP, 2007d).

6.4.3 The CTP Application

The application process involved both formal and informal interessement strategies. The formal interessement strategies are those activities that were undertaken at the behest of the DH and the informal interessement strategies relate to the way directors developed their own networks of influential professionals who could help counter the anti-programmes. The following sections now focus exclusively on the application process and discusses both the formal and informal interessement strategies respectively.

Overview of the formal application process: In order for the CTP concept to become a reality, it was necessary to submit a formal application to the DH justifying the need for the new health and social care arrangement. As noted earlier, DH hastily customised the 'hospital foundation trust' application forms, so the proposal could be progressed more formally. In total, the application process lasted about 18 months and involved two stages as described below, cumulating in Parliament's approval of the CTP (*cf* Statutory Instrument, 2007).

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[64] The use of inter-organisational relationships as a mechanism to resolve disputes opposed to recourse to contractual arrangements has been identified by others, perhaps most notably (Macaulay, 1963).

Stage 1: The initial application: This stage refers to the completion of a 'scoping' application form. Its purpose was to set terms of reference and broad objectives for the CTP whilst acknowledging that flexibility was still required in order to work out the detailed arrangements about how the CTP would work in practice (Ogley, 2006a; 2006b; and cited by an interviewee).

Stage 2: CTP Formal Proposal and Application: The second stage was the most complex and work intensive. The process demanded the completion of the following two documents:

Document 1: This document was known as the "The final application". It totalled 63 pages (27,000 words) and included information on:

- The local context and need for the CTP
- The key elements of the CTP
- An outline of the work and key tasks already achieved
- The CTP's vision, values and objectives
- The benefits of the CTP
- How CTP would be organised and its governance arrangements
- How the CTP, as an organisation, would develop
- The areas of 'critical deliverables'
- How the community would be engaged in the process
- Commissioning approach
- Conclusions and way forwards   (CTP, 2007a)

Document 2: In addition, the application was underpinned by a supplementary evidence base referred to as "*Tailored Self-Assessment: Overview of Key Strategic Issues*" (CTP, 2007c). This document was initially provided by the DH to NELC/PCT as a proforma template in order for the organisations to undertake a self-assessment on the implications of the CTP. The document contained 158 questions which were agreed by the four regulatory organisations. These questions ranged from strategic issues (eg "what are the additional outcomes and deliverables which establishing the CTP will bring to users, patients and carers compared to the

existing arrangements?" (Ibid: 7) to very practical issues (eg "where will staff be located?" (Ibid: 82). The proforma was set out on standard A4 landscape format, identified 11 key lines of enquiry and 31 sub-lines of enquiry, which are summarised in the table below:

Table 6.3: Key Lines of Enquiry - Tailored Self-Assessment

Ref	Key Line of Enquiry	Number of Sub Headings	Questions
1	Vision	7	15
2	Finance and resources	2	7
3	Governance	1	20
4	Human Resources & Organisational Development	0	21
5	Relationship Management	2	4
6	Service Delivery and Outcomes	13	45
7	Public Health and improved Co-terminosity	0	24
8	Estates and premises	0	6
9	Children's services	0	7
10	Emergency Planning	0	1
11	Change Management	6	2
		31	158

The self-assessment was used to document answers to each of the 158 questions and, adjacent to the answers, a blank column was provided in which the respondent would reference evidence sources that supported the answer to each question. Once the document had been completed, it was assessed by four key regulatory agencies being the DH, Y&HSHA, Y&HGO and CSCI all of which, in some way or another, have been defined as anti-programmes.

Having presented the background information relating to the application process, the following provides an ANT analysis, firstly of the formal application process and secondly the informal application process.

6.4.4 Analysis of the Formal Application Process

For this part of the analysis, I wish to look at the self-assessment process using the work of Bowker and Star (1998). Referring back to chapter 3, I draw on Bowker and Star's (1998) work to consider how *classifications* may help produce knowledge. As

a recap, Bowker and Star (1998: 197) state that "a classification is a set of boxes, metaphorical or not, into which things can be put in order to the do some kind of work - bureaucratic or knowledge production" and that standardization is "any set of agreed rules, that can span more than one community and has a temporal reach in that it persists over time" (ibid). The following analyses now looks at how 'standardisation' and 'classification' can be used to understand the application process as an interessement device.

6.4.4.1 Standardization of the Application Process

The nature of self-assessment is ubiquitous in UK public sector management, whereby it is common practice for regulatory bodies to seek managers' opinion of their own services[65]. Therefore, the notion of asking / answering a series of questions (and providing supporting evidence) would not be an unusual request. In consequence, this process would be deemed by Bowker and Star as a form of standardisation, in that it can seamlessly span more than one community or activity (eg health care organisations, social care organisations or regulatory bodies) because they would all be familiar with self-assessment processes. Furthermore, the self-assessment document itself was borne out of standardisation: The ubiquity of Microsoft Word; the layout of A4 landscape; clearly defined tables allowing sufficient space for answers to be inscribed, all allowed the document to be effortlessly shared between organisations without fear of formatting and compatibility issues[66] - the systems could easily 'talk' to each other and help start to form a network. Thus, the nature and process of standardisation helped to provide the glue to form a social bond between the organisations through the assessment process.

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[65] Other examples of self-assessment within the public sector include, for example published self-assessments on: Children Services (Ofsted, 2008), Strategic Housing (Audit Commission, 2010), Early Years Registration (Ofsted, 2012) and Social Services Performance Assessment Framework Indicators Adults (CSCI, 2007b)

[66] Those who used PCs throughout the 1980 and early 1990's will be acutely aware of the incompatibility issues between word processors such as Word Star, WordPerfect; hardware incompatibility between 5.25" floppy-disks and 3.5" disks and incompatibility issues between operating systems such as DOS and Apple OS. Not to mention that email and the internet was not a standard feature of organisations' IT portfolio. The standardisation and compatibility of today's IT systems and now seems to be taken for granted.

6.4.4.2 Completing the Self-Assessment: The Influence of Classification

Bowker and Star (1998), posit that knowledge can be produced through classification. Using this concept, I identify that the DH's blank self-assessment document became a source of knowledge, because it identified key topics (ie classifications) which required detailed responses from the NELC/PCT. Therefore, in the first instance, I argue that the way the questions had been ordered and classified (see table 6.3) by the regulatory organisations actually provided a proxy specification showing how their version of a 'workable' integrated health and social care model' could be conceived. Thus, the self-assessment proforma provided an inscribed *a priori* template that, arguably, formed a 'CTP blueprint' and influenced how the CTP would be structured.

Another observation relates to the influence of the self-assessment document, which suggests that it influenced the way that internal actors / actants interacted. Whilst it was claimed that the self-assessment document was created by the regulators to 'make life difficult' for the directors, it actually ended up cementing their relationship. As the documentation took 18 months to write, it allowed a period of time to understand how the CTP vision would be translated into practice. Therefore, it helped create a 'space' for innovation to develop and new options to be considered as the following interviewee describes:

> "During the course of that 18 months of putting the application together, people started to realise that you could use the money differently, that if you created a single workforce your opportunities for moving towards an integrated way to respond to people was much better; there was greater opportunity around efficiencies; more shared services opportunities, all which all came through the process of self-assessment and working together for that long period prior to the CTP starting. It certainly gave us a focus and direction, because we could see much clearly what the Department priorities were and what we needed to do to jump through their hoops.." *(source: interviewee)*

Another interviewee acknowledged the importance of the application period, in terms of the time spent working out the financial health of each organisation and how that helped with the immediate and future working relationships. The interviewee stated that:

"I think that time was well spent because obviously everybody went into the partnership with their eyes open. So effectively they knew the financial health of both organisations and the mechanisms that were in place for managing any, if you like, financial distress by either party."
(source: interviewee)

Lastly it was identified, how the socialisation process of bringing people together through the workstreams created a level of teamwork and interaction that 'accelerated the togetherness' between the NELC and PCT employees, which had a secondary benefit of forming a number of leadership teams that were still in existence when the CTP became operational *(source: interviewee)*. Therefore, the self-assessment questionnaire did not just influence the formation of the pre-inception governance and administrative arrangement, but its impact also affected the CTP's post-inception structural arrangements. Or to put this another way, the self-assessment had the agency to influence manager's behaviour which affected the ultimate structure of the CTP.

6.4.4.3 The Self-Assessment Document - A Mediator (or Babel Fish[67]).

In this section, I argue that the self-assessment document was initially presented as a counter-interessement strategy by the regulators who wanted to make the process difficult for NELC/PCT. As noted earlier in section 6.1.5, the regulator had a negative view about the CTP proposal and, in consequence, they revised their application process to make the experience more difficult for PCT and council managers. So, on the one hand, the process was seen as counter-interessement programme because it would bind together the regulators and convince their allies that their interests were best served if health and social care remained within separate organisations. On the other hand the CTP serendipitously seized the opportunity and used the document as *their* interessement strategy to prove that they could make integrated health and social care work. The fighting spirit of the PCT directors was described by one of the interviewees, as follows:

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[67] A babel fish: This is a fictional creature, described in the Douglas Adam's novel 'A Hitch Hiker's Guide to the Galaxy. When inserted into ones ear, one can instantly understand anything in any form of language.

"Well in some ways it was quite a brave move, because the directors admitted that if it did not come off [ie approval of the CTP application] we were all personally in quite significant trouble. But it created a real sense of something what we had to fight for. Something that we were really going to believe in, and something that we were going to make happen. So in an ironic way the opposition helped. The common enemy helped us take the initiative forwards!" *(source: interviewee)*

Therefore, whilst the application may have initially been considered as an anti-interessement devise because it was biased towards the regulators' prejudice, ultimately it acted as an interessement devise for NELC/PCT because helped the directors to mediate and negotiate a successful outcome, which overcame the regulator's resistance. On this basis, the self-assessment process allowed NELC/PCT's directors feedback to be structured into a coherent narrative that would be understood by all the regulators. Hence, if the self-assessment proved to be an effective interessement device for NELC/PCT, then CTP proposal could proceed, more or less unhindered, which seemed to be the case according to the following interviewee's retrospective assessment of the application process:

"Actually if I had to look back at that time, I'd say *'what are we having to do this for (ie the self-assessment')*? But now I would say it was absolutely right and actually it's been very helpful....and the Department put it out to external scrutiny to validate our application, so they used other bodies to do a critique of our application looking at our strengths and weaknesses. They then came back with a very limited number of questions that they wanted clarification on. So you felt that, actually, what we have done was right, the objectives we have set were right. In the end, we sort of played them at their own game, and because the application was so good and stood up to scrutiny, actually they couldn't really stop it progressing - we had done what they had asked." *(source: interviewee)*

"Although the process was really stretching and demanding and at some stages very intrusive and unnecessary, it made us ask and answer a lot more questions than we might have done if we hadn't been put through that process. So, on reflection, I am quite glad that we went through that process really". *(source: interviewee)*

According to the interviewee, the process allowed consideration of all the regulatory issues and, furthermore, made the project team think in detail about implications and solutions. Therefore, from an ANT perspective, each one of the 158 questions could

be seen as individual 'micro-negotiation' finding a compromise between the NELC/PCT's desire to form the CTP and the regulatory authorities concerns. The concept of micro-negotiation[68] are a particularly helpful way to describe 158 individual translations that eventually coalesce together to form a macro-network that could influence the development of the UK's first health CTP arrangement.

The above quotes also suggests that the self-assessment document became a mechanism to mediate between the different 'logics' that separated the regulators and PCT directors. For example, I argued earlier in this chapter (6.1.5) that, from the onset the regulators' motives to maintain the status quo were predicated on an 'industrial logic' and the PCT directors' motives were based on a 'civic logic'. However, because the CTP proposal was ultimately accepted, I conclude that the self-assessment document, amongst other things, had a mediating effect which was able to help negotiate an acceptable position between both parties. In other words, the PCT was able to answer the self-assessment questions in a way that satisfied the regulatory authorities, but still maintain the integrity of their original CTP vision. Therefore through this give-and-take, the self-assessment document could be seen to be a way of negotiating, moderating, mediating and translating between the different logics. What started off as a counter-interessment devise by the anti-programmers, became an interessement devise for the NELC/PCT to take control and "convince[ing] other actors that the interests defined by the initiator(s) are in fact well in line with their own interests" (Mähring, Holmström, Keil and Montealegre, 2004a).

6.4.4.4 The Self-Assessment Document - Control and Discipline

The last observation I wish to make regarding the self-assessment process relates to the document's ability to effortlessly elicit information. From my personal experience of completing self-assessment documents, I understand the process is a fine balance: If an organisation hides its weaknesses and the inspectors' find these

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[68] Micro-negotaion is a specific phrase used by Tara Fenwick (2010: 121), in her study "Doing Standards in Education with Actor-Network Theory". She used the concept of 'micro-negotiations' to describe the way various multiple actants act as translators amongst other elements in order to shape or change them, and link them into extended chains of interconnected activity."

shortcomings, the organisation may be disproportionally criticised for not *even* knowing its weaknesses - but equally, it may get away with it. Conversely, if the organisation confesses its weaknesses, there is a chance the inspectorate may see this level of self-awareness positively, but equally the inspectorate may 'seize on this information' and simply judge them accordingly. In other words, confession is no indemnity. So, in a roundabout way this shares similar characteristics to the classic prisoners' dilemma - confession could result in reward or sanction, as could 'silence', but either way, the outcome is not certain as it depends upon a variable out of the 'defendant's' control.

What this illustrates is that the mechanism of self-assessment transfers the role of discipline and control seamlessly from the inspectorate to NELC/PCT. Thus, very cleverly, the self-assessment document works on behalf of the regulators, but without their intervention, effort or resources. This method of control and discipline, is analogous to the Bentham's Panopticon as described by Foucault (1977).

> "Hence the major effect of the Panopticon: to induce in the inmate a state of conscious and permanent visibility that assures the automatic function of power. So to arrange things that their surveillance is permanent in its effect, even if it is discontinuous in its action; that the perfection of power should tend to render its actual exercise unnecessary; that this architecture apparatus should be a machine for creating and sustaining power relation independent of the person who exercises it; in short, that the inmates should be caught up in power situation of which they are themselves the bearer. (Foucault 1977: 201)

So, in relation to the self-assessment it can be determined that: The document induces managers into permanent visibility, because they have to commit their answers in writing. This level of inscription becomes immutable and refutable.

6.4.5 Summary

This section has focused on ways in which inscription objects in the form of 'Application Forms', 'Self-Assessment Documents', 'Partnership Agreements and 'Governance Arrangements' became an interessement device which shaped governance and administrative arrangements.

In particular, using the work of Bowker and Star (1998), I identified how the self-assessment document provided a way to standardised the process of assessment and verification across five different organisations thus allowing the network to develop and expand accordingly. I noted how the classification in the self-assessment document provided proxy-blueprint for the DH version of a workable integrated health and social care organisation. Hence, I argue that this process influenced pre-inception and post-inception CTP structures.

I considered how the self-assessment document became a mediator that was able to facilitate numerous micro-negotiations on behalf of the PCT directors and the regulators. While the application process originally started off as the regulators' anti-interessement device, ultimately it became the interessement device that united the PCT/council directors.

PART 5:
UNOFFICIAL NETWORK DEVELOPMENT

6.5 INTRODUCTION

The DH granted the PCT/NELC's directors 18 months to complete the application documentation. However, despite this agreement, the regulatory authorities were still opposed to the concept. Therefore, during this intervening 18-month period, the PCT directors developed an unofficial network with the intent of ultimately winning the favour and support from the regulators.

This part of the application process, was described as unofficial, because it did not form part of the formal application process. However, it provides an interesting perspective demonstrating how interessement strategies are performed in practice. This section shares similar characteristics to the LEA vignette[69] discussed in chapter 1, where directors were developing their own rules to influence a favourable outcome.

6.5.1 Unofficial Network Development

Given the need for the CTP's application to succeed, the directors developed a concurrent interessement strategy to win favour with the key decision makers from the regulatory authorities. Their strategy was simple, the directors resolved to use their existing interpersonal networks with the sole intent of influencing and persuading the key decision makers within the four regulatory organisations to support the CTP proposal.

In order to implement this interessement strategy, the directors resolved to play to their strengths and, however possible, to persuade the various government

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[69] In the LEA / Ofsted vignette I described how the LEA directors performed the inspection in accordance with their own set of rules, practice and discipline to construct a version of the LEA which would be sanitised, repackaged and presented in a format that was acceptable to the inspectors". Similarly, the PCT inspectors were attempting to repackaged the CTP concept to the regulators in a way that they might find acceptable.

agencies to support the CTP proposal. The following provides a director's view about how the strategy was enacted:

"In the main, we worked out the best way into each of them [the 4 regulatory organisations], we worked out who was best dealing with each of them. We had a set of tactics for each of them. We rarely picked them off together because it wouldn't have been worth our while doing that. We tried to be very clear about where each of their bottom lines were so we knew the boundaries and we made very clear to them that there was one voice from us; so at our board meetings we were very clear about managing the environment with a single voice. So George would handle some of it, Jane handle some of it and I handled some of it." *(source: interviewee)*

"I suppose, really, the thing that played well for us was that Jane was extremely well networked, Peter was extremely well networked, George was extremely well networked and I regard myself as being extremely well networked. We were all networked into different things so George into the Y&HGO and the local authority kind of machinery, Jane into the regional health authorities and Peter into the GP stuff in the DH...... And we used those all the time, so we put our messages in different places and then Jane and George corralled the MPs. So it was a kind of steady process of galvanising; and what we were able to do, I think, appealed to the radicals in each of those places and the integrationlists (sic) and those who saw the kind of additionally you could get out of our model. So we learnt how to sell on to our networks." *(source: interviewee)*

"I get people like Austin and Shona [Local MPs] who would go and see Ministers for us on our behalf and they would have their links into organisations like CSCI and the regional health authority. We got the politics of this stitched up....The politics at Westminster was done and dusted. That was sewn up. I knew when the Minister was going to sign the establishment order almost before the Department had approved the process. Part of the approach was to get that done and dusted so that actually Ministers was asking questions of others why hasn't this been done yet, this should be done by now!" *(source: interviewee)*

So what this describes is a home-grown strategy that was predicated on exploiting existing and well established relationships. The next section explores this in more detail from an ANT perspective to identify what actants may have assisted in the development of the informal network.

6.5.2 Analysis of Informal Network development

The strategy employed by the directors helped persuade the regulators that the CTP concept was a worthwhile prospect. The strategy seemed to start with a collective understanding about what the regulators' 'bottom-line' was. The phrase, 'knowing the bottom line', refers to the directors' understanding about the types of issues the regulators would be prepared to negotiate on (or not)[70]. In terms of understanding what the regulatory organisations wanted, it has previously been noted that they had their own specific issues. For example the Y&HGO, did not want to pursue the CTP option, as this would detract efforts from NELC improving their adult social services grading; Y&HSHA were not performance managed on social care, so they did not see the need for integration; CSCI, did not believe in mixing health care and social care, so they felt uncomfortable about participating and the DH, particular the regulatory element, were largely unconvinced. So given the level of incompatibility, it is helpful to identify the actants that helped the negotiations take place. To illustrate this point, this discussion has been limited to four concepts being:

1) The concept of a single voice (spokesperson);
2) Use of established inter-organisational networks;
3) The notion of professionalism as an aide to facilitate discussions,
4) The geographic position of NEL rendering it a 'low government risk'

6.5.2.1 A Single Voice / Spokesperson:

The mechanism of enabling the directors to speak with a single voice was facilitated through board meetings. Hence the board meetings provided a way to translate the various views of the directors on an on-going basis. This ensured that the information/intelligence which the directors gleaned from their meetings with the regulators could be feedback to the other directors. In this sense, the board meeting became a 'command and control' structure that was able to use intelligence to modify the plan according to how receptive the regulators were to the directors'

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[70] Understanding the 'bottom line' or what your counter-part want is an important part of the negotiating process. Malhotra and Bazerman (2007) emphasise this in their Harvard Business Review article on negotiations. They say that negotiators have to act like detectives and proactively find out what your counterpart wants so they know improve their negotiating position.

influence. Using another ANT concept, it could also be argued that the board meeting became the spokesperson for the directors as it homogenised all the directors' voices into a single voice. This single voice (ie the board) provided the 'script', which would then have provided the 'guidance' and 'instructions' for the directors to follow.

6.5.2.2 Organisational Networks

The work which the directors had undertaken during preceding years (ie in the normal course of their business and unrelated to the CTP proposal) with the regulators, would provide them with a platform to negotiate from more easily. As prior relationships had been established and formed this may have hastened the process. For example, much play is made of the fact that the directors were 'well networked'. Therefore the glue which holds these types of networks can be seen to be based around, institutional ties, inspection regimes, attendance at conferences, regional meetings and professionalism, which is discussed next:

6.5.2.3 Professionalism:

The formal education undertaken by the directors provided them with, not only the qualifications, but also the language, knowledge and peer-to-peer credibility which enables the discussion and arguments to be debated and understood. As mentioned previously, each NELC/PCT director was allocated a particular organisation to liaise with. Consequently, because issues were discussed on an intra-professional basis, many concepts would be black boxed, as detailed discussions would be superfluous. For example, GPs have their own professional language, knowledge and expectations, which may result in complex issues being codified into simple descriptors. If the same discussion took place on an inter-professional bases, these descriptors would become complex and they would need to be translated for the respective lay recipient. Therefore because intra-professionals communicate using the same language, terminology and terms of reference, much of their discourse flows seamlessly without the need to for it be translated and modified. So professionalism as a concept acts, not only as an intermediary, but also as a translator allowing the actors to get to the heart of the discussion more quickly. Alternatively, to put it another way, partners had a common language that they all understood.

6.5.2.4 Geography

This section describes how the geography of NEL may have been a significant factor in helping the negotiations to succeed. In order to present this argument, I first refer to one of the interviewee's statements about the opaqueness of North East Lincolnshire:

> "That's one of the beauties of North East Lincs. Because it's so far from Westminster, nobody's bothered and nobody knows where it is. But equally if you do something wonderful then they have something to shout about and if it all goes pear-shaped nobody will know. So selling that to ministers isn't difficult. You wouldn't have got away with this in somewhere like Hertfordshire or Berkshire!" *(source: interviewee)*

So, because NEL was perceived as an insignificant authority miles away from 'the south', this meant that the risk of the CTP's failure would be mitigated by the lack of interest and concern or even awareness from the media. Therefore actants such as distance from NEL to the Home Counties was important as was NELC indistinctiveness. Two features, which could have helped the CTP proposal progress.

6.5.3 Summary

On the face of it, an unofficial network between PCT/NELC directors and the regulators would suggest a social arrangement or a social-network. However, what this section has demonstrated is that the social is very much dependent upon materiality in order to bind the network together. Furthermore, this section has illustrated that, unofficial networking can co-exist and run concurrently alongside the official networks.

6.6 CONCLUSION

At the start of the chapter, I demonstrated how the regulatory organisations could be considered as anti-programmes that intended to prevent the CTP from becoming a reality. In terms of ANT, it was noted how actants such as performance management systems may have created frameworks which inhibited innovation and curtailed the regulatory managers' ability to consider a 'civic logic' perspective.

From this, the case study went on to explain how formal and informal interessement strategies helped overcome the anti-programmes. In particular, interessement devises such as the CTP Application, The Tailored Self-Assessment document and workstreams all helped to mediate and translate a way forward. The agency of the self-assessment document was noted in the way it conducted 158 micro-negotiations to help find an acceptable position between 'Institutional logic' of the regulatory organisations and the 'PCT/NELC 'civic logic'. In addition to the formal CTP application process, I also described how NELC/PCT developed an unofficial interessement network to try an influence the key decision makers within each regulatory organisation. In order for this to work I argued that actants such as 'geography', 'professionalism', 'the board' and 'organisational networks' helped facilitated the safe passage of the CTP application from completion, to submission to acceptance by the Secretary of State.

In summary, The main elements of this chapter have demonstrated how interessement can be used to analyse the negotiations that take place throughout the pre-inception stage of collaboration design.

CHAPTER 7
ENROLMENT

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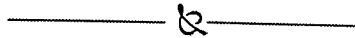
7.0 INTRODUCTION

In the preceding chapter I used Callon's second moment of translation, interessement, to identify how actants/actors assisted in the development of the CTP. The discussion started with an analysis of a seminal meeting which served to illustrate how the problematization process morphed into a series of interessement strategies which 'locked' actors into the CTP concept. Thereafter, I considered how boundary-spanning activities could be considered in terms of both social and material factors and how administrative and governance functions helped determine the shape and form of the organisation's structure. It was also noted how the role of actants including, fiber optic cables, minutes (from meetings), voting processes, finance systems, intranets all provided connectivity between NELC and NELPCT in order for the development of the actual (post-inception) CTP organisational structures to become realised. This detailed discussion showed how the DH's CTP application process, which was depicted as a counter-interessement strategy, actually provided a blueprint to show how the new CTP *should* be structured. The last part of the analysis presented information to describe how the directors would use their own professional networks to solicit support from influential decision makers with a view to seeking their backing of the CTP application. The third phase of Callon's moments of translation, enrolment, is considered next.

Callon defines the third moment of translation, enrolment, as "the group of multilateral negotiations, trials of strength and tricks that accompany the interessement and enable them to succeed" (Callon,1986: 211). In terms of bridging the gap between the second moment of translation (Interessement) and enrolment Mähring, Holmström, Keil and Montealegre, (2004: 214), provide the following helpful distinction:

"If interessement is successful, enrolment occurs. Enrolment involves a definition of roles of each of the actors in the newly created actor-network. It also involves a set of strategies through which initiators seek to convince other actors to embrace the underlying ideas of the growing actor-network, and to be an active part of the whole project."

Using the this description as a guide, this chapter seeks to understand how concepts such as negotiations, strategies and tricks were employed in order to create new definitions for actors and to describe how they became enrolled within the network. This is undertaken in two specific parts:

Part 1: (sections 7.1 and 7.2) Considers the process of 'consultation'[71] as a mechanism of enrolment. I discuss how various strategies and objects were employed to allow negotiations to proceed. In this regard, I look at objects such as the consultation document, TUPE regulations and Post-It Notes™ to identify how socio-material arrangements help form the actor-network.

Part 2: (section 7.3) Looks at how communities with acute health inequalities became enrolled in their own heath improvement network through the work of the voluntary groups known as the 'collaboratives'. More specifically, I identify how the role of objects such as an electronic blood pressure testing device helped with the enrolment process.

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[71] Bovaird (2007) notes that consultation, as a concept, is process that involves *strategies* to allow *negotiations* to take place

PART 1
CONSULTATION AS AN ENROLMENT PROCESS

7.1 INTRODUCTION

The aim of the consultation process was to provide employees, users, carers, voluntary agencies and the general public with an opportunity to consider the merits of the CTP proposal (CTP, 2006b). In order to achieve this the directors employed an "exhaustive range of [consultation] techniques" (p.6) to ensure that a broad and comprehensive range of views were considered (CTP, 2007a). In total eleven different consultation methods were employed throughout the consultation period, which are listed in table 7.1 below (the grey boxes are discussed in latter sections):

Table 7.1: List of consultation methods

Aston University

Content has been removed for copyright reasons

Source: (CTP 2007a; NELC 2006

The argument I make here is that the consultation processes were part of the process to enrol actors and actants into the wider actor network, the CTP. In order to support this proposition I firstly provide an overall discussion on leadership and the consultation strategy, then I focus on a more detailed analysis regarding specific consultation methods as highlighted by the shaded boxes in table 7.1

7.1.1 Leadership and the Consultation Process

The CTP consultation commenced with a formal press conference, which was attended by the most senior staff at the council and the PCT. As shown in plate 7.1, this depicts the chief executive (PCT) and executive director (NELC) *reading* a copy of the formal consultation document, overseen by other senior officials.

Plate 7.1: **Launch of consultation on the proposal to establish a Care Trust Plus in North East Lincolnshire**

Left to right, front to back: George Krawiec (Chief Executive, NELC), Jane Lewington (Chief Executive NEL PCT), Councillor Peter Mills (Portfolio Holder; Adult Social Care and Health, NELC), Val Waterhouse (Chairman, NEL PCT) and Julie Ogley (Executive Director of Community Care, NELC) Source (CTP, 2006b)

The following section uses ANT to understand how the consultation strategy assisted with the enrolment of actors and, in particular, how the directors' authority in this process could be considered as 'power in potential' (ie indirect power).

Latour (2005) argues that managers, directors etc are simply not powerful by virtue of their position, but are powerful because of the action of others who obey them (as discussed earlier in section 3.3.2). He states that power is therefore an effect and never the cause "[i]f the notion of 'power' may be used as a convenient way to summarise the consequence of a collective action, it cannot also explain what holds the collective action in place". (Latour, 1986: 265 - emphaisis in original). He goes on to explain about the commonplace illusion of power:

> " 'Power' is always the illusion people get when they are obeyed; thinking in terms of the diffusion model, they imagine that others behave because of the masters' clout without ever suspecting the many different reasons others have for obeying and doing something else." (Latour, 1986: 268)

This quote is helpful because, from an ANT perspective, it identifies the need to consider the many different reasons others have for obeying power, which is the purpose of this discussion. My analysis on power commences by noting the directors' direct involvement during the various consultations, which was considered an extremely important aspect, as the following quote illustrates:

> "At the core of the consultation methodology was the continued visible commitment of the most senior personnel from both organisations, with the Chief Executive of the PCT and Chief Executive or Director of Community Care of the council jointly hosting the vast majority of consultation events...In recognition of the need to target and tailor information and techniques for specific audiences, presentation material was developed to support direct face to face activity with core groups. This provided opportunities for senior representatives from both organisations to engage directly with key stakeholders and, within each of those settings, question and answer sessions were incorporated to encourage and facilitate positive suggestions, clarify issues and provide an opportunity for any concerns to be raised" (CTP 2007a: p22)

This illustrates how the commitment and visible presence of the most senior organisational leaders was considered a desirable feature of the consultation process. However, this type of assessment suggests that the executives' presence was, in itself, the principal factor, the *force majeure*. It creates the impression that they were unilaterally spearheading the campaign, which does not consider or appreciate the wider socio-material network that underpinned their influence. To counter this, I contend that the executives were, in the main, acting as intermediaries, who were speaking on behalf of their respective organisations. In this context the anthropomorphization of *organisations* is deliberate because, the organisations had already started to develop a new transitional organisational structure which would be suitable for the CTP to become effective from 2007. In other words, the organisations (structures, processes, behaviours, expectations) were becoming hard-wired and would be difficult to reverse. This analysis was developed particularly in chapter 6 under the auspices of *pre-inception* arrangements, where it was posited that, for several months prior to the CTP being approved, work was already being undertaken through workstreams to set up, for example, new finance systems, HR policies and IT infrastructure (ie the organisations were becoming hard-wired to become part of the CTP). Furthermore, the council and the PCT board had, during this phase of the process, notionally

confirmed their willingness to adopt the CTP structure, subject to the Secretary of State approving their application - the CTP structure was gradually becoming solidified. Hence, the *organisations* had started to influence the actors' behaviour and, vis-à-vis, the actors' behaviour was simultaneously influencing their organisational design[72]. So, in summary, when the executives attended the consultation, they were not powerful *per se* by virtue of their 'rank' (*in potentia*), but they were powerful because the CTP proposal had been considered feasible and already had the backing of the PCT board and the council's elected members. In this regard the directors and the consultation process became the socio-material glue that was able to bond the organisations' vision to the stakeholders. This can be considered in light of Law's (2002: 92) ANT discussion 'Space and Objects'. In this publication, he determines that "speech, bodies and their gestures" are all "....enactments of strategic logic. All participate in holding everything together. All are made in, and help to produce, those relations." Therefore, the directors as spokespeople are the 'bodies speech and gestures' which perform and enact the strategic logic (ie the consultation / enrolment process). In this example, the bond that was holding everything together was strong enough to maintain the integrity of the CTP proposal as, according to one interviewee, the consultation was never about facilitating change or considering alternatives.

> "The consultation was a means to an end really, because we had gone through far too much with the Health Authority and our own organisations to change what we were doing. We knew that we had to consult and we knew that we would be scrutinised on the consultation, so we pulled out all the stops. However, the ones with the real power like the GPs were already pretty much on board because they were part of our initial discussions and that part had been sewn-up. If the GP's weren't behind us, we wouldn't have even got as far as the consultation stage - they are an incredibly powerful bunch." *(source: interviewee)*

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[72] This has similar characteristics to Latour's (1991) European Hotel Key Fob example which embodies the will of the Hotel Manager (via a heavy metal key fob) to control his guests' behaviour, likewise it could be argued that the emerging CTP structures were also having an influencing effect on staff (eg workstreams working together on joint problems).

In contrast to the reverence afforded to the GPs, the next quote suggests lay people were not familiar with the functions of PCTs, and this, in consequence, reduced any anxiety that they would be unduly concerned by the proposal.

> People, generally speaking, don't really understand what PCTs are all about let alone the CTP, so they don't care that much and aren't really bothered. Sure they understand if they can't get an appointment at their GP on the same day when they phone, but that's about it really. It's not contentious like it would be if we were proposing the closure of a hospital!" *(source: interviewee)*

Together these quotes demonstrate how the consultation process was geared more around the relationship building with GPs as they were considered to be the powerful gatekeepers, who could potentially drop the token and prevent the flow of power. So, when the NELC/PCT executives were undertaking their consultation, it was in the full knowledge the GPs had *sanctioned* the proposal's ascension from their clinical domain, to a public domain. Conversely, the public seemed largely indifferent to the CTP proposal, which is also evidenced by the relatively low level of participation at the public meeting (80+ attendees) and feedback from the main consultation (18 responses).

In summary, ANT considers the need to be agnostic in terms of 'big' versus 'small' / 'powerful' versus 'passive' which is evident from the preceding discussion in two respects. Firstly, the directors' leadership and power in spearheading the campaign was not absolute. Rather their power was an embodiment of numerous socio-material relations which had started to develop a larger network. Secondly, the GPs, who in terms of numbers were a minority group, were given more significance and considered more powerful than the actual service users who would have numbered in their thousands. Also, despite the government's ambition for a 'Patient Led NHS', patients' actual will to influence service design seemed inhibited, perhaps by their ability to understand or even be interested in integrated health and social care.

7.1.2 Statutory Staff Consultation

In order to prepare for the creation of the new CTP structure, the directors needed to consider the technical and practical arrangements of staff transfers. As discussed in

chapter 4, the arrangements for the CTP to come to fruition were complex. The CTP was not simply a case of two organisations working together to improve health outcomes. It was about creating a new integrated and untested organisational arrangement which would see staff and services permanently transfer from one organisation to another in order to deliver the CTP vision. To recap on earlier discussions in Chapter 4, the CTP concept ultimately resulted in:

- **Adult Social Care:** This function was transferred from the council to the CTP in September 2007 and involved the TUPE transfer of 677 staff - 519 whole time equivalents (wte).

- **Public Health:** This function transferred to the council in October 2007. This involved the secondment of 65 (56 wte) public health staff.

- **Children's Services:** All function relating to children's health (school nurses, sexual health, obesity etc) transferred to the council in June 2008. This involved the secondment of 117 staff child health staff (85 wte).

While the above identifies three discrete functions, developing the structure to accommodate these transfers was further complicated because the postholders did not always neatly fit a specific role or function, as one of the interviewees describes:

> "People did not fit into discrete silos, and as the Community Care Directorate [within the council] we had other services as well as Adult Social Care. We had things like Safer Communities, Neighbourhood Teams, Supporting People, Housing, and our support services were all in one, they supported all of that. So we had to identify; to do an exercise looking at each individual [person] and consider how much time they spent on social care, how much they spent on the other services and from that we had to decide if they were in the scope to be part of the CTP and that's when you start discussions with health colleagues to compare, because they were also doing a similar thing, the sands were constantly shifting until we got to a point when it started to click and fall into pace but this took a lot of time, effort and iterations." *(source: interviewee)*

The interviewee from the council then went on to describe problems which needed addressing in respect of the gaps which had been created in their residual structure.

In other words, because a number of their administrative and support staff transferred to the CTP, this created a series of vacancies which subsequently needed to be filled. So not only did the council have to configure resources to meet the needs of the CTP, they also needed to reconfigure their 'residual structure' so services which were outside of the CTP's scope, could still remain operational. This demonstrates a 'displacement effect' where, in this example, inter-organisational collaboration created a new network, and as a consequence, modified and altered the residual council network. The ramifications of this were that inter-organisational collaboration creates intra-organisational restructuring which extends the complexity and duration of the consultation processes. Whilst this may appear an obvious point to raise, it is not well addressed in the literature. The three models described in chapter two focus on the development of a new inter-organisational collaboration and do not consider the 'displacement effect' in terms of what happens to elements of the respective organisations that do not become part of the joint collaboration.

In order to undertake the staff consultation exercise over 1,100 staff were issued with a detailed consultation document which identified that the following groups of people would be affected by the proposal:

- All staff within NELPCT
- All staff within the adult social care function and some staff from the business support function of NELC Community Care Directorate
- Elements of the corporate support functions within North East Lincolnshire Council, specifically the HR, IT, finance, estates' management and legal teams.

The document was 30 pages long (6,000 words) and covered seven key areas: The current organisational and staffing arrangements; the proposed organisational and staffing arrangements; pension issues, policy issues and finally a section on operational procedures (CTP, 2007e). The document also included two appendices: appendix 1 provided a list of 'frequently asked questions' that had been asked during the preceding public consultation, but which would also be relevant to the staffing consultation. These included, for example, succinct answers to pre-emptive questions about job evaluation, training and development, TUPE implications and the physical location of new jobs. The second appendix was 17

pages long and provided detailed diagrams and descriptions, showing how the CTP structures would be arranged. An example of how the organisational structure, as a network, linked various posts together is shown figure 7.1. Posts were then clustered in to teams, which were then clustered into departments:

Figure 7.1: Example of an Organisational Structure:
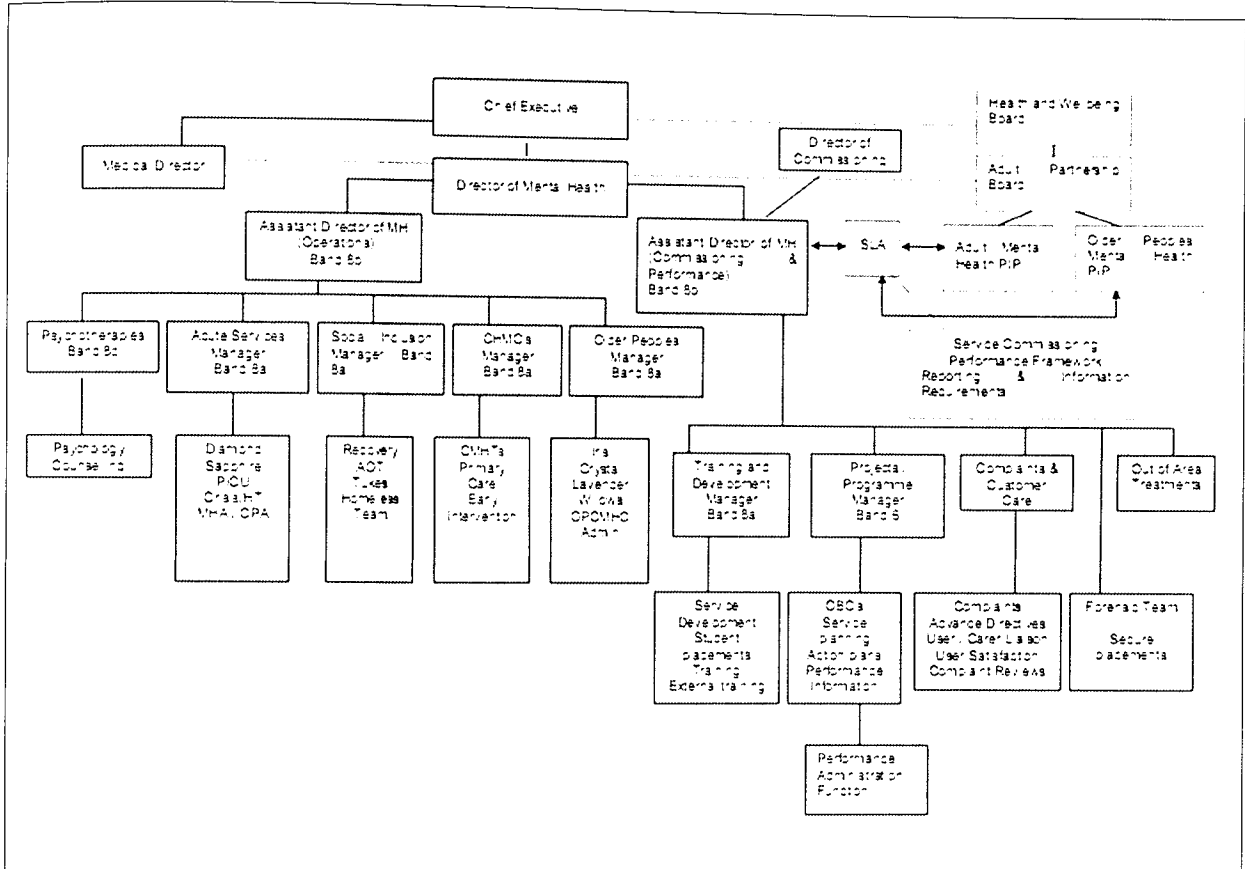
Staff members who wanted to engage in the consultation process were offered the opportunity to attend a briefing session or, alternatively, invite the chief executive (PCT) and the executive director (NELC) to attend their team meetings. Finally any staff member who wanted to make formal representations was required to submit their feedback to a generic email / PO Box.

The consultation process is a statutory duty[73] for European Union organisations where significant organisational change is being proposed. Furthermore, where a proposal involves the transfer of a business function to another organisation, staff transfer also has to be considered as part of the TUPE regulations (ACAS, 2009). Under TUPE regulations employers must transfer staff, at minimum, on their current terms and conditions. However, whist this would mean that no employee was materially worse off as a result of the transfer, it would effectively create two sets of pay rates within the CTP which was clearly contrary to the principles of integration and harmonisation, as the following director describes:

> "We wanted people working as one team, in one line management arrangement straight away, but as long as people had different holiday entitlements, different rates of pay this was never going to work. Then there was whole range of different policies so that managers would have to handled two sets of policies, two different sets of procedures, so we had to harmonise to get to where we needed to achieve proper integration." *(source: interviewee)*

The TUPE arrangements were undertaken within the context of the NHS pay and policy directive "Agenda for Change[74]". As the current PCT staff were working to the nationally agreed Agenda for Change arrangements, which were non-negotiable, the only way to harmonise the arrangement was to place adult social care staff on the same terms. In order to achieve this, directors redesigned the roles of the postholders:

> "We then built all those posts up from fresh; and we created a new kind of world for social workers. We didn't use the same job titles, we had a different competency framework, but it also meant that adult social care and nursing were on the same pay, based on the same competencies. So you can see we were beginning to get a single workforce and that has paid-off because we now have integrated

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[73] European Union Directive for informing and consulting employees gives employees the right to be: informed and consulted about employment prospects, and informed and consulted about decisions likely to lead to substantial changes in work, including redundancies and transfers (ACAS, 2009).

[74] Agenda for Change was implemented throughout the NHS on 1 December 2004, and represented the biggest overhaul of pay, terms and conditions in over 50 years; its main emphasis was to create a new remuneration system that delivered equal pay for work of equal value (Ball and Pike, 2006).

complex case management, where we do not have all the hassle of one set of employees being paid more than another for doing the same level of work" *(source: interviewee)*

A brief description of the process that was undertaken during the TUPE arrangement is described by one of the union representatives.

"How the harmonisation process worked was that you have a job description and a panel that evaluates it, can be a maximum of 4 people, 2 have got be on the management side. So for our organisation, it was staff that was above a grade 6 and the other 2 are union reps so they have to be recognised locally accredited union reps and everyone has to have done job evaluation training. Now we tend to work on panels of 3 but you still have to have that mix. It doesn't matter if it is 2 managers and 1 union or the other way round and cos we have been doing it so long it is quite friendly. We have cake and sweets, it's not like the LA schemes it is very relaxed."
(source: interviewee)

The result of the harmonisation process was that adult health and social care staff members' pay increased. Such was the PCT's commitment to create a fully integrated service and workforce, that they funded the pay increase directly via their budgets:

"Harmonisation was very expensive, and health underwrote the full cost of that. So that brought staff salaries to the same level and introduced incremental scales. It has cost us several hundred thousand pounds currently - and a lot of hard work!" *(source: interviewee)*

With regard to the staff transfer arrangements for health staff, they were actually seconded to the council in the first instance, and then the TUPE transfers were completed during 2010. However as the following demonstrates, there was a degree of anxiety about using a 'secondment arrangement':

"I think the decision to second staff was pragmatic, we knew we could be on dodgy ground legally because, in reality, you shouldn't be using secondments for those purposes, and we went into it knowing what the potential risks could be; and we signed up to that. It was about making the integrated services work. Because children's services staff were far fewer in number, it was considered less risky. But when

public health staff, on the other hand, moved over, they still had strong links with the PCT, so in effect they didn't get quite as integrated into the council as the children's element." *(source: interviewee)*

Despite the detailed arrangements that were employed throughout the consultation process, what was of particular interest was that very little changed, which is evidenced by the interviewee's quote below:

"Following the staffing consultation, there were a few tweaks but no major changes from what were originally proposed, but there were tweaks. It was always going to be the case, because it was really about making sure that all parties had involvement in what it was going to be, but also it was about working around the system because we had got people clearly in the system with knowledge and experience and it wasn't about chucking them out." *(source: interviewee)*

7.1.2.1 Statutory Staff Consultation Analysis

From this section a number of points can be raised. Firstly, it could be argued that the consultation document, and particularly the organisational charts (see figure 7.1) provided everyone with a pictorial way to identify 'who was going where' in the propose CTP structure. This may have provided assurances that all staff members had a position in the new structure and were not about to be made redundant. Ultimately, this may have helped stabilise the network during this difficult stage as staff members would be less likely to seek alternative employment if they felt they had job security, thus the workforce would be less likely to become destabilised through staff turnover. On this premise, the consultation documents can be seen as intermediary as it conveyed the directors will without modification, save for a few tweaks.

I argue that the consultation process provides a clear example showing how the various social and material elements bond to help further develop the network. The role of the managers and directors have been acknowledged. Clearly, without their skilled and professional approach, it would not have been possible to undertake such a complex consultation process. Notwithstanding the social elements within this process, it also illustrates how an array of objects were used in the enrolment of

the adult health and social care teams which include: national policy, legislation, TUPE, Agenda for Change, salaries, job description, job evaluation, job evaluation training and cakes and sweets! I believe this discussion illustrates how the performativity of these types of object help construct and cement collaboration. For example, the adult social workers had "a new kind of world" *(source: interviewee, see p241)* constructed as a result of inscriptions such as Agenda for Change, the NHS competency framework and pay scales, which were assimilated and coalesced via the job evaluation panel. A combination of the social and material thus created pay harmonisation and parity between health workers and social workers, which helped stabilise the growing network.

In summary, the actants involved in this process such as the competency framework, job descriptions and a job evaluation criteria; all acted as mediators allowing two different professions to unite and integrate into a single health and social care workforce. The benefit of this to the CTP was to of create parity not just in terms of pay, but also in terms of job titles and peer-to-peer professional equality.

7.1.3 Non-Statutory Staff Consultation - Post-It Notes™

In addition to the formal TUPE consultations, alternative informal consultations took place with staff members to understand how they wanted to 'shape' the (forthcoming) CTP. A interviewee explained how 14 staff workshops were held to engage staff in "meaningful discussion about the future role and purpose of the CTP". The interviewee spoke very positively about the workshops and how about 300 employees were able to contribute to the future vision and values of the CTP, and how their thoughts and ideas actually became the CTP's approved vision and values. When questioned how it was possible to distil 300 views into a set of statements, s/he explained how the use of Post-It Notes™ were instrumental in achieving this objective, as the interviewee's quote shows.

> "So basically, at the workshops [to discuss vision and values] we split people into groups and gave them Post-It Notes™ to write their ideas down around the questions which we were discussing. After they wrote down their ideas, they then worked together on their tables to cluster their ideas into about five key themes like 'staffing issues', 'patient care' and 'organisation culture' issues etc, . Then after that we would bring all the groups together to get a bigger collection of

ideas, and the facilitator worked with everyone to try and find a consensus on the overarching key themes. When the key themes were agreed, they were then written on the top of flip-chart paper which were pinned on the walls around the room. Then individual groups were then asked to stick their Post-Its under the most relevant heading. The facilitator would then do a kind of plenary session to go through the Post-Its and feedback to the group. This involved further discussion to change Post-Its from one heading to another when they didn't look right. And from a whole mass of discussion and reshuffling of Post IT Notes, you end up deciding on five key overarching areas which are really important to people, and from that it was possible to incorporate their work in to the CTP's final set of values. And the language that was used in the 'agreed values' came from the staff members. We resisted changing it and using management speak, and the proof was that they [the staff] could recognise the own work and words in the final version." *(source: interviewee)*

From this quote, I consider the role of Post-It Notes™ to be worth further consideration in terms of the way they, as objects, helped distil 300 views into a vision statement and a set of coherent values. As the quote illustrates, the notes allowed ideas to freely travel over space and time. However, this was facilitated somewhat by two specific features of the Post-It Notes™; one being their relatively small size and two their use of low-tack adhesive which is a defining feature of this type of stationery product. Collectively, during each workshop, these features of the Post-It Notes ™ allowed the employees' visions and value statements to be:

- **transportable** moved easily from the group-tables to the collective display area and placed with ease onto the display wall;

- **ordered** into similar groups using the adhesive to stick the Post Its Notes™ to the walls;

- **reordered** iteratively, as the participants moved the Post-It Notes™ from one grouping to another until they were happy that the groupings represented their views.

In this regard, the low-tack adhesive therefore allowed the transportability and ordering of ideas to become stuck, unstuck and re-stuck. The ultimate stability of the network, in this instances, was gained through the flexibility and transportability

of the Post-It Notes™. By contrast, if the same exercise had been undertaken using a formal minute takers or numerous scribes using flipcharts, each group's ideas may not have been instantly accessible to other attendees during the workshop; their inscription of ideas in the form of minutes or bullet points on A1 sized paper [75] may not have be as transportable and this medium would have certainly made the ordering and reordering of ideas problematical.

As the interviewee described to me, the workshops were viewed from her perspective as very productive and an excellent way to involve staff in the new arrangements. Furthermore, as was confirmed by the interviewee, the work which was undertaken within the workshops, ultimately reflected the thoughts of the staff which, in her opinion, was helpful as the staff members felt they had ownership of the 'shape and direction' of the new organisation.

In summary, I would argue that the Post-It Notes™, in conjunction with the employees and facilitators created a socio-material arrangement that helped extend the actor-network.

7.2 FACTORS INHIBITING ENROLMENT

The narrative so far portrays relatively harmonious relations. However, there was disquiet and anxiety from various staff groups regarding the proposal, as the following selection of quotes describe:

Health Visitors and School Nurses Concerns

"Health visitors and school nurses really didn't want to go and I was fortunate I got out! However, my colleagues were TUPED across but they were totally against it, they could see the value of joined up working with their colleagues in social services and children centres but they couldn't see the point in being managed by an organisation that was alien to health [ie NELC] - and in some ways I think they were right, the organisation isn't geared up to preventative work which is what health visitors and school nurses do." *(source: interviewee)*

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[75] A1 paper measures approximately 50cm x 84cms

Public Health Staff Members' Concerns

"It took 18 months to TUPE the public health staff. We wanted to try and get the staff used to it [the CTP arrangement] before we started the TUPE process. Even then we still had to force the TUPE through and there is still blood on the carpet!......You get back to some of those old histories about clinicians not being managed by non-clinicians - it's just not done. Whereas if you go into the council that is exactly what's going to happen, whereas social care staff weren't bothered." *(source: interviewee)*

Adult Social Care Managers' Concerns

"One or two of the senior manager were desperately trying to protect the status quo. They seemed to be thinking they were custodians of traditional social care really, there job was to protect the principles and values of 'good historic' adult social care. I understand why they did that but actually their frontline staff was no way near their thinking." *(source: interviewee)*

While the above quotes serve to illustrate a degree of anxiety and disquiet, I wish to go beyond this initial appraisal and use ANT to determine examples of actants that may generate fault-lines between the professional groupings. In order to achieve this I first provide an assessment of the agency of the council and NHS logos; and secondly I discuss a number of actants that create socio-material relations that contribute to conflicting culture and management styles.

7.2.1 NHS Logo versus the Council Logo

Initially, health staff transferring to the council were informed they would be required to use the councils' logo in respect of corporate branding such as ID badges, letterheads and other such artefacts that require a corporate identity. However, the staff members who this would affect were, at the time, employed by the PCT (ie an NHS organisation), and vehemently opposed any suggestions that they should lose their NHS identity. So, although their professional status and job title would be maintained (eg they would still be registered nurses and bound by their NHS registration code of practice etc) they would not be permitted to use the NHS identity / logo (see figure 7.2) which caused a number of difficulties as noted by two interviewees:
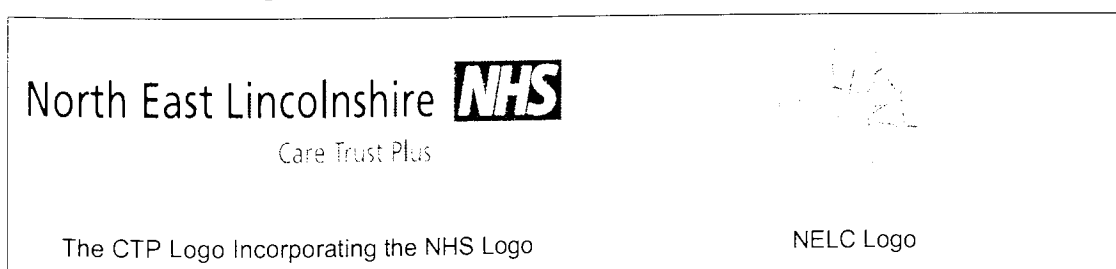
"It was interesting to see because the one thing that struck me during the consultation was that those that work in the health service saw themselves as being part of the broader NHS. It's a national system, you are part of the national family whereas the local authority it is much more locally focused and I think that was the big issue that a lot of the health staff had in moving over to the local authority." *(source: interviewee)*

"NHS staff don't like change and they were tattooed with their NHS logo, it's everything to them. They were wedded to it; their loyalty to those values and they saw that if they went to the council they'd lost all that." *(source: interviewee)*

In view of the tension this issue was creating the directors brokered a solution that allowed health care staff to retain *thier* NHS Logo:

"So they didn't lose their identity in terms of their NHS status, we agreed that if they were providing a service that is commissioned by the NHS they can still use that [logo] and we now have joint ID badges and things like that so we have worked around that with them; so when they go into people's homes they have still got that NHS logo and sense of belonging; but really the strength of the feeling did surprise me, but you don't really account for those types of things at the time!" *(source: interviewee)*

Figure 7.2: CTP Logo and NELC Logo

North East Lincolnshire **NHS** Care Trust Plus	
The CTP Logo Incorporating the NHS Logo	NELC Logo

Whilst the NHS logo was seen as a positive objective for health staff, the council's logo, by contrast, was seen as a liability. According to an interviewee, this was because the council had been in a dire position and many members of the PCT were fearful of transferring to a 'failing organisation'.

In summary, a number of points can be made from the discussion on the logo. Firstly from a semiotic perspective the agency of the logo is apparent. It embodies

what it means to be a nurse or health professional. As such, their training, caring ethos, the collegiate nature of NHS services, and the ubiquity of the NHS values and its purpose seemed to be embodied within the logo. So the NHS logo can be seen as an immutable mobile as it allowed NHS values to transfer to the council (via the logo) regardless of space, time or structural arrangements. Therefore, irrespective of where the nurses worked their values would 'travel' with their logo, allowing them to retain their identity. Lastly, the Logo can also be seen to be a spokesperson which conveys the currency of the NHS. So, regardless of people's perception of the local council (failing or otherwise), heath staff would be disassociated because they were part of the NHS. Thus from an enrolment perspective, this vignette demonstrates how the continued use of the logo helped manoeuvre actors into the CTP network.

It should be noted that this analysis does not attempt to contribute to the literature that already exists regarding organisational branding. Rather, its purpose is to consider how these types of socio-material factors should be given more prominence in the collaboration literature. Furthermore, because this phenomenon took the directors by surprise, suggests that logos are, in themselves, noteworthy objects that should be taken into account when considering public sector collaboration which embraces this level of integration.

7.2.2 Culture and Management Style

There seemed to be stark differences in management styles between NELC and the PCT. The following comment was made by a PCT union representative who was responsible for working with management from both organisations to facilitate staff transfer arrangements:

> "I think it was a culture shock for all of us because the NHS is more laid back. It was a culture shock for a lot of the LA managers who were more dogmatic and fixed. It really was difficult at times, we were used to going up to a manager's office, knocking on the door, probably not even that, catching them in the corridor, speaking to the Chief Exec, saying: "did you know?", "can you tell me?"; but they were very formal "you will do!" "you will make an appointment to see me!" and "no we don't talk to you!", "We can't possibly talk to you unless you have got HR manager with you!" and I thought why? So it

was a culture shock and it's still not perfect, but a lot better than it was." *(source: interviewee)*

This illustrates how the formality of NELC appeared to inhibit relational activities between the union representative and council managers. The inhibitors seem to be typified by NELC managers' need to adhere to hierarchical structures such as the need to make appointment to discuss issues, and a lack of willingness to discuss issues without a HR manager present. In contrast, the PCT managers and chief executive seemed much more comfortable discussing issues in an impromptu fashion without the need for socio-material artefacts such as formal invitations, a meeting room or HR representation. Hence, it is suggested that the informal culture within the PCT allowed the token to pass more easily around the network as the structures allowed a degree of informality. Another example was provided by a PCT director who compared how PCT and NELC colleagues perceived the status of personal 'office space':

> "For example you and I[76] had to look for an office because I don't have an office and I don't have a desk and I am the director! I am happy to meet at Sainsbury's café, not for confidential meetings, or the Fishing Heritage Museum, particularly for people outside [NEL] because it promotes Grimsby. The council wouldn't dream of doing that and I thought that was their job!" *(source: interviewee)*

This type of argument reiterated how artefacts such as office space and meeting rooms became objects that symbolised and defined cultural differences between the two organisations. In the case of NELC, their managers' spatial network was limited because they would only congregate within the confines of their own meeting rooms; whereas within the PCT, their network was extended to encompass space within the PCT building and also the local cafés and museums. The differences between NELC staff members and the PCT staff members was also evident in terms of dress codes.

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[76] The interviewee was describing how he had to find a vacant room for our discussion, as he did not have a dedicated office.

"I really rarely wear a tie, and that's a massive issue with council. I said to them, 'you all wore ties and you were in special measures, we don't wear ties and we are top of the performance leagues!' It was like; you're not bringing that kind of behaviour to us; you're a failing organisation! They were very arrogant." *(source: interviewee)*

"Well our dress code when we came here said 'no jeans' that's it. Then Jane [CEO] will be here in her jeans anyway so we didn't hold to that; and those were the types of things the council wanted to sit down and go through; and we said 'we are not doing that!' We're just not going there. I understand the public get angry with men in suits, walking into the municipal buildings [council HQ], seeing money 'wasted' on management. Walk downstairs here and you can't tell who's who." *(source: interviewee)*

The impact of NELC's formal working processes and their 'control' orientated management style compared to the PCT's laid-back management style, was one of the reason why the staff transfers from the council to the CTP were relatively easy to process.

"I was amazed at how easily that transition from the council to the CTP happened but that's because, you've got to remember, the council had been in special measures for 3 if not 4 years so they were performance managed within an inch of their life, and their ability to be social workers were stifled; and we were not like that. We are laid back, flat structured easy going almost bunch of hippies. They had gone from Control! Control! Control! to this bunch of people who said 'what do you want to do?', 'We are not telling you what to do, you know best, you're the practitioners', and they just embraced and the results were great!" *(source: interviewee)*

"If I said to all the TUPED staff from adult social care, 'would you like to go back to the local authority'? My guess would be that absolutely 90% would say no! Because they prefer the culture of what has been developed here, the ways they are now working, where they work and what they do and how they are treated and they are now able to do what they believe in - care for people, not fill in performance indicators!" *(source: interviewee)*

From this, it can be seen how NELC directors' control over their staff, caused in part by a succession of failed inspections, actually facilitated the transfer process. In consequence, NELC staff seemed to welcome the opportunity to transfer to an

organisation (ie the CTP) that was not under relentless scrutiny and was able to practice their profession. Furthermore, the reduction of control and discipline within the CTP resulted, perhaps paradoxically, in a greater influence and strength over the adult social workers as they became more engaged and enrolled in the practice of social work. Therefore, it could be argued that because staff members were not performance managed 'within an inch of their lives' outcomes were achieve through fewer control mechanism, which seem contrary to the performance management rhetoric typified by NPM regimes as described in Chapter 2. From an ANT perspective, this demonstrates that actants such as performance management systems and control measures may inhibit the passage of the token around the network. Therefore, the CTP's flat structure (ie fewer intermediaries) provided a more appropriate infrastructure for adult social care arrangements to flourish.

The findings in this section also support research undertaken by Sheaff, Benson, Farbus, Schofield, Mannion and Reeves (2010) where they consider the role of artefacts (eg espoused values, logos, publications and language), in the development of 'macroculture' across networks. They argue that "Network 'macroculture' is the complex of artefacts, espoused values and unarticulated assumptions through which network members coordinate network activities" (p779) which can be used to understand how networks operate and act as governance structures (ibid). This supports my empirical findings as logos did indeed influence the 'macro' culture and organisational values were espoused through the use of Post-It Notes™ artefacts. Allowing ex-PCT staff to continue to use the NHS logo to strengthen the governance network, as nurses were able to maintain their NHS values, thus avoiding organisational friction and fragmentation.

The next section looks at examples showing how community members were enrolled into the CTP process.

PART 2:
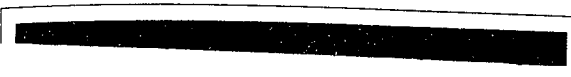## ENROLLING THE COMMUNITY

7.3 INTRODUCTION

Whereas the previous section focused on the enrolment of paid staff members, this section looks at how the community was enrolled within the CTP concept. The following two quotes illustrate the importance of including the community into the CTP concept:

> "So when you talk about culture, staffing is only part of it, but for me the biggest culture change is how do you become an organisation that is actually embedded within your community and that is part of your community and is your community: and that for me; that is the big thing that this [the CTP] is all about." *(source: interviewee)*

> "The great danger is that you think you have done it, simply because you have set it up [ie the CTP], and you can never say that until people are genuinely influencing communities and we are a long way off that, but 'Accord' and the 'Collaboratives' are making inroads and they are a key priority for us in terms of influencing communities and developing community engagement." *(source: interviewee)*

From the empirical research, it was identified that communities were influenced by community and voluntary work, specifically under the auspices of the 'CTP collaboratives' (also see section 4.1.4.3). The collaboratives comprised of four groups with specific health care aims to promote: skin health awareness; cancer awareness; coronary heart disease (CHD) awareness and falls prevention. The collaboratives were formed mainly from volunteers who were typically motivated by a need to give something back to the community *(source: interviewee)* and as the photographs show overleaf, their work was varied and ranged from the development of social marketing materials for health awareness campaigns to offering advice and guidance regarding specific health issues. This section considers the work of just one collaborative, the Coronary Heart Disease Collaborative (CHDC). This is with the specific aim of understanding how objects helped enrol people from the deprived area of West Marsh into the CTP and help ultimately improve their health and wellbeing.

Plate 7.2: Giant Inflatable Colon
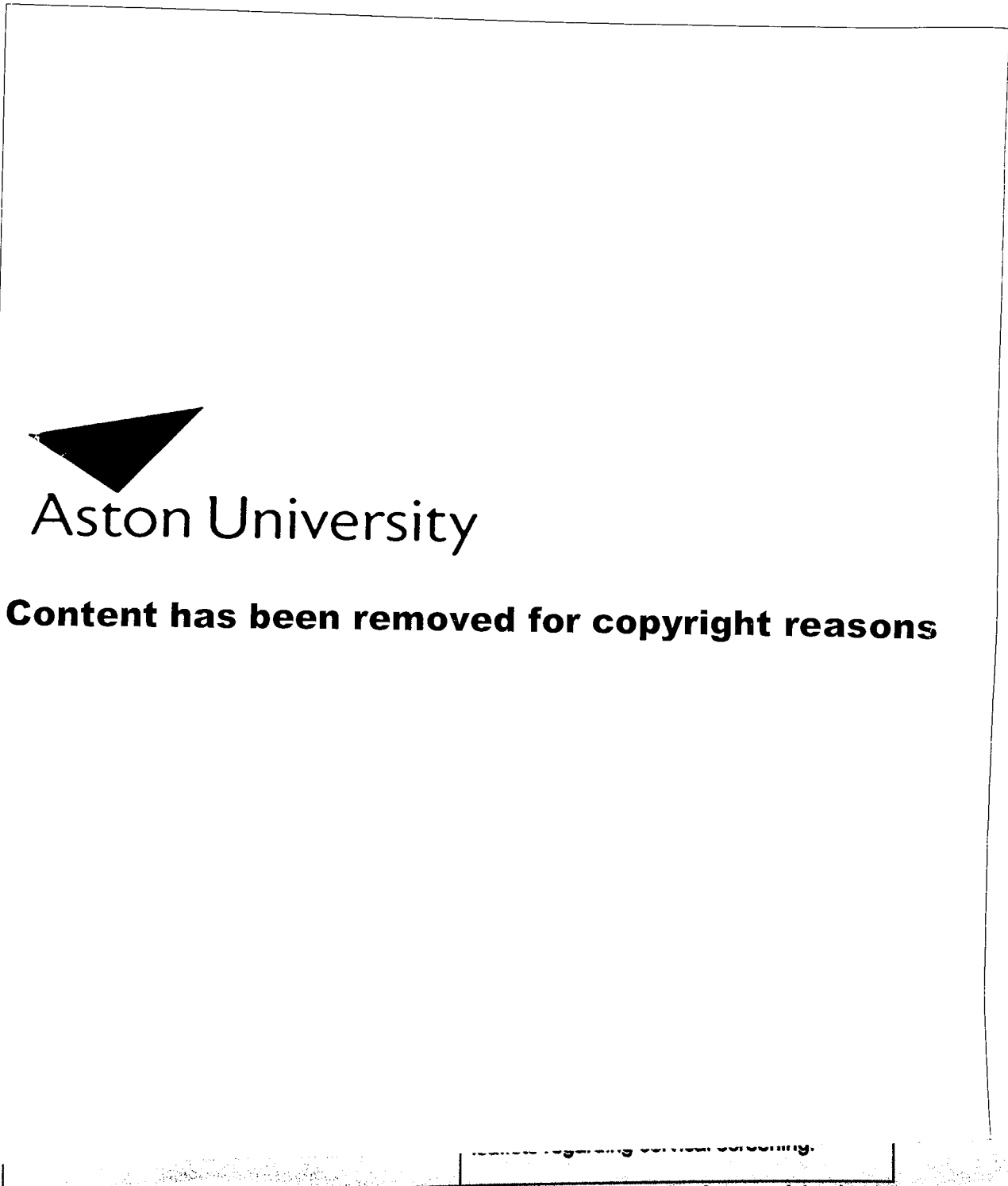
Pictures and graphics courtesy the CTP - narrative information from an interviewee

7.3.1 The CHD Collaborative (CHDC)

The CHD collaborative was set up to address the growing rate of heart disease within North East Lincolnshire, which was one of the main causes of premature deaths, especially within the male population within deprived areas. The way the collaboratives operated was, in principle, relatively simple. They would set up their CHD stall in a public place, and then invite passing members of the public to have their blood pressure checked. Where blood pressure was deemed to be too high (systolic) or too low (diastolic), they would refer the patient to their GP. As a volunteer group they were co-ordinated and managed by a small team of administrators.

The following part of this chapter now looks at three vignettes which provide different interviewees' accounts of the CHDC. Firstly, a staff member's account explains why it was necessary to use a targeted approach to health care and why some health care professionals opposed the initiative; this is then followed by discussions with CHDC volunteers who explained how they went about actually developing the initiative and lastly I provide an account of my experience of having my blood pressure actually tested by the CHDC. In conclusion, I tie these three vignettes together by considering how enrolment was assisted by the work of the collaboratives.

7.3.1.1 Vignette 1: CHD Staff Members Perspective

This section describes a staff member's account of how the CHDC was set up and some of the difficulties they encountered enrolling medical professionals into the initiative:

> "What we were trying to achieve was to reduce cardio mortality. When you look at risk factors, it is all the things that 'turn people off', nice food, drinking, smoking etc. People have been bombarded to death by the traditional messages, which don't seem to be working; but local people and empowerment can make a difference. By comparison, it's easy to measure someone's blood pressure (ie in a community location like a library) but it is really hard to get them to go to GP, on their own initiative." *(source: interviewee)*

Setting up the CHD Collaboratives - "It was not without controversy from health care professionals, who didn't think that volunteers could do a job of a trained health worker, but we had a forward thinking director who was a GP and he said from a risk point of view, it was quite minimal, the act of taking blood pressure. He helped to devise a simple protocol for the members; and we had a practice nurse who was keen for it to succeed and she did all the training on how to take blood pressure. We also took them away for training around wider aspects of coronary risks. We then went out into the community, shops, markets, library and more controversially a few rough pubs in Grimsby (see plate 7.7) like the White Bear Pub, which was one of several pubs used by the CHD collaborative, which is not ideal, but it is a really good way of getting to see potentially high risk people. It's proving really positive and we have had some great success stories of what people found. Surprisingly, sometimes it's not a problem with their heart, but following a referral, the doctors then find they have diabetes. Even when their blood pressure is rechecked in the surgery and found to be ok, the GPs are getting a chance to see them as they may not have been for 5 or 6 years!" *(source: interviewee)*

Plate 7.6: The White Bear Pub which Hosted the CHD Collaborative

7.3.1.2 Vignette 2: CHD Volunteer Member's Perspective

The following quotes are based on discussions with two of the CHDC most active members. The feedback from the interviewees provides useful insights into how they engaged with 'hard to reach' members of the community and how the CHDC was performed.

"What we do is, we have to arrange with the landlord and then they will give you a time and a date that is suitable and basically we went in at lunchtime and set up our stand and then people asked us 'what do you do'. We say that we take people's blood pressure and they said can we have it done?" *(source: interviewee)*

"What made it work was because we didn't pressurise them, because I have a pint full of beer I will have it done when it suits, there's no queuing. But when they are in a group, and one has it done, the others follow. There is normally a bit of banter and comparing their results saying, 'I bet you £5 mines higher or lower than yours!'" *(source: interviewee)*

"In supermarkets and other places it's different, women were more interested in blood pressure because what you have got to understand is, women come up and have it done, men are tinkers and you really have to be forceful with them. The best thing we find is when the husband and wife are both out shopping and the lady has it done and then she says 'come on it's your turn' [to the husband] and that makes life a lot easier." *(source: interviewee)*

The photographs on the following pages shows members of the CHD collaborative undertaking their voluntary work.
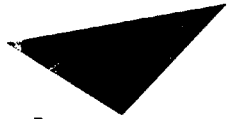
Aston University

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7.3.1.3 Vignette 3: My observations:

Following an interview with a 'collaborative manager', I was invited to attend one of the CHD sessions, which was held at Cleethorpes Library. The following provides a brief account of my observations of the event and also my experiences of having my blood pressure taken by one of the collaborative volunteers.

Cleethorpes Library is situated on the seafront and is a modern looking building, about 20 years old. Internally it is mainly open plan and hosts a number of services including tourist information, public IT/internet access, DVDs, magazines and, of course, books. It has a number of display areas and smaller rooms which can be used for private hire and are used on a monthly basis by the local MP for his surgeries. On arrival, it was easy to spot the CHDC, as they were position in the main part of the library just offset from the thoroughfare. Their presence was also demarcated by a large 11 foot 'sailboard' with the recognisable NHS logo on the top right hand corner. The banner advertised 'A walk in the park - free blood pressure testing'. Although the 'sailboard' was visible and the NHS logo was clear to see, I thought the wording of the banner slightly confusing and that perhaps the phrase 'free blood pressure testing' should have been the dominate slogan opposed to 'A walk in the park' (see for example the previous photographs). Notwithstanding, when the sailboards were seen alongside the two tables set out with an array of leaflets, the blood pressure monitoring equipment and two volunteers in their branded polo-shirts, it was clear that it was something to do with health. On my arrival, I met with the manager who introduced me to the volunteers and we agreed the format for the following two hours. I would have my blood pressure checked and then, I was to wait an hour until they finished their slot, and I would be able to interview two members of the CHDC. During the hour wait, I was able to make notes of my observations seated on nearby reading chair which helped formulate some interview questions.

When I was due to have my check, I was seated down and offered a reassuring explanation of the process. As expected, a few basic details were recorded, including consent to share the information with my GP. I was reassured that, should the reading be a little high, there may not be anything to be worried about, as sometime blood pressure can rise if people feel nervous. I was then talked through the procedure. I was advised that an electronic devise would be used to measure

my blood pressure and simultaneously I was asked to roll up my sleeve. I was then informed that the reading would be recorded, and according to my age, would be categorised as either 'ok' or 'referral'. After asking how the volunteer would know which category was correct, I was advised that they had a ready-reckoner which provided the answer based on the patient's information (age, gender etc) and their blood pressure. Furthermore, I was advised that they had been trained by medical staff on how to use it. The permutations of blood pressure readings were coded onto a ready-reckoner (a laminated piece of card) as either red or green. After the preliminaries were concluded, the electronic monitor was turned on and the armband inflated causing the Velcro™ to 'crackle' slightly as the band tightened around my bicep. The machine stopped inflating and the volunteer noted down its readings on a form which was attached to a clipboard, he then checked the figures against the ready-reckoner and confirmed that it was a 'high reading'. This was swiftly followed by reassurances that it could be as a result of something simple, like being a 'bit worried about something' and then mentioned that people sometimes get anxious about having their pressure checked. He then took another pad and explained that he was going to write a referral. This included the details of the test of which a copy would be given to me, a copy sent to my GP and a copy retained by the CHDC. I was advised to see my GP in the next week, who would then give me another blood pressure test, which may be normal, and offer advice accordingly. I was also provided with leaflets which offered practical advice and tips on a healthier lifestyle. The following day, I contacted my GP, and explained to the receptionist about the referral and requested an appointment. The receptionist was familiar with the CHDC referral process and duly booked me in to see the nurse. A week later, I had a health check with the nurse.

7.3.1.4 Analysis of CHD Collaborative Vignettes

The above discussion has shown that a variety of objects and even environments are involved in the enrolment of citizens within the CTP concept. For example with regard to environmental factors, it is interesting to note how the different dynamics unfolded based on the choice of venue. For example, men 'egged each other on' to have their blood pressure checked in the pub environment; whereas they were *encouraged* by their wives to have their blood pressure checked when in the supermarket. There are similarities in both cases though, in that one set of actors are influencing another set of actors. However, who does the influencing and who is

influenced is very much determined by the environment. If this proposition were founded, it would be less likely that two men visiting a supermarket would encourage each other to have their blood pressure checked.

Looking specifically at the process of taking blood pressure, it is posited that the testing devise allowed an uninhibited flow of technical knowledge to occur that would not have otherwise happened. This had a vital role in connecting the clinicians with patients via the socio-material network which were established by the collaborative. For example the devise that measured blood pressure (plate 7.9) in respect of systolic and diastolic readings, was then cross referenced against the ready-reckoners which could be seen as the spokesperson speaking on behalf of the clinical staff who previously established the assessment criteria and protocols for issuing referrals. The volunteers could then use the ready-reckoner to relay a version of the clinicians' opinion, regardless of the clinician's presence. Finally, this information, or modified knowledge was passed on to the patient, in the form of an inscription object (ie the referral) and copy sent to their respective GP. As a result, the network can be seen to have expanded significantly because of the electronic blood pressure testing devise connecting 'individuals in deprived areas to their GP'. Furthermore, the network would further expand, should the patient then be diagnosed with CHD, as the secondary health care sector would become involved. In ANT terms the blood pressure devise, has flattened the healthcare landscape.

It was also noted how the near instantaneous results of the blood pressure monitor, allowed the token to readily pass around the pub. As the 'patient' could receive their results immediately, they were then able to share this knowledge with their friendship groups. Thus the new knowledge acquired by the initiating participant provided the impetus for others to also have their tests completed, allowing the token to pass from one patient to another.

In summary, what is most noteworthy about this section is the prominence that objects play in terms of community engagements. It seems that in order for the collaboratives work to be undertaken in the community, there needs to be some proxy which provides the authorisation and authority to act on the behalf of the medical professionals. For example, when the collaboratives worked in supermarkets offering advice (whilst packing people's shopping), they handed out

lip-balm and pens with health messages on them, when working in community centres the cancer collaboratives would have display boards and literature advising about the particular issue. These objects therefore, to some degree, embodied the 'white-coat' professionalism of the medics and was able to speak on their behalf. These effectively became agents of the medical network and provided the information and advice in a variety of non-medical fora. As such, the use of venues like supermarkets, pubs and libraries changed the context and meaning of objects. For example, the sight and use of electronic blood pressure testing device in a hospital would not seem unusual, that is what people would expect. However, the same device being used in a pub or supermarket, completely changes people's expectations and it then becomes an object of difference that jars people's preconceived ideas about where objects belong. In this sense it is the object's relationship with its environment provided the uniqueness. Referring back to the reasons why the collaborative were established (ie "People have been bombarded to death on traditional messages, which don't seem to be working"), it seems that the socio-materiality of a different environments (eg a pub and a landlord as opposed to a hospital and medics), were key factors in creating a non-traditional and innovative approach, which had positive outcomes.

7.4 CONCLUSIONS

In the case study, I argued that the formal consultation process can be considered as an intermediary and as a mediator. This is because, whilst the consultation process certainly extended and connected new elements of the network by enrolling the public, voluntary agencies, partners' organisations etc, it did not appear to have any material impact on the network. To paraphrase Latour (1996) regarding 'intermediaries' the consultation process has transported the meaning of the CTP directors' will without any transformation of the CTP proposal. Thus "defining its inputs is enough to define its outputs" (ibid: 39). The chapter also demonstrated how objects such as Post-It Notes™, could play an important part in the non-statutory consultation processes. It was identified that the characteristics of the notes (their relatively small size and their low-tack adhesive backing), allowed ideas to be ordered, classified and re-ordered according to the actors will, which ultimately helped employees to contribute to the CTP's future vision and values. Finally, the chapter described how it was important to enrol members of the community. Although communities were largely disinterested in the formal consultation regarding

the CTP, they needed to be directly enrolled in health checks in order to address the health inequalities that blighted poorer communities. This enrolment process was illustrated through the use of numerous objects, including an electronic blood pressure device.

EPILOGUE

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The Secretary of State duly approved the CTP application, and it came into effect on 1 September 2007. The CTP continued until April 2013, when it was abolished, along with all PCT's as a result of the Health and Social Care Act, 2012. In noting the similarities between the CTP structure and the Health and Social Care Act, 2012, an interviewee said, in an ironic way, that the Act could have been largely modelled on the CTP!   So, ultimately, whilst health and social care regulators were preventing integration during 2005/6, legislation in 2013 actually enshrined elements of the CTP principles into law.

CHAPTER 8
CONCLUSIONS

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8.0 INTRODUCTION

In this study I set out to understand the role of socio-material factors in the conception and development of an inter-organisational collaboration between a local authority and its respective PCT. In order to study the socio-material nature of collaboration, I employed ANT methodology, because of its sensitivity to human and non-human actors.

The literature review identified that collaboration theory is preoccupied with assertions about its benefits, weaknesses and outcomes. In this sense, the literature readily defines collaboration in relation to a bounded system resulting in inputs, processes and outputs. This conceptualisation limits how partnerships can be understood as they are considered in terms of a limited set of attributes like leadership, governance, trust or structures, but these nomenclatures do not account for the nature of socio-material relations that can expand the debate on collaborative practice much further. In response, ANT has shown that collaborations can be seen as a network which allows negotiation, translation and mediation to take place between organisations. From this, I concluded that the use of a *priori* frameworks and theories to conceptualise collaboration may actually curtail a researcher's scope to explore alternative socio-material factors which may be of equal importance. Thus, I argue that an agnostic research approach, not based on a *priori* assumptions, may actually lead to fruitful and insightful findings in relation to the study of inter-organisational collaboration.

This chapter provides the opportunity to tie together a number of key themes which have been derived from the empirical and theoretical work within this study. Most, crucially, this leads to a review of the study's aims and objectives and considers the degree to which they have been accomplished.

8.0.1 Research Gap

In the first chapter, I presented three vignettes based on my own work experience, which illustrated my motivation for researching public sector collaboration as socio-material phenomena. In these, I described how objects (eg mugs, chairs, homebaking) curtailed school governors' ability to act strategically and how managers were willing to create a public-private partnership. Finally, I described how LEA managers enrolled numerous objects (eg air fresheners, fresh fruit and 100 gsm paper) throughout an Ofsted inspection to help secure the desired outcome. In all the examples, I considered how the role of objects had influenced, detracted from or supported managers, governors and Ofsted inspectors' endeavours. Based on these experiences, I argued for an object-focused study on inter-organisational collaboration anticipating that it may present a 'rich scene', casting light on issues that might otherwise be overlooked.

To support these experiential assertions, I then undertook a thorough literature review on inter-organisational collaboration. This was sub divided into two parts. The first part focused on three frameworks relating to inter-organisational collaboration, which I used to determine the degree to which social and material factors feature in theoretical models of inter-organisational collaboration. With the same aim in mind, the second part studied a number of semi-discrete, but related theories, which have been used to examine and explain various aspects of the collaboration process (eg transaction cost analysis and network governance). In conclusion, I identified that, whist there is some acknowledgment of the material and its interaction with the social, the level of understanding and appreciation of materiality was poor and treated in a peripheral way to mainstream discussion on social aspects of collaboration. Hence, I concluded a gap in the literature existed, which my research could contribute to addressing.

Having identified and justified a possible research gap, I then considered the methods and methodology to be employed. My approach was to use actor network-theory (ANT) as the basis for my research methodology. This was selected because of its ability to consider how, both human and non-human actors contribute to the development of a network. In order to illustrate this ontological approach, I discussed a number of examples that used ANT to focus on the role of objects in the

development of an actor-network. These objects included, for example, Latour's European hotel key fob, De Laet and Mol's Zimbabwe bush pump and Mol and Mesman's neo-natal baby food. However, while ANT has been useful in analysing socio-material arrangements, it has also been subject to criticism and controversy, especially in relation to its 'flat ontology' and symmetrical treatment of humans and non-humans. In view of this, I set out to clearly define how I would be employing ANT to undertake my research. This was paramount, as one of my objectives is to 'consider the applicability of ANT as a way to research inter-organisation collaboration'. My approach was to use Callon's (1986) 'Sociology of Translation'. Essentially, this is a framework that can be used to understand how a network develops and is based around what Callon terms, the four moments of translation (problematization, interessement, enrolment and mobilizations). Critical to the utility of this framework is the need to apply three research principles: *agnosticism*, the need to remain impartial; *symmetry*, the equal treatment of human and non-human actors and *free association*, the maintenance of distance from predefined categories/classes. In order to assist with the analysis and interpretation of actors/actants views, I established an ANT toolkit, which comprised of numerous ANT concepts (eg inscriptions, mediators, back boxes and tokens which I used throughout my research). The following section discusses the key features from my empirical research, in order that I can draw conclusions in respect of the thesis' aims and objectives (see section 1.3 for full list of aims and objectives).

8.1 DISCUSSION OF EMPIRICAL FINDINGS

This discussion has been structured according to the relevant 'moments of translation' problematization, interessement and enrolment (Callon's fourth 'moment', mobilization, was not applied to this study).

8.1.1 Problematization

The use of ANT to study inter-organisational collaboration provided a framework to identify how objects, that might be distant in space and time, could have problematized the need to collaborate. This process was illustrated through the construction and publication of the document "Substance Misuse - Assessing Health and Social Need in North Lincolnshire". Using this document as an example, I demonstrated how socio-material factors (multi-agency workers, data, drugs,

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statistics, graphs) were bound together to form a new body of knowledge which helped different agencies establish their role in reducing health inequalities. I also illustrated how the issues of health inequalities were problematized to NELC decision makers through numerous inscription devises such as scrutiny reports, cabinet papers and annual reports on the communities' health. Collectively, I argued that these inscriptions helped conceptualise 'health inequalities' as problems and concerns that needed addressing with the support of NELC. Without these inscription devices the associations between council decision makers and health and social care professionals would have been much weaker (ideas, thoughts and speech are less durable that inscriptions). Therefore, these played an important role in materially cementing the idea that health inequalities were important and, indeed the reason for the partnership.

Based on the discussion and analysis in chapter 5, I identified that similarities exist between Callon's concept of 'problematization' and the 'collaboration frameworks' in the literature. In both cases, there was clear agreement that antecedents preceded the actual formation of inter-organisational collaboration. For example, Thompson and Perry's (2006) framework acknowledged that collaboration might be desirable when organisations have: resources dependencies, a history of collaboration, previous interdependencies or the need to share risks. Indeed, these factors, in various guises, were demonstrable in my case study, not least that the PCT required the council's resources (education, regeneration and housing) to influence the wider determinants of health to reduce health inequalities within North East Lincolnshire. However, while these similarities exist, I believed that Callon's (2006) concept of problematization helped to provide a clearer focus on the issues which led managers to collaborate. For example, to describe how something is 'problematized' requires a deeper analytical appreciation of the situation, being attentive not only to the factor(s) that creates the problem, but the multiplicity of factors that materialise the problem. For example, one could argue that collaboration is necessary simply because of resource dependencies, but this does not inform us how the issue becomes conceptualized. How do actors get to the point of deciding which are the relevant resources upon which they both depend? If a problematization approach is undertaken, then we may move closer to understanding the *primum movens* for inter-organisational working. Problematization, then, provided me with a pathway to provide explanations relating

to questions such as: Who were the focal actors? How did the problem of health inequalities become materialised? How did the non-focal actors recognise that it was their problem too? And how did the focal actor become indispensable?

Although Callon's model is undoubtedly useful, it seemed to me that it could be further refined. Based on its application to this empirical case in public sector collaboration, it seemed to me that the process of problematization could be conceived in terms of three separate, but interlinking stages:

- Stage 1: the precondition stage
- Stage 2: the precipitation stage
- Stage 3: the acceptance stage

This elaboration of Callon's 'first moment of translation' was not planned. Rather the stages emerged following my attempt to make sense of problematization data. While, I would not wish to generalise on the effectiveness of these three substages beyond my study, I would argue that they helped me analyse the data in a coherent way. I believe this particular construction and adaptation of Callon's first moment of translation provided the opportunity to scrutinise the problematization process in more detail. This approach, therefore, not only provides an original variation of Callon's use of problematization, but also offers a different way to look at how collaborations may be problematized over space and time. This is in contrast to the current collaboration literature which considers the cause of collaboration (eg resource dependency), but does little to define how this construct becomes materialised. Therefore, ANT, allows a richer understanding of the phenomena to be developed.

8.1.2 Interessement

The chapter on interessement discussed: anti-programmes, the directors' inaugural meeting, objects as boundary spanners, inscribing governance arrangements and the development of an unofficial network. I argued that this discussion identified interessement strategies or devices that sought to convince other actors, though a series of negotiations, that their interests, as defined by the initiator(s), were in fact well in line with their own interests (Mähring, Holmström, Keil and Montealegre,

2004). Using interessement, I endeavoured to identify the strategies and devices that were used to negotiate and lock allies into the network.

Again, similarities can be noted between Callon's work and the frameworks discussed in section 2.1. In particular Ring and Van de Van (1994) who consider negotiations as a principal process of the formation of collaboration (see figure 2.3). Yet, whilst the literature acknowledges the need for negotiations it does not adequately describe how these negotiations take place or what material elements are involved in mediation and translation between parties. To counter this, my analysis on interessement identified that a considerable amount of effort was expended on the following types of negotiations:

- **Internal Negotiations**: These are discrete negotiations that took place separately and internally within NELC and NELPCT.

- **External Negotiations:** These are exemplified through the negotiations which took place with the regulators

- **Inter-organisational Negotiations:** These relate to the negotiations that took place between NELC and NELPCT.

These are discussed in more detail below:

8.1.2.1 Internal Negotiations:

The process of negotiations taking place separately within NELPCT and NELC was evidenced through the number of different transactions, two notable examples include:

First, the directors' inaugural meeting', where PCT directors had to negotiate amongst themselves whether the issue that had previously been problematized (health inequalities) warranted the implementation of the 'CTP solution'. In this particular example, the directors' willingness to oppose the regulators and set-up an untried and innovative health and social care model, I believe, is one of the most remarkable features of this case. As noted in preceding chapters, public sector organisations have a tendency to comply with inspectors and regulators, not to

openly oppose them. Therefore, I feel that this situation was very uncommon and the way the battle between the directors and the regulators was played-out provides an interesting account of an unusual set of circumstances. It certainly brings the process of interessement to the fore.

Second, the process of informal decision making: One of my key findings regarding intra-organisational negotiations was the need for informality in the discussions between the directors and their organisation's respective decision makers. For example, it was noted how council directors would discuss issues with Elected Members in order to resolve or 'ratify' issues prior to formal meetings. This open-ended mutable process of negotiation actually ensured that subsequent formal negotiations would be stronger and, hence, more likely to become immutable.

8.1.2.2 External Negotiations:

In order for the CTP proposal to come to fruition the directors were required to negotiate with external organisations, in particular the health and social care regulators. Negotiations with the regulators unfolded in two specific ways:

Firstly, negotiations were channelled through the regulators' complex and bureaucratic application process. Deviating slightly from Callon's (1986) translation framework, I coined the phrase 'anti-interessement' strategy to denote how regulators had deliberately used the application process as a strategy to inhibit the progress of the CTP proposal. In other words, because the regulators purposely deployed a complex application procedure to 'make life difficult' for the applicants, I considered this to be *their* anti-interessement strategy. However, because the directors were able to counter this by actually using the application process to submit a credible CTP proposal, essentially this became the directors interessement strategy which they used to effectively lock all relevant actors in into the network including, arguably, the regulators (ie if a credible application was submitted, could the regulators then refuse to consider its viability?)

Second, my analysis identified that directors engaged in 'unofficial' interessement strategies with the regulators. This was interesting, because the directors agreed the strategy should be 'off the record', so it remained an 'unofficial approach'. Thus

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the regulators, to some degree or another, were not aware of this 'hidden agenda' and certainly did not consent to such practice. Undoubtedly, this contributed to the process of locking allies into place, through a series of direct and targeted negotiations. However, as the analysis shows, this social engagement was supported by actants such as 'professional qualifications', the topography and geography of North East Lincolnshire and prior organisational relationships.

8.1.2.3 Inter-Organisational Negotiations between the PCT and NELC:

Discussion on the role of various fora to facilitate negotiations between NELPCT and NELC (eg the good governance group, the project board and workstreams) provided useful insights, showing how decision-making and sensemaking was achieved across organisational boundaries. Clearly, for a project of this size and complexity, it would be expected that numerous meetings would be required to coordinate and consolidate activities and decision making. However, by 'following the actor', I was able to provide a clear account of the intricacies of inter-organisational decision making, describing examples of how it worked in practice. This account, included how power flowed from the project board to the workstreams, by means of an array of socio-material artefacts (not just the director's ostensive power) and demonstrated how the workstreams were effectively 'developing strategy' as a result of their decisions and recommendations. Indeed, the analysis on the HR workstream demonstrated that the group were dealing with numerous problems simultaneously, not least the complex and technical issues relating to pension arrangements. The analysis showed that, in itself, the HR workstream was an actor-network which was enacting more than one element of Callon's four moments of translation. For example, the interviewee described the workstream as "taking on a life of its own", and including "numerous sub-plots that we had never even thought about". This led me to conclude that, actually, the socio-material elements of the workstream were involved in problematization, interessement and enrolment as a sub-network. From this I suggested the term 'nested loop' as a way of considering how actor-networks co-exist and support larger actor-networks in the formation of the macro-actor. This showed how the macro-actor developed organically rather than in a planned fashion.

Summary: In summary, negotiations were not just about social interactions. As ANT allowed me to disengage with prior knowledge, I identified many material factors that helped to understand the interessement process. For example:

- The separation in space of council and PCT employees was resolved through the use of shared internet systems;
- The NHS refusal to issue the council with IT user codes was resolved by installing fibre optic cables and IT 'workarounds';
- The difficulties of assigning the director of adult social services (DASS) responsibilities was negotiated successfully utilising bespoke schedules as a mediator;
- Service level agreements allowed the retention and divestment of back-office functions to be agreed.

What these examples show is the fundamental role that objects have in negotiating with the social elements of the network (eg the instillation of fibre optic cable was able to facilitate an acceptable position between the NHS regulators and the PCT/council, the responsibilities of the DASS were successfully negotiated because of the bespoke schedule). In this regard, Bowker and Star would define a fibre optic cable or the schedule as a boundary spanning object because they were able to connect two different worlds. These objects became interessement mechanisms locking the allies into place. The network would surely then become immutable and stabilised once, for example, IT systems, software and access codes were installed within council premises.

Lastly, with regard to public policy, one of the key features which interessement illustrated was the gulf which existed between the policy makers and the policy implementers. As discussed in section 6.1.2, there was an unambiguous statement from the government in the policy document "Our Health, Our Care Our Say", which stated that emphasis would be placed on providing better links between health and social care and reducing bureaucracy so local authorities and the NHS could work more effectively together. However, as we have noted, regulators and central policy actors seemed to be going out of their way to thwart integrated health and social care. What may have been presented as a rhetorical ideal by the Health Minster, did not readily manifest itself into practice.

8.1.3 Enrolment

Callon's third moment of translation, enrolment, provided the opportunity to understand how the role of actors were defined and how the initiating actors sought to convince other actors to embrace the underlying ideas of the actor network (Mähring, Holmström, Keil and Montealegre, 2004). The empirical analysis on enrolment focused primarily on two areas: consultation processes and ways in which the general public was enrolled into the network by taking responsibility for their own health.

Regarding the external stakeholder consultation, it was noted how GPs support was an absolute priority, in contrast to the communities' views, which were considered less important. This seemed to be contrary to government rhetoric, which stated that services should be developed around the patients. Indeed the NHS document "Creating a Patient Led NHS" talked about the need to be 'truly patient led' and that service delivery should be designed from the bottom up. However, what the findings demonstrated was that the external consultation exercise was more about awareness raising and 'box ticking' than patients having any real control over the CTP concept. While it was accepted that patients have a view on practical frontline service issues (eg the waiting time to see a GP), their ability to understand the purpose of PCT's and strategic health issues was, perhaps naturally, limited. In summary, this illustrates the impracticalities (or disingenuous intent) of designing services through 'bottom-up' stakeholder involvement. Furthermore, consultation processes are not explicitly acknowledged in the collaboration frameworks (chapter 2), so this analysis has provided an opportunity to describe and analyse how consultation was enacted in the development of the CTP.

The discussion on enrolling members of the public, focused on the work undertaken by the CHD collaborative. It seemed appropriate to end the thesis with this discussion, as I felt the work of the CHD collaborative, which was made up of a group of volunteers, provided a tangible example showing how health inequalities were actually being reduced in deprived wards. In other words, despite the espoused strategic plans of the CTP, the health collaboratives actually enabled direct action to tackle health inequalities in the heart of deprived communities. From an ANT perspective, it was interesting to learn how objects such as electronic blood

pressure monitors could aid 'patients' successful enrolment into a health screening programme. Furthermore, it was interesting to consider how objects may have a greater propensity to enrol people when they are taken out of their 'natural setting' (eg the blood pressure monitor was conspicuous in a pub or supermarket and attracted people's attention - it would, perhaps, be less noticeable in a GP's surgery). In summary, this analysis showed how the CHDC initiative was able to directly enact the CTP's vision to reduce health inequalities, without the need for SLAs, fibre optic cable, contracts, partnership agreements, governance arrangements, intranets and so on. On balance, these simple measures may eventually be more successful in reaching the stoic communities than the 'kitchen sink' approach of restructuring the PCT/NELC. Whilst I appreciate this is not testable within my thesis as there is no counterfactual argument, it is offered as a possible observation. In any event it supports the ANT principle that the 'powerful' are not necessarily the most influential.

8.2 LIMITATIONS

While my analysis within this is has provided a number of interesting insights, the discussion regarding the enactment of collaboration has been constructed largely from interview accounts and documentary analysis. As such, it is acknowledged that these accounts may be subject to bias (see discussion on grey literature in section 3.6.6). Furthermore, some interviewees were recounting events that took place up to five years prior to the interviews, so there will inevitably be some lapses in accuracy in the way that interviewees retold their stories.

As the thesis includes detailed narrative on a number of observable phenomena such as the work of the project board, workstreams and staff consultation, first hand observations would have provided an extra layer of description which could have helped articulate some of the nuances about the performativity of the actor / actants in these meetings.

There are a number of limitations which need to be recognised with regard to the study of socio-materiality. Through the process of 'following the actor' over such a large case study, I felt that it was not possible to research all the actors to which I was led. So, for example, with regard to problematization' analysis, once I had established a robust example of a 'pre-condition' (ie Substance Misuse Document), I

needed to move on to consider other issues. This left me feeling a sense of incompleteness as many issues could have been described in more detail and, hence, parts of the story remained untold.

Many of the problems in applying ANT to a research context were summarised by Mitev in section 3.3.7. However, I don't readily agree with all her claims. For example, I did not have an issue with the concept of symmetry between big and small, powerful and powerless. Through the adoption of Callon's (1986) principles of 'free association' and 'agnosticism', I was happy to acknowledge, for example, the role of blood pressure monitors which could be considered equally 'strategic' in the reduction of health inequalities as the *powerful directors* capacity to act strategically.

The final limitation is based on the counterfactual argument, which is generic and applies throughout the whole case study. Essentially, my case study plots a particular journey from 2003 to 2007, which resulted in the inception of the CTP. My thesis argues that the CTP concept was conceived because of a particular set of circumstances and developed as a consequence of the way socio-material elements became enrolled within a developing macro-network. However, given the nature of this case study and, in particular its uniqueness, there are no close comparators. Therefore, it is advisable to note the counterfactual argument. That is, would the CTP have developed in any event, even if, for example, the DH did not publish the precipitating document 'Creating a Patient Led NHS'?. My conjecture, as supported by the robust analysis on problematization, is that the CTP would not have been established, because there was no precipitating incident which provided the catalysis to undertake significant inter-organisational change.

8.3 Addressing the research aims and objective

Now that an analysis and discussion has been presented regarding the empirical findings, I wish to identify the extent to which the research questions can be addressed (full details of the research question are presented in section 1.3). Implicit within this discussion, is also consideration of the study's wider research objectives which are:

Objective 1: To understand the socio-material nature of collaboration.

Objective 2: To provide an interesting narrative account describing how the development of inter-organisational collaboration is enacted and performed.

Objective 3: To apply a set of sensitivities which "helps to tell cases, draw contrasts, articulate silent layers, turn questions upside down, focus on the unexpected, add to one's sensitivities, proposed new terms , and shift stories from one context to another" (Mol 2010: 252)

Objective 4: To enhance knowledge and understanding about inter-organisational collaboration:

8.3.1 <u>Aim 1:</u> To consider why public sector decision makers decide to innovate and create an original inter-organisational collaboration?

This study has provided a suitable opportunity to look at public sector innovation and inter-organisational collaboration. There are two features that contribute to the study's originality. First, the case studied was the UK's first health and social care collaboration of its type and b) it was undertaken against a wave of government agency opposition, which appears to be a rarity in UK public sector management. In view of this, it is reasonable to ask, 'what motivated decision makers to agree that a new organisational model was required, especially when it was contested by the regulators'? Using Callon's concept of problematization to address this issue, factors that conspired to make the collaboration possible included:

- Good relationships between the collaborators.
- A weak council management structure and a council that delivered poor services.
- A strong PCT management structure and a high performing PCT.
- Imminent threat from DH that the PCT would merge with its neighbour.
- Consequences of a significant impact on budgets (if merger proceeded).
- Poor Health inequalities in the area, which may have deteriorated if the merger proceeded.
- That the PCT needed the council's help to resolve the health inequality issues and that the council needed the PCT to help with capacity issues and leadership.

While I would argue that this list of factors is by no means a universal recipe for collaboration to take place, I think a pervasive theme is the need to address localised issues with a local solution.

8.3.2 Aim 2   To consider how the study of socio-materiality helps understand the way in which inter-organisational collaborations are conceived and developed?

The literature review identified a general deficiency in research concerning the socio-material nature of the conception and development of inter-organisational collaboration. This, therefore, became one of the key foci of my study, that is, to use ANT to consider how inter-organisational arrangements are conceived and developed. In order to form an opinion regarding this question chapters 5, 6 and 7 used ANT to assess the interaction of the social and the material in the development of the CTP. Throughout these chapters, I plotted the journey of the CTP from its tentative beginnings through to the point of inception. Along this journey, an extensive and diverse range of social and material elements were cited, together with an analysis suggesting how these heterogeneous elements came together to form the macro-network which became the CTP.

This approach allowed me to move beyond an ostensive account of collaboration to a detailed study which provided narrative about how various elements (eg workstreams, consultations, governance, inscriptions and blood pressure monitors) of the CTP became enacted through socio-material arrangements. I have argued that the study of these elements is necessary to help provide a richer and deeper understanding about how collaborations work. In this regard I believe this aim has been addressed.

8.3.3 Aim 3:   To consider the applicability of ANT as a methodology for researching inter-organisational collaborations

Despite numerous difficulties and limitations associated with ANT, on the whole, I would argue that it is a suitable way to research inter-organisational collaboration. Through discussing aims 1 and 2 above, I have already identified a number of

benefits. However, to further this discussion, I wish to recount three specific issues, which I believe are worth highlighting from my study:

Flexibility: I found the flexible way that ANT could be adapted to my research helpful. This was evidenced in my adaptations of Callon's first moment of translation and, to a lesser degree, how I conceptualised the notion of anti-interessement. Whilst ANT has been critiqued because the lack of clear 'how to' guidance (*cf* Johannesson, 2005), I do not see this as problematic. Given the nature of Callon's three research principles (free association, remaining agnostic and symmetry), I believe there is an argument to suggest that these principals should apply to the ANT 'theory' itself. In other words, ANT should not be seen as sacrosanct, but as a model that can evolve and adapt, as I have done in this thesis. Ultimately, however, my hope is that the gulf between sociological determinism and material determinism narrows to a point, whereby it becomes mainstream to consider both aspects equally when studying organisational design, without having to justify the need for symmetry or agnosticism etc.

Complementarity with other theories: The flexibility of ANT allows it to be integrated into other theories to help provide a richer account of the phenomena being studied. In my study I used, for example, Boltanski and Thévenots' work on 'orders of worth, which' allowed different groups of actors' perspectives regarding the CTP to be considered as an 'industrial logic' or 'civic logic'. I did not believe that ANT was more privileged than Boltanski and Thévenots' theory, or vice versa. Moreover, I consider the theories complement each other, which may help enhance our understanding of the collaboration process.

Callon's Four Moments of Translation. An ANT study of inter-organisation collaboration could have been undertaken without using Callon's framework. Indeed many ANT studies do not apply the four moments of translation although Callon's three principles (or variations thereof) of translation (free association, symmetry and remaining agnostic), are standard features of ANT research. As noted in the preceding analysis, I discussed similarities between Callon's four moments of translation and inter-organisational frameworks. These related, in particular, to problematization *vis-à-vis* Thompson and Perry's antecedents; and interessement *vis-à-vis* Ring and Van de Van's negotiations. However, I felt that Callon's framework provided two distinct benefits. Firstly, Callon's model did not

attempt to provide any answers about how collaborations develop - the model is agnostic in that regard. Therefore, in eschewing this *a priori* approach I was forced to consider the nature of collaboration afresh. If I had used one of the inter-organisational frameworks, my findings would have been curtailed by their predefined categories. Secondly, I found the application of concepts such as problematization, interessement and enrolment useful in the analysis and presentation of the data. From a personal perspective, having used this approach for the study of the CTP, it would now seem unnatural for me to undertake a similar study, without considering the symmetry between human and non-human actors.

8.3.3.1 Has ANT been applied to this Study?

Referring back to section 3.4, I discussed what I considered to be the principal ANT concepts which would be applied throughout my study. I also stated that I would revisit these concepts in this final chapter to determine whether I had faithfully applied them throughout my primary research. To this end, referring to table 8.1 overleaf, I have noted the principal ANT concept and provided 'bullet point' examples from my empirical work to evidence that my approach was indeed firmly grounded in ANT.

Table 8.1: Examples to evidence how ANT has been applied the primary research

*Principal ANT Concepts – see section 3.4 for full account	Examples where this has been achieved through empirical research
ANT tells cases:	The thesis described a unique case between two public sector organisations that collaborated to create the UK's first CTP.
ANT draws contrasts:	Contrasts were drawn between: • few and many (few GPs v many NEL residents), • who are strategic actors (CHD volunteers v the board) • the effect of humans and non-humans • government policy rhetoric regarding integration v practice of policy implementation
ANT articulates silent layers:	Examples of silent layers included: Preconditions that allowed health inequalities to become problematized; how the CTP application became a mediator and translator; the role of workstreams in the development of strategy
ANT turns questions upside down:	Example: Who was more strategic in terms of reducing health inequalities? The directors who orchestrated wholesale organisational change or the volunteers from the CHD collaborative who worked in deprived area to directly address health inequalities?
ANT focuses on the unexpected: ANT is unpredictable:	Through the use of ANT research principals such as 'following the actor' and 'agnosticism', my research followed an unpredictable pathway. This is evidenced by key findings from my empirical research which analysed: Post-It Notes™, application forms, fibre optic cables, NHS codes. NHS payroll regulations, the legacy of the fishing industry. blood pressure monitors, pubs, etc. The discussion of these elements could not have been foreseen at the start of my research.
ANT generally shifts the existing repertoire: ANT articulates so far untold events:	The premise for my object focused study was evidenced by a gap in the collaboration literature regarding the nature of materiality in the development of inter-organisational arrangements. In this regard I believe that the study has shifted the 'collaboration repertoire' away from ostensive discussion around leadership, trust and governance which dominates the literature to one that is more attuned to the interrelationship between the social and material.
ANT trains the researchers' perceptions: ANT helps scholars attune to the world:	If ANT had not been used in this study, I would argue that many of the material factors would have been overlooked and therefore remained unaccounted for in the wider discussion on inter-organisational collaboration. Thus, if I had used the established inter-organisational frameworks as discussed in section 2.1, I believe my findings would not have transported us to novel area of debate.
Provides terms and models for engaging with the world	As argued in preceding section, Callon's (1986) 'four moments of translation' provided a good model to understand the conception and development of an inter-organisational collaboration. Furthermore this analysis was enhanced through establishing and implementing the 'ANT toolkit' of concepts. For example, without understanding the notion of 'inscriptions' and 'inscription devices' it is unlikely that the findings would have provided such detailed understanding to explain how health inequalities had become problematized and established as *facts*.

<div align="right">* 'ANT Concepts' derived from Mol (2010)</div>

To conclude this section, having evaluated the 'principal ANT concepts' alongside empirical examples in table 8.1, I argue that, indeed, this study has used ANT to help understand how an inter-organisational collaboration is conceived and

developed. Therefore the success of this study lies in its ability to have told an interesting story that has taken us to 'somewhere different' in its findings and conclusions. To this end I feel that an ANT approach has been worthwhile, in that it has provided a study that can clearly add to the ongoing discussion on collaboration, but is markedly different to the current diet of scholarly work that dominates the literature regarding inter-organisational collaboration.

8.3.4 Summary of the three aims and contribution to knowledge

In summary, I feel that ANT has, in the main, allowed the key research gap to be addressed. That is, to understand the interaction of the social and the material in the development of inter-organisational collaboration. The examples cited in my case study were numerous and included mundane material objects (policies, minutes, meetings), abstract objects (inflatable colon, Post-It Notes™, blood pressure monitors) and social interactions (formal meetings, unofficial meetings). To this end, I believe that an appreciation of the socio-material nature of collaboration by means of ANT is important in advancing our knowledge and understanding of the development of collaborations.

Finally, I would like to acknowledge the originality of the case study and Czarniawska's (2009b) advice that, when writing narrative, the researcher has a professional duty to do a 'novel reading'. I think this study has been helpful in that it has documented how the UK's first CTP was devised and developed. Or to quote one of my interviewees with regard to innovation:

> "one of the problems when you are at the leading edge of what is happening, is that everybody else is, by definition, behind you and therefore it is more difficult because you have got no trailblazers or people to copy". (*Source: Interviewee*)

Thus, I believe this discussion has provided an opportunity for their pioneering work to be documented and discussed more widely.

8.4 CONCLUSIONS

This study has shown that, through the application of ANT, the debate on public sector inter-organisational collaboration may be advanced. It is clear from the literature review that the benefits and weaknesses of collaborative work are still contested. Furthermore, as collaboration has been part of successive government agenda since the 1960s and continues to be part of the agenda (for example health and social care integration is ostensibly central to the coalition government's recent reforms of the English NHS), alternative methodologies such as ANT should be applied to move us closer to understanding the complexities of collaboration. Focussing on a wider variety of actants than just human intentions and behaviours may bring us to new and better understanding.

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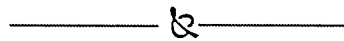
"These things take time" – Morrissey and Marr

The End

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