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THE INCENTIVES AND DISINCENTIVES IN ADOPTING A SYSTEM WIDE APPROACH TO CROSS PUBLIC SECTOR CHALLENGES

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THE INCENTIVES AND DISINCENTIVES TO ADOPTING A SYSTEM-WIDE APPROACH TO CROSS PUBLIC SECTOR CHALLENGES

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A thesis submitted in partial fulfilment of a Professional Doctorate
in Policy Research and Practice

University of Bath

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ABSTRACT

For generations, public services in England have centred on top-down, centralised control, which since the 1990s has become increasingly underpinned by national performance regimes and increasing accountability mechanisms. Since 2010, there has been a political shift towards localised governance and delivery of public services of which greater collaboration across services has been seen to be a key enabler. However, this change in approach has been slower than some might have expected or desired.

This research draws on the theories of historical institutionalism and complexity theory to understand how the governance of three public services in the Bristol city region – local government, the police and the National Health Service – has evolved and changed in recent years. Through a survey and qualitative interviews, the research examines the perceptions of a random sample of one per cent of the most senior leaders in these services to understand what the incentives and disincentives are in adopting a system-wide collaborative approach to cross public sector challenge.

The research finds that leaders in each of the organisations understand the value of collaborative working and support its principles. However, historical institutional practices and path dependencies in the three different services, overlaid with national performance requirements, accountability mechanisms and governance structures, together with limited capacity and other determinants, has meant that collaboration is not systemised and significant change would need to take place if such an approach was to become more commonplace.

The research concludes that employing a bottom-up collective service model would be more beneficial in the effective management of cross cutting, complex and enduring challenges than the top-down directional approaches that have characterised new public management and its predecessors.

GLOSSARY OF ABBREVIATIONS

APACS   Assessment of Policing and Community Safety

BDS   Bristol Drugs Project

CAA   Comprehensive Area Assessments

CCG   Clinical Commissioning Group

CPA   Comprehensive Performance Assessment

CQC   Care Quality Commission

DSO   Departmental Strategic Objectives

GCSE   General Certificate of Secondary Education

GDP   Gross Domestic Product

KPMG   Klynveld Peat Marwick Goerdeler

KPI   Key Performance Indicators

LAA   Local Area Agreements

LGA   Local Government Association

MAA   Multi Area Agreements

MRSA   Methicillin-resistant Staphylococcus Aureus

NAO   National Audit Office

NHS   National Health Service

PCT   Primary Care Trust

PPAF   Policing Performance Assessment Framework

PSA   Public Service Agreements

SARI   Stand Against Racism and Inequality

SHA   Strategic Health Authorities

STP   Sustainability and Transformation Partnership

CHAPTER ONE: INTRODUCTION

Setting the Context

For generations, public services in England have centred on top-down, centralised control, which in the 1990s became increasingly underpinned by national performance regimes and proliferating accountability mechanisms. However, in recent times, there has been an increasing political shift towards a more localised approach to the delivery of public services, and several factors have contributed to this, which include:

- Criticism of existing systems from practitioners, professionals, academics, and sections of the media;
- Changing public demands and expectations about how public services are delivered;
- Growing availability and access to data from advancing technology;
- Reductions in government spending on public services;
- Changes to public policy introduced by the Conservative–Liberal Democrat coalition government that came to office into 2010.

These have all led to a drive to do things differently, both nationally and locally.

A Changing Political Landscape

In December 2010 the Conservative–Liberal Democrat coalition government set out its commitment to end the era of top-down government by decentralising the delivery of local services and giving power back to local people, signalling a significant political shift in public administration. This political support, coupled with growing demand, decreasing budgets and rising public expectations meant there could never have been a better time for more locally agreed priorities and increased collaborative work across public services. However, despite the political drive and general acceptance amongst many public service practitioners that a more collaborative cross-sector approach would be more effective and efficient (Milward and Proven, 1998; Huxham and Vangen, 2000a; Agranoff, 2005), performance management systems

based on traditional internal indicators of competition and internal markets have remained a stubborn barrier to progress (Harfield, 1997; Skogan et al.; 1999; Neyroud, 2002; Cordner, 2004; Fridell, 2004; Bird et al., 2005; Vito, 2005).

Considerable research has been conducted to try to understand precisely how agencies coordinate and integrate collaborative activities (Laumann and Knoke, 1987; Bolland and Wilson, 1994; Provan and Milward, 1995), however evaluating their effectiveness has been extraordinarily complex and consequently somewhat neglected (Proven and Milward, 1995). There have been various reasons espoused for why collaboration fails, including aspects regarding complexity, ambiguity, and tension (Williams, 2012) and a lack of clarity on who is accountable for what is another critical factor. When many organisations participate it becomes challenging to hold a single one to account, running the risk that nobody takes responsibility for success or failure (Van-Dooren, 2011).

In January 2019, Bristol Council published its 'One City Plan' aimed at bringing together public services to achieve a set of common goals. In the introduction to the plan, the Mayor of Bristol, Marvin Rees, described the complexity and lack of interconnectivity across public services stating that:

> *"When we began work on the City Plan, we found hundreds of unaligned city strategies pointing towards over 1,500 city measures with decisions being made across tens of disconnected city boards."*

However, while the need for change has been clearly stated, not only the requirements of existing performance regimes and accountability mechanisms, but the organisational history, differing constraints and the variance in path dependence, has meant that the necessary changes have been slower than some might have expected or desired.

Outline of the Research Content

Chapter Two firstly outlines the research topic, explains why it was chosen and then discusses the significance of the theoretical concepts of historical institutionalism and complexity theory and how these inform the research. It then sets out the research aims and questions, the role of the Researcher, the ethical considerations, the authorisation required, and the mitigation of potential biases. Finally, it concludes with a discussion about the contribution the study makes to the field and the lessons it offers for public sector reform in England.

Chapter Three seeks out the existing literature relevant to this research topic, in order to understand what is already known, who the key contributors are, and what theories they have applied to the subject. This was done by way of a sequential historical review of the emerging approaches to public administration across the police, local government and health and is followed by a discussion on how this has resulted in a complex landscape in which a variety of theoretical and practical approaches have emerged.

Chapter Four explains the methodology used in the research. In doing so it discusses the choice of using a mixed-methods approach, how the relationship between these approaches worked, and how these were selected, sequenced and connected. Finally, it discusses the conduct of each phase of the empirical data collection and analysis, and the mitigation of any potential bias.
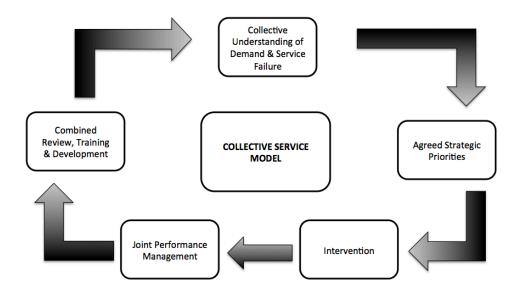
Chapter Five analyses the findings of the self-completing online survey sent to a random sample of one per cent of the most senior leaders from Avon and Somerset Constabulary, Bristol City Council and University Hospitals Bristol NHS Foundation Trust. It examines the four key themes of public administration, performance management, accountability and collaborative working that emerged from the literature review and considers the historical influence traditional public administration and new public management have had on the path dependence of the organisations in this research.

Chapter Six considers the findings from the qualitative empirical interviews conducted with 16 of the most senior leaders from Avon and Somerset Constabulary, Bristol City Council and University Hospitals Bristol NHS Foundation Trust, as well as national stakeholders in the field. This chapter tests and builds on the findings of the survey under the four key themes and adds three additional themes of joint leadership development, the use of data and organisational values that all emerged during the interviews.

Chapter Seven draws together the conclusions from the survey and interviews under the seven themes. It then returns to the aims, questions and hypotheses and tests these against the findings from the empirical research. In doing so, it discusses the relevance of the underpinning theoretical concepts of historical institutionalism and complexity theory and how, in practical terms, incremental change and critical junctures have influenced the path dependence of the respective organisations to the detriment of cross-sector collaborative working. The conclusions identify why a bottom-up service-led approach to collaboration is likely to gain greater traction, than solely attempting to increase collaborative efforts through a directional top-down approach.

Chapter Eight draws on the findings from existing literature and empirical research to identify several recommendations that might improve the collective delivery of public services. Explained through a model of collective public service delivery (figure 1) it describes ways in which cross-cutting, complex and enduring issues might be more effectively approached within the existing constraints. This model sets out five key steps that emerged during this research that demonstrate the value of a bottom-up service centred approach to collaboration, rather than top-down organisational change. These key stages involve a greater understanding of the overall demand the three organisations face, how they agree a clear set of shared priorities, what the appropriate intervention(s) might look like, how a process of joint performance management might assist this and finally how service provision is reviewed and leaders are trained and developed more collectively. This model is explained more fully in the final chapter.

Figure 1: A Collective Service Model

CHAPTER TWO: THE RESEARCH TOPIC

Introduction

This chapter discusses the reasons why the research topic was chosen and discusses the significance of the theoretical concepts of historical institutionalism and complexity theory and how these underpin the research topic. It then sets out the research aims and questions, the role of the Researcher, the ethical considerations, and the authorisation required to conduct the research. It then considers the potential biases that may be present and concludes with a discussion about the contribution the research makes to the field and the lessons it offers for public sector reform in England.

The Rationale for the Research

There is no single reason why people do social research, but the main reason is that there are aspects of our understanding of what goes on in society that is to some extent unresolved (Bryman, 2012). Despite many years of political and practitioner support for a more collaborative delivery of public services, from the Researcher's own professional experience, working at various levels within and across public services, it is apparent that existing performance frameworks, accountability mechanisms and institutional practices have done little to pull organisations towards a common aim. Despite acknowledgement from many that this is the case, and a willingness to work more collaboratively, the drivers within the existing system, together with an ingrained legacy of differing approaches to public management has made change a challenging process. This research acquires and disseminates new knowledge in this topical field and adds to the knowledge, understanding, and appreciation of the topic.

The review of the literature identifies several gaps in the existing research. This study aims to fill some of those gaps and provide an opportunity to shape the ways in which policy and practice operate in the delivery of public services. Through critical analysis of related work, comparative field analysis across local services, and a broader comparison across the UK, the research tests an issue of significant social importance.

The outcome is intended to add value in considering the incentives and disincentives of a more collective approach to the delivery of public services.

Choosing the Population Group

The population group for the first phase of the research was a random sample of one per cent of the most senior leaders in the University Hospitals Bristol NHS Foundation Trust, Avon and Somerset Constabulary, and Bristol City Council. These are three of the largest public service providers in the Bristol city region, with a collective workforce of over 24,000 people.

Those occupying the most senior positions were chosen as they hold a unique position between policy makers and frontline delivery in which they are responsible for interpreting national policy and embedding this into operational delivery. While much research has been conducted on policy formation and frontline delivery, this cohort has historically been tested less due to aspects concerning availability and access (Thuesen, 2011). This group of one per cent of the most senior leaders amounted to 256 people across the three organisations and included chief executives, deputy chief executives, directors, deputy directors, departmental heads and their equivalent in the police.

The second phase of the research involved interviews with the same elite group and included chief executives and deputy chief executives, the chief constable and senior executives in the police and national and regional commentators. It also included a former local government chief executive and civil service permanent secretary, a former NHS chief executives, a regional director in health regulation, the chief executives of the West of England Combined Authority, the chief executive of the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group and the chair of the National Police Chief's Council.

In addition to the unique perspectives they hold, their interest in the topic, depth and detailed grasp of the accountability mechanisms and understanding of the pressures impacting on their service were all distinct. The selection of the sample group is explained further in Chapter Four.

Establishing the Aims of the Research and Understanding the Significance of the Underlying Theoretical Concepts of Historical Institutionalism and Complexity Theory

This section outlines the overall aims of the research, the specific research questions and hypotheses. In doing so, it begins by setting out the theoretical concepts of historical institutionalism and complexity theory and discusses their underpinning significance to the research topic.

Historical Institutionalism

Historical institutionalism theories predominately emerged in the 1980s, as studies of the State coincided with a renewed interest in institutions, producing an explanation of how chronological processes and events influenced the origin and transformation of institutions (Fioretos et al., 2016). Historical institutionalism promotes the theory that the configuration of institutions created in the past continues to structure the present in ways that often run counter to the interests or preferences of individuals. This has led to a more precise theoretical understanding of the impact of history and how institutions ordered political life through a variety of mechanisms that systemised the way people worked and constrained the way they behaved (March and Olsen, 1983). As these theories have matured, the focus has turned to how institutions as a whole are considered as well as the role an individual plays within them (Hall and Taylor, 1996; Immergut, 1998; Thelen, 1999), reinforcing the need to focus on longer horizons to understand why specific events happen (Katznelson and Weingast, 2005). This has heightened interest in what creates or sustains institutions through coalitions, how rules or policies reflect particular ideas or beliefs, the influence of macro-structures and institutional assemblages and how, at a more micro-level, institutions solve collective problems (Fioretos et al, 2016).

Consequently, historical institutionalists such as Hall and Taylor (1996) have urged researchers to pay greater attention to politics and differences over the structure of institutions and contextual conditions, and other commentators reinforce the need to study whether, when, and how the same causal mechanisms yield different outcomes across time and space (Falleti and Lynch, 2009).

While the theoretical concept of historical institutionalism is more commonly applied to political science than to public service reform, its significance in this research in understanding how each institution's behaviours and practices have been shaped is important, as it helps to explain any variance in path dependence and the incentives or disincentives for cross-sector collaboration.

Complexity Theory

Complexity theory is generally seen as a new approach to science that identifies (and then explains) systems or processes that lack the order and stability required to produce universal rules about behaviour and outcomes (Cairney, 2012). Complexity theory presents an opposing ideology to the historically embedded approaches of public administration as it supports a shift away from traditional top-down directional control to one that expands analysis from individual parts of a system to the whole system and promotes bringing the organisation to the 'edge of chaos' and then trusting workers to self-organise to solve problems (Grobman, 2005). Complexity theory has grown in popularity as the traditional approaches to organising public services have failed to grasp the complexity of modern-day public services and the growing range of complex social problems (Muir, 2014). As a theory, it is intrinsically linked to a system thinking approach that focuses on a relational and process style of thinking emphasising organisational patterns, networked relationships and historical context (Bousquet and Curtis, 2011) as well as the interconnectivity of elements within a system, and between a system and its environment (Mitleton-Kelly 2000). Its association with whole system service-led approaches, rather than top-down directional change, is of particular significance in this research.

Understanding how the theoretical concepts of historical institutionalism and complexity theory have underpinned the institutionalised behaviours and practices in each of the organisations in this study is of particular importance, not only in deciding the aims of the research but also in deciding the methodological approach.

Aims of the Research

a) To examine the operation of different models and practices of public sector performance management and accountability in three vital public services – health, local government and the police - in a defined locality of England (the Bristol city region);

b) To determine which are the dominant models and practices of management and accountability in these services; how they have developed in recent decades, and how they operate today;

c) To establish whether collaborative, place-based and systems approaches to local public services constitute an emerging paradigm of public sector management and accountability in England, and, if so, how far such a paradigm is constrained or frustrated by the persistence of New Public Management (NPM) governance frameworks.

Research Questions

1. Which models of public sector management have the most significant prominence in the discourses and institutional practices of each of the organisations?

2. How do senior officials perceive and interpret the models of accountability for performance in their respective organisations, and how do these models affect the way they manage and lead their respective organisations?

3. How do the organisations' performance management systems and accountability mechanisms incentivise or disincentive a system-wide collaborative approach to solving complex cross-sector challenges?

4. Is it necessary for legislative and structural change to take place before a collaborative approach is embedded?

Hypotheses

From the review of the literature and the design of the research aims and questions, the following hypotheses were formulated:

1. A place-based, collaborative and system-wide approach to public sector management is an emerging paradigm in local services in England and commands support from senior managers;

2. Despite an apparent consensus amongst politicians and system leaders, the existing performance frameworks and layers of accountability create more disincentives, than incentives to change;

3. In the long term a change to legislation, organisational structures and accountability frameworks may be necessary to enable a more collaborative approach to public service delivery;

4. In the short term, a more collective form of performance management may ease the passage towards a more collaborative delivery of services.

The scope of the research was manageable within the Researcher's time frames and capacity. In addition, it contained substantial and original dimensions, it was unambiguous, compelling, and advances and tests theory, and it satisfies the requirements of the assessment of a doctoral thesis.

Use of Terminology in Research

Various terms are often used interchangeably to describe how public sector organisations work beyond their organisational boundaries, whether that is within their own sector or extending further across other public services. These include joined-up, multi-agency, networks, partnership, and collaboration. There is no standard or accepted definition for any of these. Applied in this research, are the following   understandings of the aforementioned terms:

- Joined-up - is used to describe the effective and efficient communication between central government departments.
- Localism - is the transfer of power, authority and resources from central government to local government and other local public agencies, which in turn devolve to and empower communities (Evans, Marsh and Stoker, 2013);
- Networks - There have been numerous attempts to define networks in a scientific, technological, social and biological setting (Newman, 2018) However, in this research the term is used to describe organisations with a common interest in solving unachievable problems or hard to achieve problems. (Agranoff and Maguire, 2001);
- Multi-Agency Working - describes the formal cooperation between several providers of public services (in public, voluntary and sometimes private sectors) over the planning, delivery, and review of those services, especially in crime prevention and social welfare programmes;
- Partnership - is used to describe the relationships built in both statutory and non-statutory multidisciplinary and inter-disciplinary settings between different organisation working towards common aims;
- Collaboration – extends beyond information sharing and relationship building into access to each other's domains, altering activity and pooling resources. In this research, it is used to describe both multidisciplinary and interdisciplinary networks or agencies uniting in specific deliverables both formally and informally to design and deliver services.

Partnership working might claim to be an end in itself in the building of relationships across services, whereas collaboration should not be seen as an end in itself, and relates to specific deliverables.

The Role of the Researcher

This section considers the positioning of the Researcher in the research process. The Researcher served as a police officer from 1984 until 2017, having reached the rank of chief constable. Before retirement, he held a prominent national role on the National Police Chiefs' Council Performance Management Board and was the national policing lead for crime statistics, a role he held from 2012 until 2017. From 2015 until his retirement he was chair of the Welsh Government's Effective Services Board, a cross-sector board of senior practitioners and government policy leads that worked together to identify solutions for effective services for the most vulnerable people in Wales.

As the National Police Chiefs' Council (NPCC) lead for crime statistics, he was responsible for representing the views of the service in the media and to parliamentary committees and was a member of the Home Secretary's Crime Statistics Advisory Committee. The Committee was responsible for advising the Home Secretary on national policy on crime recording. He still retains a close personal and professional relationship with serving police officers at all levels, and with many police and crime commissioners, political leaders and senior officials in local government and health.

In December 2017, he became the chair of the University Hospitals Bristol Foundation Trust, an acute trust that provides over 100 specialist medical services in and around Bristol, in addition to being a leading teaching and research centre. In this role, he has a strong professional relationship with staff across the whole spectrum of health care, nationally, and across the Bristol city region. In January 2018, he was appointed as non-executive director on the Welsh Government Board and chairs the Welsh Government's Senior Civil Service Remunerations and Appointments Committee. In September 2019, he was also appointed as the chair of Weston Area Health Trust, a non-foundation acute trust.

Ethical Considerations

As a former chief constable and current chair of the University Hospitals Bristol Foundation Trust, the Researcher has unique access to politicians, policymakers and practitioners at a regional and national level, and is reliant on professional trust to operate in such a setting. Therefore any ethnographic approach to the research would have been problematic. Some commentators argue that concealment is intrinsic to social life (Punch, 1994), or that a researcher needs to be dishonest to get honest data (Gans, 1962), However, such an approach in light of the Researcher's position was untenable and unethical and a more universalist stance that breaks down ethical principles (Erikson, 1966; Dingwall, 1980; Bulmer, 1982) was favoured. Therefore, any research conducted had to be strictly overt and based on informed consent in which the intentions were explained at the outset and combined with a clear understanding from participants that they were not obliged to take part in the study.

While the nature of the Researcher's role and responsibilities inevitably leads to some element of ethnography in the form of overt unstructured simple observation (Webb et al., 1966) due to the part he plays as a senior stakeholder in the field, this is different to deliberately masking oneself (Erikson, 1966).

Authorisation and Consent

Authority to conduct the research involved written agreement from the head of paid service in Bristol City Council, the chief executive of the University Hospitals Bristol NHS Foundation Trust and the chief constable of Avon and Somerset Constabulary. This was necessary to enable the Researcher to carry out surveys within their organisations and interview key stakeholders. Voluntary participation and the University of Bath privacy policy was covered with recipients of the electronic survey, and written consent formed part of the semi-structured interviews. However, as Erickson (1966) identifies it would be absurd for sociologists to introduce themselves as investigators everywhere they go and inform every person who features in their thinking precisely what their research is about. The research proposal for the survey and the research proposal for the interviews were separately agreed by the Ethical Consent Committee of the University of Bath (Reference Numbers S19-014

and S19-043). This was in line with the policies and procedures of the Department of Social and Policy Sciences.

Potential Bias

As a former chief constable, the National Police Chiefs' Council lead for crime statistics and the current chair of two acute NHS trusts, there was the potential for researcher bias and preconception from both an ontological (theory-based) and an epistemological (justified belief/knowledge, personal values or professional/practical experience) perspective. Durkheim et al., (1938) argue for the eradication of such preconceptions, but as Bryman (2012) acknowledges, it is unrealistic to disentangle the perspectives of the Researcher from that of the study groups. However, this can lead to a more sympathetic (Becker, 1967) or appalled view (Turnbull, 1987) of the study group, which is something the Researcher was aware of as it could have resulted in asking the wrong questions, surveying the wrong people, using an exclusive collection method, misinterpreting data results, or drawing inaccurate conclusions (Bryman, 2012). Additionally, due to the position the Researcher holds, and has held, there is potential that the relationship with participants, particularly the more junior ones, might be skewed due to fear of reprisal, or by relaying a message to the Researcher that they think he wants to hear (Bryman, 2012). These have all been critical factors in considering the research methodology as discussed in Chapter Four, which identifies how potential biases were avoided or mitigated.

Opportunities, Risks, and Limitations

Opportunities and Risks

The Researcher's access to participants' at the most senior level of the organisations in the study, while not unique is relatively rare. However, while this creates opportunities, it also brings with it the potential for unintended ethnographic research as part of his daily professional role. This presents the risk of researcher bias, with the ability to manipulate minor events such as meetings (Yin, 1994). The Researcher's access to senior political figures, senior officials, national and local experts, statistical analysts and practitioners in the field is extensive, which has led to considerable

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subject matter knowledge and professional interests in the topic, all of which provided an opportunity for greater access to participants and to make recommendations that shape national policy on the delivery of public services.

Limitations of the Research

This research is a cross-sectional study of three of the largest public sector organisations in Bristol. The study does not extend more broadly across statutory services, private business or third sector employees and the results are therefore not representative of all services in the city, or indeed the same services provided in other cities or localities.

The identification of potential respondents to the survey was reliant on each of the organisations providing email addresses for a random sample of one per cent of their most senior leaders. The survey was structured; however it was self-completed, thus limiting the reliability of the findings. Additionally, the findings may also be affected by the particular time or environment in which the respondent completed the survey.

The sample group of one per cent of senior leaders were randomly sampled from senior leaders in each of the three organisations. A 95 per cent confidence level was applied together with a confidence interval level of five and a percentage level of 50 per cent. A more in-depth discussion on confidence levels is presented in Chapter Four.

The interview phase was limited to 16 national and local elite interviews, all of whom were selected by the Researcher based on position and potential contribution to the subject matter. Participants were asked the same questions in a semi-structured manner, they were audio recorded, and a fully unedited tape transcript was prepared. The data were analysed and coded through digital coding software (NVivo) all of which increased the reliability and accuracy, however, there remains an element of interpretation and potential bias based on what the Researcher has read, seen, understood, and heard, and the themes he identified from the interview process, which all potentially limit the validity of the findings. However, overall, the research can claim to add to the knowledge, understanding, and appreciation of the topic.

Training and Development of the Researcher

In preparation for the research and in order to minimise any potential bias, the Researcher attended two residential weeks at the University of Bath, and a further training week at University College London in which a variety of taught sessions were conducted that developed the Researcher's understanding, skills and techniques necessary to conduct a doctoral research project. This was in addition to specific specialist workshops at the University of Bath, such as compiling a data management plan (DMP) and attending a number of national conferences surrounding the subject matter, including providing evidence to the National Commission on Governance in the public sector. Assessment of these skills, knowledge, and techniques formed part of the module assignments in the first two years of the professional doctorate.

The next chapter provides a sequential review of existing research literature relevant to the scope of this research.

CHAPTER THREE: LITERATURE REVIEW

Introduction

This chapter examines the existing literature relevant to the scope of this research in order to understand what is already known, who the key contributors are, what theories they have applied, and whether there are any substantial disagreements therein. It conducts a sequential review of existing research and its significance to this study to help narrow down the emerging themes and frame the research questions appropriately.

The literature review was carried out by conducting a chronological examination of the theory and practice of public administration in the NHS, the police, and local government in England since the 1940s, a time span chosen to provide sufficient context and background for the critical analysis and understanding of the research topic. It begins by exploring the transition from a model of traditional public administration to new public management, and the influence public choice theory and neoliberalism had on this. It then examines the pros and cons of new public management, before discussing the by-products thereof, the emerging model of public value, and the impact this has had on the increase in accountability mechanisms. An analysis of the accountability mechanisms and the correlation and confusion between these and performance management regimes takes place before investigating how alternative approaches to system redesign have impacted on the delivery of services, and how the financial crisis in 2008/9 accelerated many of these changes. It then explores whether the change in political direction with the shift to a Conservative–Liberal Democrat coalition government in 2010, made any significant difference in how public services are delivered. Finally, it examines the theoretical concept of complexity theory and the historical evolution of the three organisations, and discusses these in the context of the incremental change, varying critical junctures and the consequent path dependence of the organisations in this study.

The Search for the Literature

The initial search for the literature involved using the key terms 'public administration', 'performance measurement', 'performance management', 'collaboration', and 'accountability' using the University of Bath databases, libraries and broader Internet searches. Additionally, a citation search on the Institute for Scientific Information (ISI) database and contact with key practitioners in the field, took place to unearth relevant findings.

The initial online and database searches led to a vast quantity of results. For 'public administration', this produced 1,310,000,000 hits, 'performance management' produced 786,000,000 hits, 'performance measurement' produced 280,000,000 hits, 'collaboration' produced 1,230,000,000 hits, 'accountability' produced 220,000,000 hits, 'historical institutionalism' produced 1,140,000 hits, 'path dependence' produced 127,000,000 hits and 'complexity theory' produced 193,000,000 hits. A search of available databases through the University of Bath library journals, articles and databases produced 1,549,902, 2,632,018, 2,532,217, 289,448, 474,286,16,064, 417,897 and 1,023,366 hits, respectively. Narrowing this down further by confining the searches to 'public services' produced 711,451 hits on 'performance administration', 550,796 hits on 'performance management', 213,239 hits on 'performance measurement', 103,146 hits on 'collaboration', 176,113 hits on 'accountability', 'historical institutionalism' produced 7,256 hits, 'path dependence' produced 57,064 hits and 'complexity theory' produced 200,927 hits.

The weight of academic and grey literature (including government reports) on these topics was still considerable even after narrowing down the search parameters, so these were narrowed down even further by shortening the timespan to post-1940 and adding in a specific reference to the NHS, police and local government. Finally, the research relied on 407 books, peer-reviewed articles, reviews and grey literature, all of which are referenced herein. A range of online alerts identifying research developments in the field was also established to ensure the literature review remained current throughout the research phase. A manual search was conducted of academic journals from 2004 to 2019 that cover the research topic. While all the

existing literature may not have been considered, it is apparent from the re-emerging themes, that the main arguments have been critically reviewed and considered.

Traditional Approaches to Public Administration

Public administration was mainly a task carried out by loyal amateurs until the 18th century when administering public organisations became a professional occupation and serving the public became a high calling. This required the best people available to form an administrative elite who were required to act according to the law and established precedent (Hughes, 1998). While politicians have come and gone, the apparatus of public administration, managed by permanent officials, has been consistent and has aided the transition between political regimes. The origins of this professionalised approach to public administration, often referred to as the 'bureaucratic paradigm', the 'orthodoxy', 'old institutionalism' or 'traditional public administration' can largely be traced back to Europe, and to the work of the German sociologist Max Weber in particular, whose bureaucratic management theory divided work on the basis of specialisation. Managers were organised within these specialisms, in hierarchical layers, with all employees being selected based on technical skills and competences. Formal rules and requirements were necessary to ensure uniformity, and these created a 'necessary' distance between managers and employees.

The principles of traditional public administration in England, centred on top-down accountability, bureaucracy and rationality by politicians, together with control, professionalism and direct delivery through permanently neutral officials (Wilson, 1887; Fayol and Coubrough, 1930, Taylor, 1939; Weber, 1948,), or as Salamon (2002) puts it, politicians were defining public servants priorities who in turn identified the best means of meeting them.

Traditional public administration became ingrained in the structures and working practices of the public sector in England for most of the 20th century and remained relatively unchanged for over 60 years. Under this model, elected officials were assumed to be accountable for all that went on under their jurisdiction (Dubnick, 2005). Weber (1978) described this progress towards bureaucratic officialdom as the

unambiguous yardstick of the modernisation of the state. The adoption of traditional public administration principles meant that from the early 1900s decision making at all levels across public services was and to a certain extent still is, dominated by hierarchies and committee structures.

On the establishment of the NHS in 1948, this approach was evident in the formation of regional health boards, and individual hospital management committees and sub-committees. These committees dictated how business was conducted, with even minor items of expenditure and the appointment of staff requiring committee approval (Edwards et al., 1993). This was replicated in the structures and working practices of local government and the police.

The origins of local government in England date back to medieval times. However, the structure established in 1972 of a two-tier system of county borders with lower-level districts and six new metropolitan counties for the most extensive urban conglomerations, remains mostly intact today. This consisted of 418 principal (unitary, upper and second-tier) councils in England, 27 county councils, 201 district councils, and 125 unitary councils, all constructed under a well-established structure of committees and sub-committees and bureaucratic reporting processes.

Throughout the 19th century, and well into the 20th, police accountability and management was primarily seen as a responsibility of local government. For instance, the Municipal Corporations Act (1835) required each borough to establish a watch committee to oversee policing. These were made up of councillors or aldermen and magistrates. However, in 1964 this changed with the introduction of the Police Act (1964) that brought into law the tripartite accountability of the chief constable, the police authority, made up of two-thirds locally-elected members and one-third magistrates, and Home Office nominees. The police authority had less power than its predecessors, especially in boroughs, and the Act gave the Home Secretary more supervisory powers than before, which all laid the platform for national performance frameworks and greater centralised control.

Emerging Models of Public Administration

By the mid 1960s there was already growing criticism of the bureaucracy and delays created by traditional public administration approaches (Morgan et al., 2012). From the late 1970s traditional public administration began to fall out of favour with political thinking across England and Wales, as it paid limited attention to public views (Denhardt and Denhardt, 2000), with citizens seen primarily as voters, clients, or constituents (Bryson et al., 2014). This meant central and local government became increasingly distant from the expectations of citizens (Parry, 1992), which contributed towards its demise. Traditional public administration was blamed for a legacy of inflexibility based on complex hierarchical rule-based systems and top-down decision-making processes, it paved the way for more localised accountability where the shift towards alternative approaches became increasingly supported. By the early 1980s, traditional public administration had arguably had its time, and both the public and politicians became more demanding of public services and their accountability and performance management mechanisms, with a more business-like private sector approach gathering favour.

Public Choice Theory

In the late 1960s and early 1970s, a new approach to public administration commonly referred to as public choice theory had begun to emerge. Taking the form of a drive toward market-driven solutions to economic problems (Thompson, 2008), it transplanted the general analytical framework of economics into political science (Tulloch et al., 2000), igniting political and academic discussions about the virtues of self-interest demonstrated in the private sector over the more current view of the selflessness of public servants in traditional public administration. Public choice theory continued to gain prominence on both sides of the political divide, as antipathy towards traditional approaches to public administration grew. The 'left' were looking for effective democratization of public services away from bureaucratic control and policy inertia by civil servants, while the 'right' placed greater emphasis on marketization and consumer choice. Public choice theory not only provided this by questioning the motivation of the public bureaucracy, but also the integrity of the political process, which it argued favoured concentrated voters who were well-

informed on issues relevant to them, rather than dispersed voters who were ill-informed on issues that were less directly relevant (Tulloch, 1993).

The Impact of the Conservative Government (1979 – 1997) on Public Administration

The influence of public choice theory was evident in the political speeches of Prime Minister Margaret Thatcher as she formed her government in 1979 (Young, 1989; Thatcher, 1995). This led to a shift in political thinking, supporting the principles of both public choice theory and neoliberalism that engendered more 'business-like' ideologies of economy, effectiveness and efficiency (Carter, 1991). Increasingly seen as 'old-fashioned' and less effective in the modern world, traditional public administration did not produce competition between suppliers and internal markets, evident in both public choice theory and neoliberalism (Hayek, 2014). While a public choice approach had its critics, mainly due to a lack of social conscience (Hilgers, 2013), the competition it introduced enabled public service activity to be rationalised and quantified. However, it also produced economic, political and cultural inequalities, and conflict that replaced political judgement with economic evaluation (Davies, 2016). The growing political support for both public choice theory and neoliberalism opened the door for the emergence of new public management as an alternative model to traditional public administration.

New Public Management

New public management had its greatest impact in Australia, New Zealand and the United Kingdom and was an attempt to lessen or remove differences between the public and private sector, shifting the emphasis from process accountability towards a more significant element of accountability in terms of key performance indicators (KPI's) and results (Hood, 1995). New public management's growing ascendency across public services in the late 1980s brought a more reactive control approach to performance management in the public sector (Fielding, 1996), laying the platform for an era of new managerialism (Peters and Waterman, 1982) with greater centralised control and easily measurable performance indicators (Klikauer, 2013). Examples of

this were evident in the Financial Management Initiative (FMI) launched in 1982 and the Next Steps programme of 1988, that strengthened the association between funding and outputs and the formation of the Audit Commission in 1983 that placed the performance of local authorities under increased scrutiny through the local authority and school league tables introduced after the Education Reform Act in 1988.

By the mid-1990s, new public management had become the central approach to public administration in the UK (Hood, 1995), gaining significant political and practitioner support (Leishman et al., 1995). Evident in the Local Government Act 1999 that introduced the principles of open markets, and supported the doctrine of challenge, comparison, consultation and competition, is an increased drive towards value for money and tighter performance measurement (Leishman et al., 1995). New public management was built on accountability through performance information and targets with national and localised league tables (Hood, 1995; Aucoin, 1990; Hood, 1991; Pollitt, 2003). It also introduced a shift of the lines of accountability from elected officials to those directly responsible for the delivery of services (Dubnick, 2005; Kettl, 2006; Pollitt and Bouckaert, 2017). As Grube (2012) identifies this created some tension, as senior officials began to exercise their 'public rhetorical leadership' by publicly presenting strong policy disagreements with their political masters, creating administrative voices that rivalled political ones.

The introduction of market mechanisms in public services generated pressure to monitor and publish the performance of a diverse range of organisations, either to facilitate user choice or to demonstrate their accountability. It introduced performance targets and agreed systems of performance measurement, which represented a significant departure from traditional public administration that had centred on management style theories. This also The introduction of new public management also led to increasing inspection, audit, evaluation, and other means of testing performance against defined criteria (Pollitt, 2003), including specific performance targets. However, targets were not only used as a disciplinary function in an attempt to improve public sector performance, they also took on political significance in signalling a commitment to, and underscoring the achievement of, a range of political goals (Boswell, 2015).

However, despite the increasing focus on top-down control with greater local accountability, the political drive towards greater citizen involvement continued. This broadened the accountability framework making it more multifaceted, and shifting it from a solely top-down model under traditional public administration principles to one in which top-down, bottom-up, and other external pressures were incorporated.

The Impact of the Labour Government (1997- 2010) on Public Administration

Despite 18 years of Conservative-government political control, and rising criticism of new public management and the target culture (Hood, 1995), many of the well-established new public management principles were not only maintained, but reinforced. The Home Secretary at the time, Jack Straw, set out his crime reduction targets, league tables, rankings and performance measures linked to national policing plans (Eterno and Silverman, 2012; McLaughlin, 2007) underpinned by a rigorous performance processes in each of the police forces in England and Wales.

In health, a new performance assessment framework was established in 1997 that published performance charts of individual health authorities and acute trusts across six themes: health improvement, fair access, the effective delivery of appropriate health care, efficiency, patient/carer experience, and health outcomes. This led to the production of Public Service Agreements (PSAs) for health and local government, underpinned by a range of performance targets, and league tables similar to those in place for the police. This also led to a central monitoring unit being formed answering directly to the Prime Minister, accompanied by an annual system of publishing star ratings for public health care organisations. The results of which were made public through a process of naming and shaming which led to senior health executives facing an increased risk of being dismissed as a result of poor performance (Shifrin, 2001; Bevan, 2006).

The Praise and Criticisms of New Public Management

New public management arguably brought with it a more focused and business-like approach that held senior leaders to account for performance improvement, however crude the mechanisms used might have been. Therefore, it is unsurprising that the approach continued to be highly acclaimed and politically supported as virtually all the government's targets were being achieved, leading to several commentators arguing that governance by targets was a necessary form of control for the governance of any complex system (Beer, 1966).

However, despite its popularity, new public management also had its critics who cited categorisation errors, gaming and counter-intuitive policies as negative consequences of this approach (McLean et al., 2007), which led to the House of Commons Committee of Public Accounts (1994) describing the culture of entrepreneurial values associated with new public management having eroded the principles of guaranteed probity that had been offered by traditional public administration (Ferlie et al., 1996).

A review of integrity in the police service conducted by Her Majesty's Inspectorate of Constabulary (1999), found that *'an aggressive and demonstrable performance culture had emerged'* which had led to reprioritising things that could be measured rather than addressing localised demands and emerging threats. They also indicated that this was due to the sanctions and incentives created in pursuit of nationally set targets. These concerns were replicated across public services in both empirical research (Skogan et al., 1999; Bird et al., 2005; Vito, 2005), and theoretical agreement (Harfield, 1997; Cordner, 2004; Neyroud, 2002; Fridell, 2004; Matthews, 2016).

However, despite these growing concerns judgement of the performance of public services through numerical targets remained intact. This led to damaging and unintended consequences such as distortions in priorities, undermining professional autonomy and local leadership, encouraging silo-based rather than integrated approaches, and promoting a focus on process rather than outcomes (Gubb, 2009). By the early 2000s, the requirement to achieve individual, organisational performance targets was now firmly embedded across the police, health and local authorities, with highly prescriptive targets to be achieved in a set period. For the police, this meant the

reduction of specific types of crime (Loveday, 2000) and for health this meant a single summary score, a set of key targets, and a more extensive set of indicators in a balanced scorecard were to be maintained (Secretary of State for Health, 2001; Secretary of State for Health, 2002; Commission for Health Improvement, 2003). Bevan and Hood (2006) describe the environment at this time in health, as a climate of terror in which English health care managers were at increased risk of being dismissed as a result of poor performance (Shifrin, 2001).

In March 2003, the first set of star ratings data was published by the Commission for Health Improvement and in English local authorities, the Comprehensive Performance Assessments (CPA's) and local PSA's introduced in 2002 set 600 centrally prescribed targets and reported on how well a local authority was performing overall compared to other local authorities in England. In the police, the Police Reform Act (2002) required the central government to lay before parliament a national policing plan for the following three years. The plan was intended to set the strategic direction and to establish a performance framework, which extended to over 350 quantitative national performance indicators.

However, concerns surrounding new public management approaches to public service continued and in July 2003, the Public Administration Select Committee, a cross-party group of Members of Parliament with a remit to consider matters relating to the quality and standards of administration within the civil service, produced a report entitled, On Target? Government by Measurement, which questioned the legitimacy of the target-driven culture across public services and highlighted the incentives for individuals to inaccurately record information, knowing judgement, would be made by targets and numbers, and not by the quality of the service they provided to the public. The report cited examples of education, accident and emergency, the ambulance service and the police cheating on tests, manipulating waiting times or massaging response times in an attempt to meet targets. The report advocated a move away from a simplistic hit-or-miss approach towards measures of progress supporting more intelligent comparisons by managers. It also acknowledged the need for greater decentralisation.

Localism and the Emergence of Public Value

From the mid-1990s alternative models of public administration began to emerge. Often referred to as 'public value' (Moore, 1997); 'new public service' (Denhardt and Denhardt, 2000), and 'new localism' (MacLaughlin, 2007), they not only incorporated top-down accountability from legal requirements, regulation and inspection but also bottom-up accountability from the public. The expectation was that public service leaders would be increasingly accountable to a broader range of commentators, external and internal governance, staff expectations and media pressure (Denhardt and Denhardt, 2000). As Moore (1997) points out, traditional forms of public administration assumed the answers to questions of purpose and public value, but these traditional approaches to organising public services failed to grasp the complexity of modern-day public services and the growing range of complex social problems (Muir, 2014).

In table 1, Kelly, Mulgan and Meurs (2002) compare the difference between traditional public administration, new public management and public value identifying how accountability and performance objectives under a public value model are more in tune with public demand. What is also apparent from these comparisons is how the methods used to assess performance under the public value approach, particularly on performance objectives and accountability, significantly increased the span of stakeholder involvement (Andersen, Boesen and Pedersen, 2016).

Table 1: Models of Public Administration

	Traditional Public Administration	New Public Management	Public Value
Public Interest	Defined by politicians/experts	Aggregation of individual preferences, demonstrated by customer choice	Individual and public preferences (resulting from public deliberation)
Performance Objective	Managing inputs	Managing inputs and outputs	Multiple objectives • Service outputs • Satisfaction • Outcomes • Maintaining trust and legitimacy
The dominant model of accountability	Upwards through departments to politicians and through them to parliament	Upwards through performance contracts; sometimes outwards to customers through market mechanisms	Multiple • Citizens as overseers of government • Customers as users • Taxpayers as funders
Preferred system of delivery	Hierarchical department or self-regulating profession	Private sector or tightly defined arms-length public agency	Menu of alternatives selected pragmatically (public sector agencies, private companies, JVCs, community interest companies, community groups as well as the increasing role for user choice)
Approach to public service ethos	The public sector has a monopoly on service ethos	Sceptical of public sector ethos (leads to inefficiency and empire building) favours customer service	No one sector has a monopoly on ethos and no one ethos is always appropriate. As a valuable resource, it needs to be carefully managed
The role of public participation	Limited voting in elections and pressure on elected representatives	Limited apart from the use of customer satisfaction surveys	Crucial- and multifaceted involving customers, citizens, and key stakeholders)
Goal of Managers	Respond to political direction	Meet agreed upon performance targets	Respond to citizen/user preferences, renew mandate and trust through guaranteeing quality services

Adapted from: Kelly, G., Mulgan, G. and Muers, S., 2002. Creating Public Value: An analytical framework for public service reform. London: Strategy Unit, Cabinet Office.

The move towards a public value approach to public services was initially politically attractive. The Modernising Government White Paper (1999) had a recurring theme of making public services more joined-up in addition to a drive towards a holistic approach to policy development in which the budgets and resources are shared by different departments, and even agencies would be expected to deliver related services.

The move towards a more collective approach to service delivery and performance management faced challenges in that the frameworks used to measure performance retained the hallmarks of neoliberalism and new public management. This increasingly posed a dilemma for public service leaders, in choosing between doing

what they believed was right for the citizen and doing those things for which they are accountable under their organisation's performance frameworks.

In the Cabinet Office paper Creating Public Value (Kelly, and Meurs, 2002), the political commitment to public service reform was further strengthened by the then Minister of State, Douglas Alexander, who in the document's foreword set out how public value could help to avoid narrow and over-simplified approaches. While the political support appeared clear from the range of service quality initiatives and definitions of service standards, such as rebranding the Citizen's Charter as Service First, and the adoption of cross-sector PSA's, new public management regimes remained in place with nationally set targets for all central government departments, and their arms-length bodies. Meaning that 'public value' was arguably incompatible with the hierarchical structures of Westminster governance, exposing entrepreneurial bureaucrats to dangerous risks (Rhodes and Wanna, 2007; 2009).

Public Value and the Growth of Accountability Mechanisms

The growth of public value approaches brought with it various additional accountability mechanisms. This growth has largely been an uncontested concept in that it has generally been seen as a good thing (Gallie, 1956). For instance, accountability was often regarded as a characteristic of liberal democracy and part of the broader system of checks and balances, acting as a bulwark against tyranny (Barberis, 1998). For that reason, anyone who dared to question the introduction of yet another monitoring agency, board or commission was immediately labelled as either irrational, corrupt, or, at the very least, having something to hide (Flinders and Moon, 2011). This has led to a crowded, complex and varied landscape as table 2, 3 and 4 demonstrate, which has led many commentators to believe that public servants face too many constraints (Kaufman, 1977).

However, it is a commonly held view that public service organisations are still essentially public, and as such, should rightfully expect to face strict accountability tests (Ferlie et al., 1996).

What Constitutes Accountability

Cairncross and Ashburner (1992) found, in their survey of NHS board members that there was a lack of clarity on what constituted accountability, with participants providing contradictory accounts of what they thought it meant, which the authors claim presented a concern for corporate governance. This inconsistency and confusion is unsurprising given that there are now over 70 different lines of upwards, downwards, sideways and personal forms of accountability in place in health alone, with fewer than 30 of these being in existence at the beginning of the millennium, and less than 20 before 1990.

With such considerable layers of accountability and the associated personal risk involved, it is again unsurprising that the tenure of chief executives in health and local authorities and chief constables in the police have reduced significantly in the past 20 years. In health, the average tenure of a chief executive is now three years, extending to seven years for a chief executive in a CQC outstanding rated trust, but only 11 months for a chief executive for a trust in CQC special measures (Anandaciva et al., 2018). This has often led to calls for a move away from a blame culture of direct accountability to a learning culture (Syed, 2015).

The Hierarchy of Accountability Mechanisms

Many commentators have attempted to create a framework of the accountability mechanisms public services face (Oliver, 1991; Lawton and Rose, 1991; Stone, 1995; Pyper, 1996; Flinders, 2001; Hood et al., 2004, Talbot, 2008) but, in more recent times, the landscape has become more cluttered than ever before. Gallo and Thompson (2000) attempted to place these various layers of accountability into distinct hierarchies but, while on the face of it this may appear relatively easy, in practice, it is somewhat more complex. The analogy of spinning plates is used as a narrative in this regard. Where a chief executive has over 70 plates spinning (those they are accountable to, to a greater or lesser degree), some may need less frequent and sustained effort to keep aloft, while others may require more constant and time-consuming attention.

The parallels can be seen here where one high profile event attracts media attention, and other regulators, professional bodies, politicians, the public and governance processes take on a simultaneous heightened interest, often referred to as the 'Bandwagon effect' (Cairney, 2012). While many layers of organisational accountability overlap, some do not, and it is therefore understandable that chief executives or chief constables are drawn to act independently, rather than acting collaboratively, and expecting senior leaders to prioritise non-statutory cross-sector working above other organisational requirements and constraints is questionable.

Table 2: NHS Accountability Framework

	Accountability Framework - Chief Executive – NHS					
Legal	Criminal Courts (Est. 12th century)	Coroner 's Court (Est.1194)	County Court (Est. 1971)	Employment Tribunal (Est. 1964)	Court of Appeal (Est. 1875)	Family Court (Est. 19th century)
	European Court for Human Rights (Est. 1959, binding in the UK since 1998)	Judicial Review (Est. 1803)				
Regulator/ Inspectorate & Professional Bodies	NHS England (Est. 2013)	NHS Improvement (Est. 2016) Formerly The Commission of Healthcare Audit and Inspection (CHAI) (Est. 2004)	Care Quality Commission (CQC) (Est. 2008) Formerly The Commission for Social Care Inspection (CSCI) (Est. 2004)	Department of Health (Est. 1988)	Parliamentary and Health Ombudsman (Est.1993)	Clinical Commissioning Group (Est. 2013)
	General Medical Council (Est. 1858)	General Chiropractic Council (Est. 1994)	General Dental Council (Est. 1920)	General Optical Council (Est. 1958)	General Osteopathic Council (Est. 1997)	General Pharmaceutical Council (Est. 2010)
	Human Fertilization and Embryology Authority (Est. 1991)	Medicines and Healthcare products Regulatory Agency (Est. 2003)	Nursing and Midwifery Council (Est. 2002)	Professional Standards Authority for Health and Social Care (Est. 2003)	Complementary and Natural Healthcare Council (Est. 2008)	Health Care Commission (Est. 2003)
	Deanery/ Universities (Est. 2004)	Health Protection Agency (Est. 2004)	National Patient Safety Agency (Est. 2001)	NHS Resolution (Est. 1995)	Royal College of Nursing (Est.1916)	Royal College of Surgeons (Est. 1800)
	Royal College of Emergency Medicine (Est. 1993)	Royal College of Physicians (Est. 1518)	Royal College of Obstetricians and Gynaecology (Est. 1929)	Health Education England (Est. 2012)	Public Health England (Est.2013)	National Institute for Health and Care Excellence (Est. 1999)

	British Dental Association (Est. 1880)	British Medical Association (Est. 1832)	Local Medical Committee (Est. 1912)	NHS Confederation (Est. 1990) Formerly The National Association of Health Authorities in England & Wales	Human Tissue Authority (Est. 2005)	Competition and Markets Authority (Est. 2013) (Formerly Office for Fair Trading)
	Health Research Authority (Est. 2005)					
Political	Government Cabinet and Ministers (Est. 1707)	Members of Parliament (Est. 1701)	Local Authority Councillors (Est.1975)	Parliamentary Select Committees (Est. 1979)	Public inquiries (68 since 1990)	Community and Parish Councillors (Est. 1894)
External Governance	Informal & Formal collaborative arrangements	Crime & Disorder Partnership (Est. 1998)	Health & Safety Executive (Est.1975)	Fire Safety Regulations (Est. 17th Century)	Information Commissioner (Est.1984)	Children's Commissioner (Est.2004)
	Equality & Human Rights Commissioner (Est. 2007)	Surveillance Camera Commissioner (Est. 2012)	Older Peoples Commissioner (Est.2004)	Other Agencies (Environment Agency etc.)	NHS Providers (Est. 2011)	Local Government Health Scrutiny Committee (Est. 2014)
	Local Safeguarding Children's Board (Est.2004)	Serious Case Reviews (Est. 1988)	Domestic Homicide Reviews (Est. 2011)	Local Safeguarding Adults Board (Est. 2014)	National Audit Office (Est.1886)	General Practitioners National Hospitals Contracts (Est. 2017)
	Health & Wellbeing Board (Est. 2012)	Health Scrutiny Committee (Est. 2000)	Health Watch (Est. 1991)			
Internal Governance	Chair of the Trust Board (Est. 2004)	Trust Board (Est. 2004)	Board of Governors (Est.2004)	Independent Reviews	Internal Audit (Est. 1945)	Trust Board Committees (Audit, Finance, People etc.) (Est. 2004)
Public	Printed Media (Est. 17th Century)	Televised Media (Est. 1951)	Social Media (Est. 2004)	Pressure Groups (Over 100 in the UK)		
Staff	Trade Unions (Est. 17th century)	BAME Network (Est. 1999 onwards)	LGBT Network (Est. 1999)	Faith Groups (Est. 1999)	Disability Groups (Est. 1999)	
Self	Personal Values & Beliefs	Organisational Values	Professional Standards	Religious Beliefs		

Table 3: Police Accountability Framework

Accountability Framework - Chief Constable					
Legal	Criminal Courts (Est. 12th century)	Coroner 's Court (Est.1194)	County Court (Est. 1971)	Employment Tribunal (Est. 1964)	Court of Appeal (Est. 1875)	Family Court (Est. 19th century)
	European Court for Human Rights (Est. 1959, binding in the UK since 1998)	Judicial Review (Est. 1803)				
Regulator/ Inspectorate	Her Majesty's Inspector of Constabulary (Est. 1856)	The Office for Police Conduct (Est. 2016) Formerly The Independent Police Complaints Commission (Est.1988)	Home Office Officials	College of Policing (Est. 2013) formerly the National Policing Improvement Agency	National Police Chiefs Council (Est. 2015) Formerly the Association of Chief Police Officers	Independent Office of Police Complaints (IOPC) (Est. 2018) (Formerly IPCC, Est. 2004)
Political	MP's	Local Authority Councillors	Town/Parish Councillors	Central Government Ministers	Parliamentary Select Committees (Est. 1979)	Public Inquiries (68 since 1990)
External Governance	Informal & Formal collaborative arrangements	Crime & Disorder Partnership (Est. 1998)	Health & Safety Executive (Est.1975)	Fire Safety Regulations (Est. 17th Century)	Information Commissioner (Est.1984)	Children's Commissioner (Est.2004)
	Equality & Human Rights Commissioner (Est. 2007)	Surveillance Camera Commissioner (Est. 2012)	Older Peoples Commissioner (Est.2004)	Investigatory Powers Commissioner (Est.2017)	Interception of Communications Commissioner (Est.2000)	National Criminal Justice Board (Est. 2013)
	Local Safeguarding Children Board (Est.2004)	Serious Case Reviews (Est. 1988)	Domestic Homicide Reviews (Est. 2011)	Other Agencies (Environment Agency etc.)	National Audit Office (Est.1886)	
Internal Governance	Police & Crime Commissioner (Est. 2012)	Police & Crime Panel (Est. 2012)	Internal Auditor	Independent Review	Peer Review	Internal Committees (Audit, Finance etc.)
Public	Printed Media (Est. 17th Century)	Televised Media (Est. 1951)	Social Media (Est. 2004)	Pressure Groups (Over 100 in the UK)		
Staff	Trade Unions (Est. 17th century)	Police Federation (Est. 1919)	Superintendents Association (Est. 1952)	Faith Groups (Est. 1999 onwards)	Disability Groups (Est. 1999 onwards)	Black Police Association (Est. 1999)
	LGBT Network (Est. 1999 onwards)	Women's Network (Est. 1999 onwards)				
Self	Personal Values & Beliefs	Organisational Values	Religious Beliefs			

Table 4: Local Government Accountability Framework

Accountability Framework - Chief Executive – Local Government					
Legal	Criminal Courts (Est. 12th century)	Coroner's Court (Est.1194)	County Court (Est. 1971)	Employment Tribunal (Est. 1964)	Court of Appeal (Est. 1875)	Family Court (Est. 19th century)
	European Court for Human Rights (Est. 1959, binding in the UK since 1998)	Judicial Review (Est. 1803)				
Regulator/ Inspectorate & Professional Bodies	National Audit Office (Est.1886)	General Social Care Council (Est. 2001)	Office of Rail and Road (Est.2004)	Office of Gas and Electricity Markets (Ofgem) Est. 2000	HM Chief Inspector of schools (Ofsted) Est. 2002	
	Water Services Regulation Authority (Ofwat) Est. 1989,	Office of Communications (Ofcom) Est. 2002	Planning Inspectorate (Est. 1909)	Security Industry Authority (Est.2003)	Local Government and Social Care Ombudsman (Est. 1974)	Society of Local Government Chief Executives
National Political	Government Ministers (Est. 1707)	Members of Parliament (Est. 1701)	Public Inquiries (68 since 1990)	Parliamentary Select Committees Est. 1979)		
Local Political	Local Authority Leader/elected Mayor & Cabinet (Est. 1902)	Full Local Authority Council	Committees e.g. Scrutiny, Audit, Finance, Standards, etc.)	Individual elected members	Parish/Town Councils (Est. 1894)	Ministry of Housing, Communities and Local Government
	Government Departments with service-specific issues					
External Governance	Informal & Formal collaborative arrangements	Crime & Disorder Partnership (Est. 1998)	Health & Safety Executive (Est.1975)	Fire Safety Regulations (Est. 17th Century)	Information Commissioner (Est.1984)	Children's Commissioner (Est.2004)
	Equality & Human Rights Commissioner (Est. 2007)	Surveillance Camera Commissioner (Est. 2012)	Older Peoples Commissioner (Est.2004)	Other Agencies (Environment Agency etc.)	Local Government Association (Est. 1997)	Local Government Health Scrutiny Committee (Est. 2014)
	Local Safeguarding Children Board (Est.2004)	Serious Case Reviews (Est. 1988)	Domestic Homicide Reviews (Est. 2011)	Local Safeguarding Adults Board (Est. 2014)	Regional Mayor (West of England Combined Authority Mayor, Est. 2017)	Financial Ombudsman
	Housing Ombudsman	Health and Wellbeing Board (Est. 2012)				
Internal Governance	Internal Audit (Est. 1945)					

Public	Printed Media (Est. 17th Century)	Televised Media (Est. 1951)	Social Media (Est. 2004)	Pressure Groups (Over 100 in the UK)	Service Users	Non/potential Service users Public
	Local (and national) campaigns					
Staff	Trade Unions (Est. 17th century)	BAME Network (Est. 1999 onwards)	LGBT Network (Est. 1999 onwards)	Faith Groups (Est. 1999 onwards)	Disability Groups (Est. 1999 onwards)	
Self	Personal Values & Beliefs	Organisational Values	Religious Beliefs	Professional Code/ Standards		

The multiplicity of formal accountability through legal requirements, regulators, professional bodies, internal and external governance, inspectorates, arms-length bodies, pressure groups, media scrutiny, service users and the wider public, together with the informal accountability of an individual's conscience, have the potential to accelerate or impede cross-sector working on the ground between public services due to opposing views on what the priorities are.

In theory, it is hard to challenge the assumption that the accountability of public services should be irksome to those agents at whom it is directed (Barberis, 1998) but, in practice, it potentially limits the incentive for chief executives and chief constables to work collaboratively on the delivery of services. Additionally, what became apparent after the 1990s is that performance management and accountability began to be used interchangeably which led to confusion.

A Systems Thinking Approach and its Association with Complexity Theory

While the political popularity surrounding a public value approach to the delivery of services continued, its application in practice has been challenging, amidst a complex landscape of firmly embedded structures, legislation and processes. This led to a search for alternative ways of reducing costs and improving services and a growing plethora of management models and techniques. These included business process re-engineering, a business management strategy, focusing on the analysis and design of workflows, and business processes within an organisation that used a set of techniques and tools for the improvement of service.

These were accompanied by continuous improvement processes, commonly badged as lean and systems thinking the origins of which date back to the 1930s in both the work of Taiichi Ohno in Toyota car manufacturing (Seddon, 2003) and Walter Shewart, whose total quality management model was popularised in the 1960s by engineer and academic W. Edwards Deming, who had been one of one of Shewart's students (Zangwill and Kantor, 1998). This attempted to move traditional thinking away from the top-down micro-management of staff improvement to one in which the flow of production, unnecessary waste and duplication of effort were, wherever possible, eliminated from the system. Deming's 14-point model encouraged new ways of working that focus on identifying a clear sense of purpose, reducing constant inspection, removing blame and barriers between staff, removing numerical goals, targets and quotas, and enhancing staff development and training, with an overall intent of continuous improvement. Other similar techniques evolved from this such as ISO9000, with its seven quality management principles (Buttle, 1997) and the European Foundation for Quality Management (EFQM) (1999) that provided a framework for organisations to determine their current level of excellence. These were used in conjunction with tools such as the balanced scorecard (Kaplan and Norton, 1998), one element of which measured performance against internal business processes. These all gained a growing prominence in both academic circles, and practical application and trials began to increase significantly in the mid-1990s. However, it was not until the early 2000s that these approaches became more regularly considered and operationalized across public services.

In the police, the Flanagan Report (2008) championed lean systems in the form of the 'Quest programme', which aimed to manage cost, provide value for money, and deliver economies of scale by systematically bringing together front-line practitioners, senior officers and specialist consultants to work as a team. This had the financial backing of the Home Office supported by external consultants Klynveld Peat Marwick Goerdeler (KPMG). A continuous improvement approach became widespread across the police service in England and Wales (Barton, 2013). This triggered several initiatives to improve services such as incident management, briefing, investigation and custody processes. Continuous improvement even attracted its own national subgroup, chaired by a chief constable, within the Police National Performance Management Committee.

In health, there were many and varied examples cited of lean applications across the English healthcare landscape (Jones and Mitchell, 2006; Radnor et al., 2008; Provonost and Vohr, 2010). Likewise, across local government, the adoption and spread of its application were similar. The local government association website contains numerous examples of the application of lean, six-sigma, total quality management and system thinking approaches being applied across local government in England, accompanied by various claims of reduced costs and service improvement. System thinking had a strong correlation with the hallmarks of complexity theory, which supported a more bottom-up and citizen-centred approach to change that clashed with the top-down processes rooted in new public management.

Complexity Theory

Cairney (2012) describes how complexity theory underpins systems thinking approaches, demonstrating this through six themes of how complex systems behave:

1. A complex system cannot be explained merely by breaking it down into its component parts because those parts are interdependent: elements interact with each other, share information and combine to produce systemic behaviour;

2. The behaviour of complex systems is difficult (or impossible) to predict in which small actions can have large effects and large actions can have small effects;

3. Complex systems are particularly sensitive to initial conditions that produce a long-term momentum or 'path dependence';

4. They exhibit emergence or behaviour that evolves from the interaction between elements at a local level rather than central direction. This makes the system difficult to control (and focuses our attention on the rules of interaction and the extent to which they are adhered to);

5. They may contain strange attractors or demonstrate extended regularities of behaviour, which are 'liable to change radically' (Bovaird, 2008; Geyer and Rihani, 2010). They may, therefore, exhibit periods of 'punctuated equilibria' – in which long periods of stability are interrupted by short bursts of change;

6.   The various problems that complexity theory seeks to address can only be solved by interdisciplinary scientific groups (Mitchell, 2009).

Complexity theory and its association with systems thinking, fitted neatly with the shift in political thinking towards a more localised and public value approach that had its primary focus on the citizen's journey through services and identifying waste along the way. However, Seddon (2003), one of the leading commentators in systems thinking in public services, contends that often these approaches have been treated as separate quality initiatives rather than a whole system approach that breaks through existing functions, structures, measures and traditional operations. He further contends that, despite the value of systems thinking, managers remain the problem as they cling to old ways of working underpinned by new public management, seeing systems thinking as just another fad, rather than driving system change and altering conventional thinking. This approach challenged the institutionally ingrained practices and path dependence on new public management and its cultural incompatibility with existing political administrative traditions, and as such it has been difficult to implement (Christensen and Lægrid, 2008). As Talbot (2008) argues this went some way towards explaining why performance regimes did not always match the political rhetoric and as identified by Matthews (2016) 13 years of the Labour government's centralised control had stymied institutional capacity for responsiveness. Complexity theory provides a theoretical grounding in this research, outlining the tension between competing ideologies that challenge the necessary conditions for collaborative approaches to become common-place.

Localism and Citizen-Centred Services

In Wales, the Beecham Review Making the Connections - Delivering Beyond Boundaries (2006) was published with the intention of transforming public services. While not adopted in England, many of the areas under consideration were transferable and relevant. The review had all the hallmarks of systems thinking and public value with much of it focused on putting citizens first and involving them in the design of services. It also encouraged public service partners to work more closely together to achieve a more effective network of public services through a shared

vision, shared resources, and pooled budgets, which mirrored the commitment in the Modernising Government White Paper (1999) in England. However, despite the Welsh government's move towards the establishment of Local Service Boards and local service agreements to facilitate progress, there was limited evidence that this ground-breaking and ambitious approach delivered significant change. Martin and Webb's (2009) critical evaluation of citizen-centred public services in Wales concluded that the lack of success was not because service providers lacked vision or goodwill, but apportioned the reluctance to adopt its recommendations as a natural outcome of the existence of sector-specific funding and performance regimes. They found that the accepted model of a good leader in Wales was one who focused their achievement on their own organisational goals first and foremost and that the broader picture came a distant second. They also identified that unless the government co-ordinated the priorities, targets and incentives that flow down to the organisations with which it wanted to work, then success would be minimal. In summary, they indicated that even when there is support for a collaborative model, there needs to be adequate supporting data about what the public wants, or thinks it wants, from public services and a coherent strategy for promoting informed public debate about policy options.

This thinking was evident in October 2006, when the government published its White Paper for public service reform in England (and non-devolved services in Wales) entitled Strong and Prosperous Communities. The purpose of the Paper was to revitalise local government to work with their partners and to reshape public services around the citizen and communities that use them. The stated intent was that these reforms would empower citizens and communities, create stronger and more visible leadership, and put in place a new framework within which local government and their partners could work. It created a new role for local government as strategic leaders of their area to manage performance between central and local government and its partners, giving local government and their partners the freedom and powers to meet the needs of their communities and tackle complex cross-cutting issues. It also introduced a performance framework tailored to local needs, which was supported by local area agreements (LAA's) introduced in 2007. These were three-year agreements negotiated between central and local government, which set a series of service

improvements that local government were committed to achieving, along with a detailed delivery plan.

However, while this appeared intended to reduce burdens on local government, it also introduced a single set of indicators used to assess the performance of local government and local partnerships. In England, this involved 198 national indicators and targets which local government and local partnerships were required to deliver through the LAA's with 185 national indicators in 2008/09, together with another 13 online indicators delayed until 2009/10. The new performance framework was intended to reform the delivery of public services in health, welfare, housing, employment, education, communities, economic development, policing and community safety, and the environment. National indicators taken from PSA's and the Departmental Strategic Objectives (DSOs) were agreed across government through the Comprehensive Spending Review (2007). The intention was that by reducing the number of indicators required by the central government, priorities would be identified in the LAA's. While this purported to give greater freedoms, it still retained elements of a high level of centralised control. Related information was still used by central government and regulators to make judgements as to where performance was better or worse and to focus attention accordingly. This was supported by an annual comparison by the Audit Commission, as part of the Comprehensive Area Assessment (CAA's), which replaced Comprehensive Performance Assessments (CPA) that had been in place between 2002 and 2007.

These replaced the previous central government indicators for local government, including best value and were intended to measure success in the local delivery of the central government's priority outcomes expressed through the PSA's. They were set out in the Comprehensive Spending Review, and government departments' strategic objectives, and were seen as key to ensuring that the central government achieved its aspirations outlined in the three-year Comprehensive Spending Review period.

In policing, the National Policing Performance Assessment Framework (June 2007) was replaced to reflect this approach and a new system of performance assessment was implemented with the Assessment of Policing and Community Safety (APACS) (Home Office, 2008a). This change was recognition in that, as policing had become more intrinsically delivered in partnership with local government and other partners, a

new system was needed. The APACS took an evidenced-based approach (Neyroud, 2008) and attempted to hold not only the police but other public service providers to account. This linked into the LAA's and set specific targets that measured numerical performance improvements through crime and disorder reduction partnerships supported by data provided to the Home Office.

In June 2007, the government outlined its vision for the future of the NHS in its White Paper NHS autonomy and accountability: Proposals for legislation. The Paper reinforced the need for the NHS to be freed from the day-to-day interference of politicians and pledged to end the top-down, centralised, and target-driven culture, which had frustrated the work of frontline clinicians.

In June 2008, the Department of Health published '*Developing the NHS Performance Regime*' which was intended to afford greater transparency and consistency across the NHS in identifying underperformance and interventions to address turnaround and management failures. In the following year, the Department of Health introduced the NHS performance framework to provide a dynamic assessment of the performance of NHS providers (that were not NHS foundation trusts) against minimum standards (April 2009). This performance framework was intended to create a clear definition of success and to generate relevant annual assessments. It contained an existing set of national indicators and mandatory data collection and a requirement for NHS SHA's and PCT's to take swift and decisive action with a prescriptive list of interventions for when a trust was underperforming, challenged or when its performance was under review. Classification of an organisation as 'performance under review' meant it would have a maximum of three consecutive quarters to recover before it would be moved to the category 'underperforming'. However, this approach continued to be underpinned by a range of nationally set targets with sanctions and rewards for achieving them. While there was still political support for a more localised, whole system approach as set out in the vision I the Strong and Prosperous Communities White Paper (October 2006), historically ingrained regulatory and performance management frameworks still appeared to be inconsistent and counter-intuitive with this commitment and continued to reinforce and reward a path dependence based on old ways of working.

The Dawn of the Age of Austerity

While there was already a steady drive towards new and improved ways of working, the financial crisis brought with it an added impetus for more immediate responses and a recognition that the centralised state could no longer afford the choices it had been able to make in the past. Many public service leaders were required to lead in a different way due to significant budget cuts, which was a new concept for most having progressed their leadership journey through a period of sustained economic growth since the early 1990s. While the old performance and accountability regimes remained, a new leadership requirement emerged that relied on leaders giving up some control to facilitate more integration and collaborative approaches to public service delivery.

The introduction of CAA's in 2009, replacing the CPA's that had been in place since 2002, signified a further move towards place-based performance management and was intended to bring together the separate monitoring of local services by the CQC, Her Majesty's Inspector of Constabulary, Prisons and Probation, and Ofsted under one umbrella and to introduce practical place-based approaches.

In the same year, there was a replacement of APACS targets with a single national public confidence target. This target of 60 per cent had to be achieved by all police forces by 2012. The national average at the time was 45 per cent. This would be measured through the national British Crime Survey and was accompanied by a national 10-point policing pledge aimed at setting national minimum standards for policing (Home Office, 2008b). This proved to be a challenge for many forces as, after years of targets and league tables, the move to one single indicator, meant a complete rethink of the way senior leaders had worked for many years. However, despite a consistent political commitment to change and the explicit removal of targets for the police, and to some extent local government, the target culture had become so ingrained in operating practices throughout public services that many found this hard to change (Curtis, 2015), and mechanisms such as performance-related pay, continued to reward a target-driven approach (Bajorek and Bevan, 2015).

A further softening of the centralised control and performance targets was signalled in the White Paper, Putting the Frontline First: smarter government (2009). This acknowledged the impact of technological advancements and how these would enable the central government to give citizens public services that responded to their needs and were driven by them, improving both quality and reduce costs. It set out three clear commitments to:

1. Strengthen the role of citizens and civil society;
2. Recast the relationships between the centre and the frontline and between the citizen and the state and;
3. Streamline government.

In the foreword, the then Prime Minister, Gordon Brown, applauded the contribution of the past of the rigorous performance targets and central control, but signalled a new approach to public service delivery stating that:

> *"Historic underinvestment has been corrected, and once-ambitious goals are increasingly seen as the norm thanks to a rigorous regime of targets and central direction. It is precisely because of the success of this approach that we can now embark on a radical dispersal of power, where people will have enforceable guarantees over the services they receive, and frontline staff will have greater freedom over the services they give".*

There was an apparent acceptance that the central control and national targets made popular under the new public management principles had become too large and that more devolved and local control was necessary.

Whole System Working

The increasing calls for greater system-wide working through collaborative networks was nothing new, having been discussed for more than 20 years (Bryson et al., 2006). However, it was gaining more and more political support and inspection oversight, and was seen as one of the solutions for improving services and responding to the rising financial challenges that public services were facing. The talk was now less about multi-agency working or even partnership, and more about joined-up services and collaboration.

Collaborations have attracted many definitions, but in the broadest sense, these are defined as working with someone to achieve something, or agencies uniting to design and deliver services (Williams, 2012). Similarly, 'networks' typically refers to multi-organisational arrangements for solving problems that cannot be achieved, or achieved easily, by single organisations (Angranoff and Maguire, 2001). However, as Bolden, Petrov and Gosling (2009) point out there is little evidence, beyond the confines of academia, that such approaches are common practice, or easy to initiate, as each partner organisation in a collaboration (or network) is likely to have distinct, multiple and conflicting overseers, mandates and reporting requirements (Waterman and Meier, 1998; Willems and van Dooren, 2011). This reinforced the challenges and constraints of the historical make-up of the organisations and their dependence on individual pathways, fostered by traditional public administration and new public management approaches. Where collaboration occurs, it crosses organisational lines and policy fields, and confounds the traditional institutional relationships between overseers and the bureaucracies that implement policy (Page et al., 2015). However, the breadth and complexity of most collaborative work make upholding conventional accountability relationships difficult (Sørensen, 2012). Collaboration requires new infrastructure and management behaviours, leaving managers to choose between performance measurement goals and collaboration goals (Lee Baker, 2004).

Yet, despite a worldwide movement towards collaborative governance and public service provision (Huxham and Vangen, 2000a), these are rarely successful in practice (Denhardt and Aristigueta, 2008), which Bardach (1998) argues leads to a substantial loss of value in the public sector. However, the time it takes and the

resources required for organisations to effectively work together suggests that there is an optimal level of value in collaboration (Park, et al., 2018). Many commentators have attempted to describe the critical factors in successful collaborations. These have included:

- Capacity, principles and shared motivation (Emerson, Nabatchi and Balog, 2012);
- Trust, norms, and operations of the network (Fountain, 1994; Getha-Taylor, et al., 2019)
- A learning culture (Innes and Booher, 1999);
- Moving beyond the rhetoric of collaboration (Clegg and Hardy, 1996);
- Shared vision, team learning, and systems thinking (Senge, 1990);
- A culture of joint problem solving that includes an ethos that values equality, adaptability, discretion and results (Bardach, 1998);
- Dual loyalty to both their present organisation and the problem (Weiner, 1990); and
- Greater understanding of each other's challenges, local autonomy and aligned performance management/reward systems (Balogun, Gleadle, Hailey, and Willmottz, 2005).

Additionally, as Huxham and Vangen indicate (2000a), barriers often emerge in negotiating joint purposes due to the diversity of organisations, varying internal procedures, operational constraints, professional language, differences in cultures, structures, and procedures, imbalances inequity and power (real or perceived) from participants.

In March 2010, the Labour government launched its Total Place initiative, with 13 pilot sites across England. At the time of its launch Liam Byrne, Chief Secretary to the Treasury, and John Denham, Secretary of State for Communities and Local Government described it as a new direction for local public services and local government, with a range of freedoms that defined a new relationship with central government putting the citizen at the heart of service redesign. This was intended to enable local partnerships to improve systems and introduce innovative ideas and solutions to change the way services are delivered. However, despite this optimism

similar to the Beecham Review in Wales in 2006, the success of the initiative was limited. Writing on the Guardian's public service network site (13 December 2012), Lord Michael Bichard, a former senior civil servant, highlighted the inability of public services to share information. He concluded that while effective collaboration can grow from redesigning services, the process was exposed to flaws in the current arrangements, and that collaboration locally is greatly helped by central government departments creating a framework that facilitates, rather than impedes, the sharing of resources and outcomes, something he felt that Whitehall and Westminster were still unwilling to grasp.

The Success of Whole System Working

The National Audit Office's (NAO) evaluation of Whole Place community budgets (2013a) was similarly critical of the level of collective working across public services, but also questioned the effectiveness of this approach. They concluded that the initiatives (including reviews of LAA's and Total Place) did not lead to widespread or fundamental changes in local public services, or in the relationship between central and local government and that there was limited evidence of the joint working and resource alignment improving the impact of public services. They reviewed 181 publications pre-dating Whole Place community budgets (including reviews of LAA's and Total Place) and found that only 10 past evaluations had assessed the impact on service-user outcomes. Seven of the 10 reported a lack of robust evidence that joint or collaborative working improved outcomes. This strengthens the argument that there is little research on the productive outcomes of networks regarding whether solutions would be different if carried out by a single organisation. Without this, the perceived benefits of a more collaborative approach remain open to challenge and as such an approach still has to demonstrate performance measurement and outcomes that make it accountable to its stakeholders and for its stated goals (Angranoff and Maguire, 2001; Millward and Provan, 1998).

Also, the NAO's report Early action: landscape review (2014), identified that there was a lack of robust evidence to support wider preventive action and early interventions. The NAO also identified that, while central government recognised the

principle that early action is important in providing public services, they did not plan a significant shift in resources due to pressure to preserve high-profile spending, such as on hospitals and the police, much of which is acute or reactive. In addition to this, the NAO (2014) evaluation of early intervention initiatives found that success factors were more dependent on a focus on what works, overcoming short-term bias due to electoral cycles and increasing the capacity to deliver, which reinforced the need for improved coordination and accountability. They found little evidence of effective cross-government coordination of measurement or adequate support structures.

Likewise, the evaluation report on Birmingham's Total Place pilot site (2010) identified several success factors:

- Collective leadership;
- Governance;
- Financial planning;
- Connection with citizens;
- Alignment of staff skills and;
- Energy and motivation.

This report also singled out the need for an overall performance management framework that fostered current and long-term cooperation between public sector partners, rather than marching them to different tunes.

In describing the obstacles to successful system working, this report highlighted the following:

- The requirement to report upwards (nationally), frequently and in detail on what is happening at the local level meant that partners were distracted from doing their job and discouraged innovation;
- The different interpretations of the legislation about data protection by organisations, and even within organisations, meant they often failed to reach an agreement on how to proceed;

- Contradictory and inconsistent indicators and the very existence of multiple (performance) frameworks forced partners to focus their energies in different directions.

<div align="right">Birmingham's Total Place pilot site (2010)</div>

The findings of these reports and evaluations demonstrate a clear political intent to collaborate across services, but with insufficient consideration of the complexities, inter-dependencies and system changes that are required. Sabel and Simon (2011) contend that the right form of governance is essential in any successful place-based approach and that framework goals, broad local discretion, regular local reporting and peer review are all necessary ingredients.

Additionally, as Timmins (2015) identifies in the Kings Fund's review of the practice of system leadership in health, the move towards greater localised autonomy through the disbanding of SHA's and the formation of foundation trusts, has been counterproductive as it has driven organisations to focus internally thus creating a reluctance to claim the role of system leadership. He contends that the pressures of regulation, financial balance and targets are still leading people to draw their horns and hunker down in order to survive, rather than seeing ways forward in term of changes that in some cases, downsize what their organisation do

The Leadership Requirement

Bichard (2012) argues that the most critical factor is inspirational leadership from those who can see how local collaboration is the only route to providing decent services and support to all citizens. He reinforced that this type of leadership is not driven by corporate, or indeed personal, ambition, but by a determination to add value where it is needed most, all of which has gained some academic support (Bardach, 1998).

As Linden (2002) observed:

> *"Today's enlightened leaders in both public and private sectors understand that most of their pressing problems can be solved by collaborative actions with others."*

Collier (2018) supports this view pointing towards the importance of individual leadership in effective collaborative working and argues that much of compliance depends on moral persuasion through peer pressure in which leaders strategically construct specific packages of speech, acts or narratives albeit this study focuses on individual organisations in which the leader has an element of control.

However, as Williams (2012) suggests, this is less likely to extend across boundaries, if organisational priorities are not aligned, creating a perceived loss of control and accountability in networked governance. There is also a fear that with no single authority, everyone is somewhat in charge and everyone is somewhat responsible, but where all participants appear to be accountable, none are accountable (Agranoff and Maguire, 2001).

Additionally, the capacities required to operate successfully in a collaborative setting are different from those needed to succeed in managing a single organisation and that the approaches employed in public administration for more than a century are now ineffective in a multi-agency setting (Anganoff and Maguire, 2001). Senge, Hamilton and Kania (2015) describe these leadership competencies as:

1. The ability to see the more extensive system beyond one's immediate organisation, which is essential to building a shared understanding of complex problems;
2. The ability to foster deeper and more reflective conversations about problems that enable the understanding of different perspectives;
3. Moving the focus from reactive problem solving to co-creating a new future together based on an alternative vision of what might be possible to create together.

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Additionally, issues such as the gender of senior leaders (AbouAssi et al., 2018), the ability to persuade but not coerce (Ingraham, 2005) and the development of leadership orientated towards social capital, rather than leaders orientated towards developing human capital (Day, 2000) are all significant factors in supporting successful collaboration.

However, it is worthy of note, that the depth of academic literature describing the attributes and behaviours required in managing collaborations is still limited compared to the understanding of traditional management processes (Hanf and O'Toole, 1992) and despite a strong belief that greater cross-sector collaboration is the answer to reducing costs and improving services, evidence in support of this is still in its infancy.

The Impact of the Conservative–Liberal Democrat Coalition Government (2010- 2017) on Public Administration

The formation of a Conservative–Liberal Democrat coalition government in May 2010, reinforced a direction of travel towards less centralized control and more local responsibility. While the terminology of Total Place became politically unpalatable due its association with the previous government, the introduction of the Big Society in July 2010 was not dissimilar. This was launched by the then Prime Minister, David Cameron, who declared that current top-down governing was sapping responsibility, local innovation and civic action. He set out the three key strands of social action, public service reform and community empowerment in which the call for decentralized leadership and stronger networks was clear. This produced an associated drive across local government, the police and health towards collaborative public management, collaborative governance and networks (Amsler and O'Leary, 2017) in which there was an expectation that a new type of leader that operates through influence rather than power across the bandwidth of public services was required. Competition introduced under new public management was becoming increasingly out of favour and integration, collaboration, and planning were now the order of the day (Walshe, 2017).

Comprehensive Area Assessments (CAA) for local government were abolished in May 2010 and in that August, the Secretary of State for Local Government, Eric Pickles, announced that the Audit Commission was to be disbanded and many of the nationally prescribed targets for local government were removed. There were some exceptions in education and environmental health, as well as some local authorities choosing to maintain their local targets.

On 13 October 2010, he went a step further in announcing changes to the LAA's reward grant and the national indicators, in what he described as the end of the old, top-down local performance framework. In the announcement, he stated that:

> *"From today, the Government are putting local areas entirely in control of their local area agreements, and this enables local authorities and their partners to amend or drop any of the current 4,700 Local Area Agreement targets without needing ministerial agreement".*

He stressed in the announcement that emphasis needed to be on local government being democratically accountable to local people rather than to central bureaucratic systems. Nevertheless, despite the change of direction in ministerial policy, some local authorities chose to continue with a number of these targets. It was unclear if this was just a case of being wedded to an ingrained way of working, or whether there was a genuine belief that this remained the best way to improve performance.

However, the heavy reliance on centrally prescribed targets in the NHS remained embedded, and this continued to attract criticism and challenges. In June 2010, Andrew Lansley, the Secretary of State for Health, announced a public inquiry into Mid Staffordshire NHS Foundation Trust. Led by Robert Francis QC, this examined the conditions of care and high mortality rates between 2005 and 2009 in the Trust. In his first report published in 2010, he found that that the hospital had put 'targets before care' and that the hospital's priorities were its finances and foundation status application rather than its patients. While this signalled an opportunity for change, in practice, any attempt to move away from targets in health still attracted significant opposition (Foster, 2018) not only from politicians, but medical practitioners themselves (Gammie, 2016), with targets still capturing significant media attention

(Matthews-King, 2018). Even after this inquiry, and despite the central government's commitments, the NHS still maintained top-down constitutional targets linked to personal and organisational rewards or sanctions.

Attached to these were considerable financial rewards for reaching or exceeding the targets and financial sanctions, or fines, for failing to do so (Propper et al., 2008). Research by NHS Providers (2016) found that in 2016 there was over £600m imposed in fines by clinical commissioning groups in England on trusts failing to achieve their targets for patients waiting for accident and emergency and cancer treatments, and non-urgent care. A trust is fined £120 every time it fails to treat an accident and emergency patient within four hours and £300 every time a patient exceeds 18 weeks on the referral-to-treatment list.

In addition to this, further financial sanctions and rewards are available to NHS trusts for achieving their financial control total set by their clinical commissioning group and agreed upon with NHS England. This has continued to produce conflicting tensions between the drive for devolution and localism and political accountability and public expectation (Flinders and Moon, 2011; Matthews, 2016) and, despite various promises to let go, in practice successive governments have held on to the detail of delivery, with surprising continuity existing between the Labour government (1997-2010) and the Conservative–Liberal Democrat coalition government (2010-2015), despite divergent political approaches (Matthews, 2016).

Following the comprehensive spending review announcement in October 2010 the coalition government manifesto 'The Coalition: Our programme for government' was published. This reinforced a commitment through its reform agenda to end the era of top-down government by decentralising the delivery of local services and giving power back to local people across all public services. Specific reference was made in the foreword to bureaucracy, top-down control and centralisation having diminished the NHS. This approach was reinforced in the foreword of the Department of Health's equity and excellence strategy document (2010) that set out requirements to make the NHS more accountable to patients, free staff from excessive bureaucracy and top-down control and increase real-terms spending on the health service every year. This was not dissimilar to the commitments of the Labour government in 2006 in its White

Paper on public service reform 'Strong and Prosperous Communities', albeit this had been more about pulling services together, whereas the coalition manifesto was more focused on citizen need and on loosening state control. The coalition's manifesto expressed a belief that for local government, there was a need for a fundamental shift of power from Westminster to the people. This provided a commitment to promote decentralisation and democratic engagement and end top-down government by giving new powers to local councils, communities, neighbourhoods and individuals. The White Paper also focused on the police advocating greater freedom from ministerial control and making it much more accountable to the public.

The Continuation of the Age of Austerity

Throughout the 1990s and into the 2000s, the United Kingdom's economy experienced an unprecedented period of sustained economic growth and increased funding for public services. Gross Domestic Product (GDP) growth had risen at three per cent a year between the Labour government tenure (1997 – 2010), while per-person growth averaged two point five per cent (Emerson and Tatlow, 2015). However, in 2007, global financial problems began to emerge, initially as a credit crisis that resulted in the collapse of major banking institutions in the United States and subsequently the United Kingdom. By 2008-2009 this had developed into a major international crisis, which in the United Kingdom led to the government bailing out British banks at an estimated cost of £141bn, with exposure to liabilities of over £1 trillion (NAO, 2013b), doubling the nation's debt (NAO, 2009). This triggered both a political and practitioner re-assessment of its priorities and how services could be delivered, as demand increased, scrutiny grew, and budgets were set to reduce finances significantly.

In October 2010, the coalition government published its comprehensive spending review (2010) setting out how it would respond to Britain's deficit reduction plan. While budget cuts were already beginning to bite, this introduced the government's commitment to a prolonged period of austerity, which involved substantially reducing public expenditure and increases in tax amounting to £110 billion by 2015/16. This was intended to give confidence to the markets stimulating growth in the economy.

While austerity measures have had some impact on reducing the deficit, they have delivered little growth. According to the Office for National Statistics (2009; 2013), public debt had risen from 56.6 per cent of GDP in July 2009, and this continued to rise to 90 per cent of GDP (£1.39 trillion) by 2013.

The consequences of this prolonged period of austerity brought about significant cuts to public services, particularly the police and local government, which extended beyond incremental change (Mahoney and Thelen, 2009) and created a critical juncture (Cappocia, 2016) in the approach they took to the delivery of services. Haynes (2012) describes this period as the greatest challenge to public policy in the developed world since the Second World War, as the use of public monies to support banks and declining tax revenues, resulted in rising government borrowing and national debt. In local government and the police, this led to dramatic cuts to their budgets. The period of growth under the Labour government between 1997 and 2010 was followed by eight years of sharp retrenchment, which by 2012 had already taken expenditure back to levels last seen in 2005 (Smith et al., 2018).

The Local Government Association (2019) claim that central government funding for local government in England would decrease by almost 60 per cent between 2010 and 2020, with the revenue support grant for local government in England dropping from £9,927 million in 2015–16 to £2,284 million for 2019–20, leaving 168 authorities with no grants for 2019–20. It is estimated that more than 500,000 council workers have lost their jobs since 2010.

Likewise, the police budget in England and Wales was reduced by 20 per cent over a four-year period, which resulted in workforce reductions of over 40,000 officers and staff from 243,900 in 2010 to 200,600 in 2016 (HMIC, 2016). This created a critical juncture for the police and local government, but arguably less so in health.

Health did not face the same critical juncture that the police and local government had experienced, albeit since the financial crisis health services have been required to live more within their means. Spending on the NHS makes up around a third of all public service spending, and since its inception in 1948, health expenditure has increased by 3.8 per cent in real terms per annum (Crawford and Emerson, 2012). The political

commitment to protecting this budget meant that much more extensive cuts were required everywhere. However, despite not experiencing the same demand for cuts, expectation and capability all continued to grow significantly, and the increased life expectancy of the population created an additional strain. Despite year-on-year increases in funding for the NHS, by 2017/18 NHS providers were in a deficit of just under £1 billion by the end of 2018 (Murray, 2019). The Department of Health's response was to provide a further £1.8 billion sustainability and transformation fund, which awarded bonuses for hitting centrally prescribed targets and also maintained fines where these targets were not achieved and, on June 2018, the government announced a commitment to a further £20.5 billion for the NHS by 2023/24.

These enduring financial challenges created, to varying degrees, an imperative for change focusing the attention of public service leaders on a variety of alternative ways to reduce costs and improve services, of which more significant collaborative approaches should have been provided.

Localism and the New Political Imperatives

In the foreword of the Plain English Guide to the Localism Bill the Minister of State for Decentralisation and Planning Policy Greg Clark stated:

> "*For too long, central government has hoarded and concentrated power. Trying to improve people's lives by imposing decisions, setting targets, and demanding inspections from Whitehall simply does not work. It creates bureaucracy. It leaves no room for adaptation to reflect local circumstances or innovation to deliver services more effectively and at a lower cost. And it leaves people feeling 'done to' and imposed upon the very opposite of the sense of participation and involvement on which a healthy democracy thrives*".

When the Act was passed in 2011 it introduced new freedoms and flexibilities for local government to cut red tape by enabling councillors to play a full and active part in the local life without fear of legal challenge and encouraged a new generation of influential leaders with the potential to raise the profile of English cities, strengthen

local democracy and boost economic growth. The Act also introduced the concept of directly elected mayors to provide democratically accountable leadership, intended to instigate real change for the benefit of the largest cities, with a focus on long-term strategic decisions, such as bringing together different agencies to make public services work better and attracting jobs and investment. However, this was dependant on a successful local referendum in each city region supporting the introduction of combined authorities and regional mayors. The first to take a step in this direction was the Greater Manchester Partnership pulling together the police, health and social care but, despite several claims of success (Jeffrey, 2017), these have yet to be evaluated. This approach appears to have had a galvanising effect on the health and care system in Greater Manchester but, as Walshe, et al., (2016) identified there remains a fierce debate about the benefits and dis-benefits of this devolution deal. In an examination by Checkland et al., (2016) of the inclusion of health and social care as part of Greater Manchester devolution, they identified the challenges of the sheer complexity of the organisational relationships involved and highlighted the difficulties associated with meaningful citizen engagement. They also contended that complexity, alongside the retention of statutory powers and responsibilities, meant that success or failure hinges on the strength of the partnership relationships that are developing. They also contended that representatives of organisations within Greater Manchester would need to be prepared to act outside the narrow confines of their organisational self-interests, ceding a degree of sovereignty to the more comprehensive Greater Manchester project.

The Localism Act also abolished regional spatial strategies, along with their intermediate tier of regional targets, in order to afford this greater local control. During the same period, the police also saw further relaxation of centrally prescribed targets and league tables.

In March 2011, in a speech on police reform, Teresa May, the then Home Secretary said:

> *"I've scrapped the last remaining national police targets, and replaced them with a single objective: to cut crime."*

Teresa May, Home Secretary March 2011

Following this in September 2011 a report from the Department for Communities and Local Government entitled Accountability: Adapting to Decentralisation encouraged local communities and institutions to explore new ways of working together to tackle shared priorities, citing a practical application of this as local agencies sharing assets or pooling their resources. However, it also reinforced the need for competition and choice outlining the requirement for policymakers to create incentives for providers to compete, stressing the benefit of competitive markets and advocating the expansion of financial incentives to drive innovation. Public services were being asked to work more collaboratively, but still legislated and governed under the new public management principles of competition and markets. While this document committed to a reduction in central targets and inspection, it also reinforced the notion that a substantial and growing amount of performance data and information would be generated for other purposes, such as the national NHS outcomes framework and a single data list for local government.

Despite a policy shift away from the management of performance through centrally directed targets in the police and local government, this has been inconsistent with health. The Health and Social Care Act (2012) introduced significant reforms to increase the influence of general practitioners on commissioning, and abolished SHA's and PCT's, reinforcing the drive for greater localised accountability. However, many of the old regimes of centrally established and monitored targets and competition amongst providers have remained. The tension between the 'N' in NHS and local decision making continued to pose significant challenges. By the time the Health and Social Care Act (2012) had been established, 144 health trusts had been accredited with foundation trust status, increasing localised autonomy albeit, by April 2013, 99 had not achieved foundation trust status of which 47 were not expected to.

In the police, the localism agenda drove the introduction of police and crime commissioners in 2012. Introduced in legislation by the Police Reform and Social Responsibility Act (2011), police and crime commissioners were locally elected in 41 police force areas in England and Wales, creating new constitutional arrangements for governing the police. Police and crime commissioners were responsible for holding chief constables to account for the performance of the local police force.

What is clear is that there have been several mechanisms introduced to increase localism, and that for local government and the police, there was a political commitment made to remove top-down control and central targets. However, this did not involve changes to the accountability mechanisms. As a result, there is little evidence of incentives created to encourage and facilitate public service to work together rather than working in their existing silos. The removal of LAA's for local government and APACS for the police did little to encourage public services to focus on anything other than their organisational requirements. Additionally, while the central government commitment to the removal of top-down control and decentralization is clear, the supporting accountability processes have not been aligned, causing many practitioners in local government and the police to continue to cling to the former centrally prescribed targets.

This was emphasised by Irene Curtis, the president of the Police Superintendents Association, commenting in an article for the police federation magazine in 2011, in which she said:

> *"Despite assurances from the current government about the removal of central targets, there is still a really strong performance management culture in the service. [This] has created a generation of people who are great at counting beans, but don't always recognise that doing the right thing is the best thing for the public."*

Her claim proved to be right. Three years on from the removal of national targets, the House of Commons Parliamentary Administration Select Committee report (2014) Caught Red-Handed: Why we can't count on police recorded crime statistics, found that, despite the removal of nationally set targets, many police forces continued to measure success by crime targets, which drove perverse incentives to record crime inaccurately. They concluded that the attitudes and behaviour that lead to the misrecording of crime had become ingrained amongst senior leaders and had led the subordination of data integrity to target-chasing, and presented officers with a conflict between the achievement of targets and core policing values. The Committee deprecated the use of targets in the strongest possible terms and following on from this a report from Her Majesty's Inspectorate of Constabulary in November 2014

Crime Recording: Making the victim count found little evidence of deliberate improper practice, but that victims of crime were being let down by the police as it was failing to record a large proportion of the crimes reported. This attracted further widespread media criticisms and comment (Townsend, 2015), which reflected the findings of the Mid Staffordshire NHS Foundation Trust public enquiry, in its final report in February that criticised the targets and numbers culture of performance management and had concluded that it should be patients, not numbers, which counted.

What is apparent is that, despite the restructuring aimed at strengthening localism and removing top-down targets, many of the same behaviours associated with new public management were still present, which Matthews (2016) attributes to successive governments still holding onto the detail of delivery despite various promises to let go. Despite the removal of centrally prescribed police targets in 2011, it took the Select Committee report, the consequent HMIC inspection on crime recording and considerable media attention on the unethical use of police targets before any significant change took place. There was then a shift towards more outcome-based performance management on the threat, harm and risk rather than numerical targets. As data from the Office of National Statistics show between 2014 and 2019 the Crime Survey of England and Wales data and police recorded crime data have never been more consistently aligned. In June 2019 the Crime Survey of England and Wales recorded 11.1 million offences in comparison to 5.27 million offences recorded by the police. However, this has been inconsistently applied across the service and has been reliant on interpretation by each police force, rather than any national requirements or standards.

In 2016, the NHS Shared Planning Guidance produced by NHS England asked every local health and care system and local council in England to come together to create an ambitious local plan for accelerating the implementation of the NHS Five Year Forward View (October 2014). These were established in 44 areas, and introduced new partnerships known as Sustainability and Transformation Partnerships (STP) to run services in a more coordinated way, agree to system-wide priorities and plan on how to improve day-to-day health. The intention was to ensure that decisions were made at the most appropriate level, empowering local leaders to plan around the long-

term needs of those they serve and that health and care systems could make simple, practical improvements for local communities (NHS England Guidance, 2016) working towards a more integrated care system. However, in September 2018, the Kings Fund's report A Year of Integrated Care Systems (Charles et al., 2018) identified, amongst other key findings, that there was a continuing tension between the statutory framework, which focuses on organisations and their roles and accountabilities, and the growing emphasis being placed on systems and the working of partnerships. In its conclusions, it was identified that governance within integrated care systems should ensure that its work does not conflict with the accountabilities of local government and NHS organisations and that national bodies should do much more to align regulation and funding with emphasis now being placed on integrated care systems.

Additionally, the NHS Providers Regulation Survey Report 2017, indicated that locally based collaboration did not incorporate a change to the legislative framework and that competition between organisations remained underpinned legislatively by the Health and Social Care Act (2012). While this legal framework does not prevent collaborative working, it makes it complex to navigate. Sir Ron Kerr's report Empowering NHS leaders to Lead (2018) captured the views of 140 responses from NHS chief executives and clinical commissioners and demonstrated that tension remained between balancing organisational goals with system goals and that in the absence of formal legal, governance and system leadership arrangements, effective system working was reliant on collaboration grounded in pre-existing working relationships and goodwill. While the commitment is clear from the stated intent in the NHS Ten Year Plan published in January 2019 to establish an integrated care system by 2021, the evidence appears to indicate that the existing climate needs to substantially change if this is to be realised and successfully implemented.

The review of the literature suggests that, despite health, the police and local government all being publicly funded services, with many similarities, they are complex organisations that have evolved differently over time, having been subjected to varying challenges, constraints, accountabilities and organisational norms, making comparisons more difficult.

As the former American Political Science Association President Elinor Ostrom remarked in her Nobel Prize lecture:

"When the world we are trying to explain ... is not well described by a simple model, we must continue to improve our frameworks and theories to be able to understand the complexity and not simply reject it" (Ostrom, 2010).

This reinforces how public services, despite their similarities, cannot be levered into a simple model or explanation, and their requirements and constraints need to be explored and understood. Understanding the historical context and evolution of the organisations in this research is an important consideration in understanding these constraints and challenges.

The Historical Origins of Health, The Police and Local Government

The origins of local government emerged in a localised geographic setting and, despite national reform in 1972 with the introduction of a two-tier structure of unitary and district councils, and the introduction in the 1990s of centralised control measures, national targets and centralised inspection regimes, they are still primarily governed and accountable in a localised way. The primary accountability of the chief executive and his/her staff is to local and democratically elected councillors and Mayors, albeit with some prescribed legal duties.

However, while the police were initially established in the same geographic and localised setting, being primarily accountable to local councils through Borough Watch Committees, the introduction of the Police Act in 1964 shifted these lines of accountability and introduced police authorities, constituted from local council appointees and nationally appointed representatives by the Home Office, in addition to some independent members. This led to a greater balance between both local and national accountability. These lines of accountability shifted again in 2012 with the introduction of local and democratically elected Police and Crime Commissioners, emphasising the accountability of the chief constable to their local and democratically elected police and crime commissioners, but retained national accountability through the requirements of Home Office departments. However, chief constables still

retained a degree of 'operationally independence' from political control through acts of parliament and supporting case law.

Conversely, the historical origins in health are distinctly different. The NHS was established in 1948 in a national structure and predominantly staffed by medical professionals who held a high degree of accountability to their profession as a national service rather than being answerable to local governance structures. The NHS has never been locally accountable to democratically elected members. Even in NHS foundation trusts, that are afforded a greater degree of autonomy, the Board is assembled by interview and national appointment rather than local election. This leaves the NHS primarily accountable to national mechanisms driven by Ministers and Parliament. How the organisations in this study were formed and have evolved, and the way in which this has led to varying approaches of governance, accountability performance regimes and path dependence, has made a shift to whole system working a considerable challenge.

Path Dependence and the Influence of Critical Junctures and Incremental Change

Path Dependence

The concept of path dependence originated in economics (David, 1985; Arthur, 1994) and has been incorporated extensively into theories such as historical institutionalism and complexity theory, ever since the question of why institutions continue in the same way, even after they are no longer efficient has been asked. Lipset and Rokkan (1967) describe how path dependence is built on decisions and developments located in the distant past that still have a long-lasting effect on institutional arrangements and, as David (2007) indicates, this has become an important concept for social scientists engaged in studying processes of change, suggesting that where the evolution of an institution is governed or influenced by its legacies, it is path-dependent. Thereby reinforcing the notion that history matters, not just because it provides different contexts in which rational actors make choices, but also because history affects actors beliefs, values, and preferences (Steinmo, 2016). It is commonly articulated that path dependence begins from events that are followed by closely linked reaction and counter-reaction that can transform and even reverse the direction

of the early steps (Mahoney, 2000), either from critical junctures (Capoccia and Kelemen, 2007) or gradual change (Mahoney et al., 2016) and that such events and the reaction to them led to a self-reinforcing process through associated positive feedback (Pierson, 2004). The basic understanding of this theory is that reversing a trend (or path) is more difficult over time. It would suggest from the description of the historical origins of the organisations in this study that they face distinctly different path dependence.

Critical Junctures

In the analysis of path-dependent institutions, the concept of critical juncture refers to situations of uncertainty in which decisions of important actors are causally decisive for the selection of one path of institutional development over other possible paths (Cappocia, 2016). Proponents of critical junctures such as Capoccia and Kelemen (2007) contend that these are an essential part of the analysis of institutions, highlighting the relevance of these shorter forks in the road. They provide a well-accepted definition of critical junctures as relatively short periods during which there is a substantially heightened probability that agents' choices will affect the outcome of interests and that the duration of the juncture must be brief compared to the duration of the path-dependent process that follows. However, as Berins Collier and Collier (1991) indicate, these choices vary by organisation and what constitutes a critical juncture and the subsequent freedom of discretion to respond for one organisation, may be different to the deeply embedded antecedent conditions for another. Theorists have also debated the extent to which critical junctures themselves can be situated in institutions or to other antecedent causes (Pierson and Scocpol, 2002; Slater and Simmons, 2010), and the degree of organisational change that emanates from these critical moments (Capoccia, 2012). Capoccia and Kelemen (2007) argue that if critical juncture periods are conceived of as very long periods, their influence will be constrained by re-emerging institutional constraints.

Incremental Change

However, Mahoney and Thelen (2009) support the view that change is more gradual in which existing organisational rules are:

- Displaced - through the removal of existing rules and the introduction of new ones;
- Layered - through the introduction of new rules on top of or alongside existing ones;
- Drift - through the changing impact of existing rules due to shifts in the environment or;
- Converted - through the changed enactment of existing rules due to their strategic redeployment.

They argue that critical junctures are just choice points when a particular option is adopted among two or more alternatives driven by antecedent historical conditions. Proponents of incremental change (Thelen, 2004; Thelen, 2005; Mahoney and Thelen; 2010) contend that change and stability are 'two sides of the same coin' in that stability assumes and requires change but even during periods of massive social and political upheaval, certain institutions may well remain unaffected. Thelen (2004) builds on this arguing that organisations are not in an equilibrium position but continue to change and evolve in directions, or paths, that are dependent on the nature of initial and subsequent shocks, but that change will take place whether crucial junctures are present or not.

In the examination of the path dependence of the organisations in this study, it is apparent that the way they were established and governed, their organisational requirements, their financial challenges, lines of accountability and political focus differ considerably and an exploration of their path dependence and the varying impact of critical junctures or gradual change that led to this is an important consideration in understanding the research findings. The review of the literature suggests that while different models of public administration have been displaced, drifted, converted or layered in the fabric of public services, the impact of the financial cuts produced a particular critical juncture for local government and the police, in which the adherence to historically ingrained approaches has been

significantly challenged and new approaches such as systems thinking, underpinned by complexity theory, have grown in prominence.

Conclusions

The review of both the academic literature and practical application indicates that while new models of public administration have emerged, despite the political intent to move towards a more localised, collaborative approach to the delivery of public services there has been limited evidence of this in practice, and in many cases performance measurements by numbers still appear to be more convincing than anecdotal reports about performance (Andersen and Hjorortshov, 2016; Olsen, 2017).

While the dialogue amongst senior leaders appears to support a different approach, not only because it is perceived to be the right thing to do, but because it is necessary for the effective delivery of services, localised collaborative working, supported by systems thinking, and underpinned by complexity theory have inevitably clashed with the historically ingrained approaches of new public management, accountability frameworks and the associated path dependence. However, austerity has created a critical juncture for the police and local government, which prompted the necessity to consider alternative approaches.

For public services leaders in an already cluttered, complex and multifaceted landscape with ingrained lines of path dependence, it is legitimate to ask what the personal incentives are to embark on a more collective approach. As Verbeeten and Speklé (2015) indicate, effective management control still rests on a results-oriented culture and where collaboration conflicts with internal performance targets, then withdrawing or failing to engage might be a reasonable choice (Denhardt and Aristigueta, 2008).

Those delivering public services are increasingly being asked not only to deliver results against those things they are directly accountable for but, to double their efforts to deliver broader system outcomes by appealing to their moral obligations and leadership responsibilities. This flexibility to respond to emerging local demands

remains a challenge within the existing performance frameworks and the existing historical norms of the organisations involved it is also arguably too reliant on the individual leadership of independent actors who decide to demonstrate a broader and more collective social conscience, amongst significant personal risks and abandonment of institutional norms.

Those in charge of public organisations have always faced a dilemma. Customarily, they are organised to accomplish a given task, or deliver a particular service, and are expected to be stable, ordered, predictable and anchored to a permanent funding source and to occupy a particular niche in the public sector (Frederickson, 1976) and as the literature suggests such approaches have separate layers of accountability and performance management. While a single organisational approach may be suitable in tackling complicated, but solvable problems, it is less effective in tackling those cross-cutting problems that are uncertain and complex with no apparent solution. These are characterised by Ritter and Webber (1973) and Grint (2005) as 'wicked' issues that require a collaborative response to make any kind of progress.

So, while the requisite for local leadership would appear to be a compelling one, it remains unclear whether this leadership should be focused on the leader's own organisation, in which they have more direct control and direct accountability, or by taking a more collaborative and system-wide approach to public services. There can be little doubt that the requirements for public services have changed. The need to deliver reactive services such as answering calls for crimes, treating broken bones and providing day-to-day services such as rubbish collection are all still necessary. There is a heightened awareness and growing demand for preventative intervention and a more collaborative response. However, Atkinson and Maxwell's (2007) findings on the challenges in establishing a multi-agency outcome framework, act as a sharp reminder of the practicalities in achieving this.

While policy documents continue to set out commitments towards a collaborative approach to the delivery of public services, there is insufficient evidence to indicate how individual organisations are to be held to account for crucial cross-sector success factors, and it fails to describe how this deals with the tension or conflict with different organisations' historical ways of working, their accountability frameworks,

and subsequent path dependence. As O'Leary and Bingham (2009) identify the literature on collaboration is often celebratory and only rarely cautious which begs the question whether this approach has achieved any long-term success.

The next chapter discusses the methodology used to conduct both quantitative and qualitative empirical research to answer the questions and hypotheses set out in the aims of the research and to test the theories described in the literature review.

CHAPTER FOUR: METHODOLOGY

Introduction

This chapter discusses the choice, design and conduct of the methodology used in this research and explains aspects regarding the positioning, relationships, sequencing and potential bias.

The first phase of the research involved a systematic and critical analysis of the existing literature on the research topic. This was followed by quantitative empirical research by way of a self-completing online survey with senior leaders in each of the three largest public service organisations in Bristol. These were the University Hospitals Bristol NHS Foundation Trust, Avon and Somerset Constabulary (the police force that covers the Bristol city region), and Bristol City Council, the local government that covers the Bristol city region.

Finally, through semi-structured interviews, qualitative research was conducted with senior leaders from each of the three organisations that took part in the survey, and key stakeholders responsible for national policy, regulation and inspection in health, the police and local government. The materials used, techniques applied, samples studied, and management of the data are also discussed further in this chapter.

An Outline of the Research Design and Chosen Methodology

The research design acts as a guide to the collection, analysis, and interpretation of the observations in the study (Frankfor-Nachmias and Nachmias, 1992), enabling an assessment of the impact and relationship of different variables, and rigour applied to the research design. These all contribute to the legitimacy and validity of the findings (Yin, 1994). Yin describes this as an action plan for getting from 'here to there', where 'here' may be described as the initial set of questions to be answered, and 'there' is a set of conclusions about the questions.

The methodology is explained more fully in the following sections, but an outline of the approaches used is as follows:

- Phase 1 - Secondary non-empirical qualitative research conducted through the collection of existing research findings, theoretical literature, professional subject matter articles, journals, relevant legislation, and official policy documents.
- Phase 2 - Secondary research, by systematic review and content analysis of existing literature.
- Phase 3 - Primary empirical research, through an online survey completed by senior leaders across the three public services of health, the police and local government.
- Phase 4 - Primary empirical research, by analysis of the self-completing survey responses.
- Phase 5 - Primary empirical qualitative research, through semi-structured interviews with senior leaders and key national stakeholders
- Phase 6 - Primary empirical qualitative research, through the analysis and interpretation of the semi-structured interviews.

Phase 1: The Literature Review

Chapter Three of this research provided a systematic review and analysis of existing research findings, theoretical literature, professional subject matter articles, journals, relevant legislation and governmental policy documents surrounding the research topic. This, in turn, led to the refining and redefining of the research questions as the study progressed. The review of the relevant literature assisted in determining whether the topic was worth studying (Creswell, 2009), and it also helped in narrowing down the area of inquiry and creating an understanding of the more extensive dialogue surrounding the research topic.

The Positioning of the Literature Review in the Research

The literature review is set out as a separate chapter at the start of the research providing an introduction to the topic. The review identified the key themes and assisted in framing the problem and areas that required further interrogation. Reviewing the existing literature was an essential part of understanding how models of public administration have evolved in England, and how they have impacted on the way public services in local government, health, and the police are delivered.

The Collection of the Secondary Data

There are distinct advantages in examining official data and reports in preparation for this research. Apart from being an unobtrusive method (Webb et al., 1966), it had the advantage of having been collected over an extended period, which enabled both longitudinal study and comparative analysis. The breadth and depth of the existing literature had the added advantage of minimising any positive or negative bias that might have been held by the Researcher.

Phase 2: The Analysis and Interpretation of the Secondary Data in the Literature Review

By conducting a literature review, an analytic induction (Znaniecki, 1934; Hicks, 1994) was carried out from a grounded theory approach (Glaser and Straus, 1971, Charmaz et al., 2009). This entailed an objective, systematic and quantitative content analysis of the literature (Berelson, 1952), which was critically reviewed and analysed so that theory and hypotheses could be derived. This also provided confidence that the research questions were pertinent and valid (Straus and Corbin, 1998). The literature was mapped into key themes to ensure the breadth of the topic was covered (Creswell, 2009). The structured and methodical approach to the assignment of information to defined categories and coding the data means that anyone would come up with the same results by following the same process (Bryman, 2012). However, there is always the chance that the authenticity and credibility of the documents may have some limitations.

The Empirical Research – The Rationale for Adopting a Mixed-Methods Approach

In the empirical phase of this research, a mixed-methods approach was adopted as this offered a variety of perspectives, produced greater richness and did not make the Researcher a prisoner to one particular method or technique (Robson, 1993). Quantitative and qualitative data were necessary to corroborate the findings, increase the validity of the results (Mele and Belardinekki, 2018) and triangulate the findings (Ricucci, 2010).

Creswell's (2009) comparison of research methods (table 5) was used to consider the design of the methodology in this study.

Table 5: A Comparison of Quantitative, Mixed, and Qualitative Methods

A Comparison of Quantitative, Mixed, and Qualitative Methods reproduced from Creswell (2009) Research Design		
Quantitative	Mixed	Qualitative
- Predetermined - Instrumental based questions - Performance data - observational data, attitude data and census data - Statistical analysis - Statistical interpretation	- Both predetermined and emerging methods - Both open-ended and close-ended questions - Multiple forms of data drawing on all possibilities - Statistical and text analysis - Across databases interpretation	- Emerging methods, open-ended questions - Interview data, observation data, document data and audio visual data - Text and image analysis - Themes patterns interpretation

There are generally two main approaches to quantitative research. These take the form of experimental research that determines if a specific treatment influences an outcome, or survey research that provides a quantitative numeric description of trends, attitudes or opinions of a sample of the population. The latter was chosen for this research as it added objectivity and enabled variables and key themes to emerge at the commencement of the empirical research phase. This avoided interviewer bias, from the Researcher's interpretation of the existing literature and his personal experiences in the field (MacDonald et al., 2009). It also mitigated the risk of interviewer variability by having standardised questions (Drummond, 1990; Bryman, 2012), and prevented narrowing down the line of questioning too quickly (Shuman and Converse, 1971) enabling the research hypotheses to be tested more objectively.

However, this disadvantage of this research method was that it did not enable the depth, understanding and meaning of responses to be measured in sufficient detail, which was necessary for this research. Therefore an additional qualitative phase was necessary to provide greater understanding and interpretation of the opinions of participants, and to help explain the results from the quantitative survey (Tashakkori and Creswell, 2007) through inferential questions and hypotheses, that incorporated both independent and dependent variables. The qualitative element had the advantage of providing not only answers to the research questions, but participants' feelings, perceptions, experiences, and thoughts about the questions (Ivey, 2012).

There are numerous descriptions of how to conduct qualitative research. Wolcott (2009) identifies 22 separate approaches to conducting qualitative research, however, the most frequently applied approaches are ethnography (Creswell, 2009; Wolcott, 2009); grounded theory (Strauss and Corbin, 1998; Glaser and Straus, 1971); case studies (Yin, 2018; Stake, 1995); phenomenological research (Moustakas, 1994); and narrative research (Clandinin and Connelly, 2000).

As in the literature review, the quantitative empirical research (self-completing surveys) and qualitative empirical research (semi-structured interviews) both used a grounded theory approach. Responses were coded into categories and cross-referenced and compared with the concepts identified in all phases of the research

The Sequencing of Mixed-Method Research

After the initial collection and analysis of the secondary research in the literature review, there were several issues considered in deciding the sequencing of the further mixed-methods approach. This involved deciding whether to conduct a sequential exploratory approach in which qualitative data collection and analysis would be conducted to raise hypotheses, which would then be tested with quantitative data, or conversely, through a sequential explanatory approach in which quantitative relationships would be built on through qualitative data collection and analysis.

In this study, it was decided to do the latter as it was the most effective way of testing the research questions. The initial quantitative empirical research was employed to identify any consistent themes with a larger and more diverse cohort of respondents. The results from the quantitative research were used to explore emerging themes through further interrogation in the qualitative phase (Tashakkori and Teddie, 1998). This approach also identified specific issues emerging from the different organisations and different roles within each of these organisations. Using a sequential explanatory approach enabled these themes to be triangulated across both the quantitative and qualitative methods (Jick, 1979; Bryman, 2012) providing an opportunity for interpretation across both phases of the analysis, leading to greater integrity and credibility of the findings.

Phase 3: The Collection of the Empirical Quantitative Data (Self-Completing Survey)

The purpose of the survey was not to act as a census but to capture a sample of a diverse range of views from senior leaders across three of the largest public service organisations in the Bristol city region. It was also cheaper and quicker to administer and reached a much larger and more representative cohort. The survey elicited views on the predominant approaches to public administration used by each of the organisations providing a broad understanding of the incentives and disincentives in adopting a system-wide approach to solving complex cross-sector challenges in the city.

Sampling - Establishing the Population and Sample Group

While Bristol City Council is the sole provider of council services, and Avon and Somerset is the sole provider of policing services, there are several health care providers in the city. These include two acute hospitals (University Hospitals Bristol NHS Foundation Trust and North Bristol Trust), and a range of primary care providers such as general practitioners, and community health providers. In this research, the cohort from health was confined to University Hospitals Bristol NHS Foundation. Collectively the University Hospitals Bristol NHS Foundation Trust, Avon and Somerset Constabulary, and Bristol City Council employ over 24,000

people. The University Hospitals Bristol NHS Foundation Trust employs 11,899 people, Avon and Somerset Constabulary employees 5,939 people and Bristol City Council employs 6,217 people.

This research captured a population group of a random sample of one per cent of the most senior leaders in each organisation. This amounted to 256 people across the three organisations involved in the study. The cohorts consisted of all the executive and senior manager grades, and this produced a split of 124 in the University Hospitals Bristol NHS Foundation Trust, 61 in Avon and Somerset Constabulary and 71 in Bristol City Council. As Bryman (2012) identifies, the size of the sample and the type of data collected has significant implications for the analysis. A direct approach was made to the chief executives and chief constable to gain their support for the participation of senior leaders in their organisation before the research commenced, as this has been shown to improve response rates (Baumgartner and Heberlein, 1984).

The three organisations were approached and asked to provide a random sample of one per cent of their most senior leaders, detailing the approximate number required in their respective organisation and then asked to provide their email addresses to the Researcher. These were then sampled through direct email using an online tool. From this population, a formula was applied to ensure the confidence interval and margins of error were accurate. In this study, a 95 per cent confidence level was used together with a confidence interval level of five and a percentage level of 50 per cent. The design of the sample group was a key consideration, as the validity of this group, if not well designed, might have resulted in concerns over the statistical confidence in the returns.

Survey Design

There have been many academic and non-academic articles advocating guidelines for survey design (Creswell, 2009; Bryman, 2012; Dilman et al., 2014). Many of these guidelines were incorporated into a checklist and utilised in the design of this survey. The survey consisted of 15 questions, nine of which were multiple-choice that were

designed using the Likert scale. Likert scales are one of the most reliable ways to measure attitudes and opinions with a high degree of nuance.

The only questions that did not use the Likert scale were questions three, three (b) and questions 10 to 15 (inclusive), as these required a specific answer. There was a facility to offer a written response in the 'other' category for question seven as there may be other lines of accountability specific to the respondent that were not apparent in the list provided. Nine respondents placed an entry in the 'other' category. This approach allowed responses to be more efficiently coded and analysed, with more in-depth questioning taking place in the next phase of the research process. Included at the end of the survey was an 'additional comments box' for participants who felt they needed to comment or elaborate further on something in the survey.

The design of the Likert scale questions meant that they were presented in a vertical format, as this was likely to improve the accuracy of the responses (Sudman and Bradburn, 1982), but the online tool allowed respondents to change this to a horizontal format if they chose to. A progress bar, the ability to access the survey from a range of devices, and the ability to skip questions that were not applicable to them, were all included to help increase the response rate.

Establishing the Content of the Survey

The survey was designed to capture a broad range of responses in order to answer the research aims and questions. However, it was recognised from the outset that the survey would be insufficient to answer all the research questions in depth, and where gaps were evident in the analysis these were dealt with in the next phase of the research through one-on-one, semi-structured interviews.

Questions one to seven (inclusive) and questions ten to 11 were designed to test research aims A and B. Questions eight, and nine tested research aim C. Questions one to five (inclusive) were designed to test research question one. Questions six and seven (inclusive) were designed to test research question two, Questions eight and nine were designed to test research questions three and four. However, research

questions two, three and four, needed further in-depth testing in the research interviews.

Questions 10 to 14 were designed to provide comparative data by gender, age, sector, role and responsibilities, and the amount of time the respondent had been working in his or her respective organisation.

The Choice of an Online Survey

One advantage of using a self-completing survey, either online or postal, is that it removes the potential bias and variability that might be present when the researcher asks the questions. Other additional advantages in using online surveys include the reduced costs of paper, printing and postage, and a reduction in time in the collection, analysis and accessibility to participants. Such an approach also enables automated reminders to be sent to participants who have not responded, increasing the reach and scale of the survey as it can be sent simultaneously to hundreds of people over a broader geographical area. This also reduces the time-lapse between receiving the survey and responding, which is an essential consideration in the quality of the returns (Drummond, 1990). The use of an online survey also provides greater anonymity and is more accurate than manual data inputting. It also avoids the risk of participants reading all the questions before they answer the first one, reducing the inclination not to complete the survey.

However, the online survey utilised used a verification tool that confirmed if the person providing answers was the right person and prevented one person submitting multiple responses. While some people can be challenging to reach if they do not have Internet access, this was not relevant for the participant group in this study. While a higher response rate may occur where surveys are handed out, supervised and collected, online approaches are more convenient, are likely to capture a full cohort, and response rates can be monitored. The three organisations agreed on this approach, and the target audience were personally contacted through their organisational email addresses.

However, the disadvantages that can be attributed to both online and postal surveys, are that if participants are not clearly identified and engaged this can lead to low response rates, unintended bias and problems in creating an appropriate sample from which to draw reliable conclusions (Andrews et al., 2003; Howard, Rainie, and Jones, 2001). Other shortcomings include not enough being known about the characteristics of the participants and that the completion of the survey is not supervised (Smith and McVie, 2003). In this study the advantages outweighed the disadvantages and therefore an online approach was chosen.

The Length of the Survey

Several studies have shown that participants are less likely to stay fully engaged with a survey for more than eight to ten minutes unless they have a particular interest in the subject (Bryman, 2012). In 2018, Survey Monkey, an online survey company examined a random sample of 100,000 surveys that were 1-30 questions in length and analysed the median amount of time that respondents took to complete the surveys. They found that the more questions asked, the less time respondents spend on answering each question. They also found that, on average, respondents take just over a minute to answer the first question in a survey (including the time spent reading any survey introductions) and about five minutes, answering a ten-question survey. However, they also found that respondents take more time per question when responding to shorter surveys than longer ones.

In table six, Chudoba (2018) set out a comparison of the time spent on questions dependent on the length of the survey. This identified that the longer a survey is, the less time respondents spend on answering each question and for surveys longer than 30 questions, the average amount of time respondents spend on each question is nearly half of that of surveys with less than 30 questions. Abandon rates increased for surveys that took more than seven to eight minutes to complete, with completion rates dropping anywhere from five per cent to twenty per cent (Chudoba, 2018).

Table 6: The average time people are willing to spend on a survey

Number of Questions	Average Seconds Spent per Question	Total Survey Completion times
1	75	1 min, 15 secs
2	40	2 mins
3 to 10	30	2-5 mins
11 to 15	25	5- 7 mins
16 - 25	21	7- 9 mins
26 to 30	19	9-10 mins
Reproduced from Chudoba (2018). How much time are respondents willing to spend on your survey?		

However, Chudoba (2018) concluded that you cannot always assume that longer surveys contain less thorough answers as this depends on the type of survey, the audience, and the relationship of respondents to the researcher, among other factors. Inferred from this study is that the questions the researcher wants participants to think through carefully should be at the start of the survey, and the survey should ideally take no longer than seven to eight minutes to complete. Therefore the design of the survey incorporated nine Likert scale questions with a further four multiple-choice personal characteristic questions, one closed multiple-choice question and a comments box for any written comments that participants would like to add.

Testing and Piloting the Survey

There was an initial pre-test of the survey questions with three participants, one from each of the organisations observed. This refined the questions before a pilot of the survey was conducted. The pilot survey was done with ten participants from each of the three organisations and tested the survey steps from start to finish. The pilot was distributed and collected in the same manner as the final research process. This also enabled a check to be made that the emails sent avoided any spam filter. However, rather than sending the survey link out electronically with an email request for

feedback, the Researcher was present to watch the reception and application in person. The testers were asked to complete the survey online in his presence and were asked to think out loud. Each time they read and answered a question, notes were made on everything they said. This enabled the observation of thoughts, concerns, pauses and body language and participants could articulate what went well and what did not 'in action' rather than having to provide written feedback. The Researcher looked for hesitation and mistakes to ensure the survey questions, the layout and the online process were clear, and identified areas for improvement. A set of specific prompts was prepared to ensure all the key issues were covered. Based on the pilots conducted, and the feedback received the final version of the survey was prepared.

Creating Incentives to Complete the Survey

Church (1993) identifies that when there are incentives, there is an average increase in the response rates of 19.1 per cent for monetary and 7.9 per cent, for non-monetary rewards. Church also highlights that giving too big an incentive can encourage the participant to return more positive answers and that some people find that an incentive produces a negative effect. It was decided not to offer any monetary incentive, as the Researcher's support from the chief executive and chief constable of each of the organisation, was anticipated to be a sufficient incentive to encourage people to respond.

Administering the Survey

The survey was administered simultaneously across the whole sample group and was open for over a period of one month (24 April 2019 to 24 May 2019). Utilising the recommendations of Dilman et al., (2014) on successful survey completion, the following process was tailored and designed for administering the survey:

Day 1: On 24 April 2019, an invitation was sent via the online survey to the organisational email of the potential participants. The letter introduced the Researcher and outlined the purpose of the survey. It reassured the potential participant that

information would be anonymous and described its use and included a link to the survey. This resulted in 78 completed surveys within the first 24 hours.

Day 5: By 29 April 2019, 84 surveys (32 per cent) had been completed, which consisted of 50 from the University Hospitals Bristol NHS Foundation Trust, 21 from the Avon and Somerset Constabulary and 13 from Bristol City Council. Consequently, the Researcher made personal contact with the chief executive and chief constable of the respective organisations, alerting them to the response rate and asking them to encourage the completion of the survey, which they all agreed to do.

Day 6: On 30 April 2019, a reminder email to complete the survey went to those that had not completed the survey, setting out the collective response rates for each organisation. This resulted in a further 39 responses within the following six hours and prompted a further 13 responses in the next 18 hours, bringing the overall response rate to 142 (55 per cent) by 8 May 2019.

Day 15: On 9 May 2019, a second reminder email to complete the survey was sent to those who had not completed the survey, again setting out the collective response rates for each organisation. This resulted in a further 21 responses in the next 18 hours, bringing the overall response rate to 163 (63 per cent) by 11 May 2019.

Day 22: On 16 May 2019, a final email was sent to all the participants thanking them for taking part, advising them about how the data would be used and making a final appeal to those who had not completed the survey to complete it. It also advised them that the survey would close on 24 May. This revealed that four of the potential respondents had left their respective organisation since the start of the survey, and a further four had incorrect email addresses. Those who had left the organisation were removed which reduced the target group to 252 people, and the incorrect email addresses were rectified and resent using the correct email address. This resulted in a further 25 responses bringing the overall response rate to 184 (73 per cent).

Variables - Internal and External Validity, Replicability and Reliability

The survey design allowed it to be replicated and repeatable, increasing its reliability. Additionally, the spread and characteristics of the sample group were representative of the views of senior leaders in each of the organisations. However, the research is spread across three separate organisations, which is a key variable in the study, which limits the generalisation of the findings. This is discussed further in Chapter Five.

The personal data characteristics in the survey were grouped in ordinal variables, and rank-ordered, but the distance between the categories were not equal across the range. While asking someone to provide their exact age might have increased the accuracy, it may also have presented a negative impact on the likelihood of completion if the respondent suspects that this may affect their privacy or anonymity. Therefore these were not included. Question five offered, a simple yes, no, or don't know response, which were treated as ordinal variables so that the same frequency tables could be applied to each of the categories.

Finally, questions one to four and six to 11 involve the use of Likert scales which some argue should be treated as interval/ratio variables (Bryman and Cramer, 2012), as distances between the categories are identical across the range, but it is appropriate in this research to treat them as ordinal data. Mean, standard deviation, upper and lower quartile and variance analysis was conducted on the survey responses to establish the statistical significance of the research findings and to establish the degree of confidence between the variables in the population group.

Acceptable Response Rates

Mangione's (1995) scale was used to assess the response rate to the survey and this provided the following classification of bands of response rate to surveys:

- Over 85 per cent - Excellent
- 70-85 per cent - Very Good
- 60-69 per cent - Acceptable
- 50-59 per cent - Barely Acceptable
- Below 50 per cent - Not Acceptable

Albeit, a great deal of published research achieves lower than 50 per cent response rates (Bryman, 2012).

Phase 4: Analysis of the Empirical Quantitative Data

This section discusses the individual steps in the data analysis, and reliability, of the inferential and descriptive data. The quantitative data analysis was considered at this stage before the survey was designed and administered.

Coding the Data

Question five was a closed question and was pre-coded as it did not require an observation schedule or coding frame. However, questions one to four and six to 11 utilised a Likert scale and had a coding frame applied. The Likert scale used a five-point scale. While this may have provided respondents with a 'middle ground' to avoid answering the question, a six-point scale would have had the disadvantage of forcing respondents to lean to one side or the other. Therefore on balance a five-point scale was chosen.

The scale was pre-coded as:
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree.

Analysing the Data

The use of descriptive data analysis was applied to summarise and describe the patterns in the data. While this does not enable a conclusion to be drawn about the hypotheses in the research, it helps in making sense of the raw data in a more meaningful way, enabling a more straightforward interpretation. The techniques applied in this research are firstly measures of central tendency, which describe the central position and the frequency of distribution through the mean (average) of the responses; secondly, measures of spread using variance and standard deviation

(amount of variance through the mean) and presented through tables, graphs, charts and commentary; and thirdly, analysis of the upper and lower quartile responses.

Interpreting the Data (Inferential Statistics)

There was a random sample of one most of the senior leadership cohort across the three organisations. This inferential statistic enabled generalisations about the larger population from which the samples came. However, despite the rigour applied in choosing the sample group, it is accepted that some sampling errors may occur and therefore, the sample cannot claim to be a perfect representation of the population. However, the use of inferential data in estimating parameters and testing statistical hypotheses was helpful.

Phase 5: Collection of the Empirical Qualitative Data (Semi-Structured Interviews)

Selecting the Right Interview Approach

The second phase of this research involved more focused and in-depth interviews with nine of the most senior leaders in each of the three organisations participating in this research and a further seven interviews with key stakeholders responsible for national policy, regulation and inspection in health, the police and local government. This phase tested and refined the findings of the survey revealing and exploring the data beyond a simple linear understanding (Wang, 2016). This enabled the research to extend beyond establishing 'what' was occurring to 'how' and 'why' this was the case. In deciding whether structured, unstructured or semi-structured interviews were the most appropriate approach to take, the amount of control the Researcher wanted to exercise was considered (Harrell and Bradley, 2009). It is more common in policy research, such as this, to have a semi-structured approach in which the interviewer has some discretion about the order of the questions, but the questions were standardised, and probes were used to ensure that the Researcher covered the correct material. While this type of interview was able to collect detailed information, it involved a conversational style, which was most appropriate for this research. For that reason, a

semi-structured approach was used to test the themes emerging from the quantitative research phase.

Face-to-Face Interviews versus Telephone Interviews

There are advantages in a semi-structured interview being conducted via the telephone as it reduces cost, is quicker to administer and supervise, and reduces interviewer bias through remoteness. However, it would have masked body language, which prompted further questions, and such an approach was less likely to relax the participant and develop a productive environment. Evidence also suggests that the quality of interviews conducted via the telephone is inferior to face-to-face interviews (Shuy, 2003), and sustaining engagement beyond 20 minutes on the telephone is challenging (Frey, 2004). Limiting the duration to 20 minutes in this research would have been insufficient to test the research questions. Therefore, face-to-face interviews were preferable. However, telephone interviews were considered as an alternative if face-to-face interviewing were problematic or challenging to arrange, which proved to be the case in one interview.

A structured interview would have provided the opportunity for closed questions with fixed choices for interviewees in which the responses could have been easily coded and aggregated (Oppenheim, 2000). This also enhances the standardisation of questions, reducing the risk of the Researcher embellishing, misinterpreting or influencing what was said, and consequently reducing variability (Shuman and Converse, 1971), albeit this notion is not conclusive (Bryman, 2012). However, in this research, the interviews required greater exploration of the information provided in the initial survey, and for that reason, they were more suited to a looser semi-structured approach. While this ran the risk of participants providing responses that might be seen to have social desirability (Dohrenwhend, 1966), their seniority reduced the risk them just 'saying the right thing'.

Participants in the semi-structured interviews were what Mikecz (2012) refers to as elite officials. The ability to gain access to elite participants or to get them to talk and open up is particularly challenging for most researchers (Thuesen, 2011).

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Interviewing of 'elites' brings with it different methodological and ethical challenges from researching non-elite groups (Cormode and Hughes, 1999). However, in this research, the Researcher had already established varying degrees of rapport with most of the participants. While this presented an alternative risk in blurring the critical distance (Mikecz, 2012), with the exception of one participant, the Researcher had no direct influence over them. The Researcher also had a considerable professional interest in the topic, which also had the potential to bring with it preconceived ideas and bias. These were considered in deciding the approach and discussed with each of the participants and the Researcher's supervisor. On balance it was decided that semi-structured interviews on a one-to-one basis had more advantages than disadvantages.

Conducting the Interviews

Participants were advised of the objectives of the study, signed a written consent form and were given and had explained to them a participant information form. This covered how the data would be dealt with, in line with the university's ethical consent requirements and the associated data management plan. The interviews were all digitally recorded and time-stamped before being fully transcribed and coded.

There were 16 interviews conducted in total. The identities of the participants have all been concealed, as anonymity and confidentiality of participants was crucial in creating a frank and open conversation, and were also essential to prevent any potential or perceived criticism of participants (Crow and Wiles, 2008). Choosing a small cohort of participants at such a senior level created a challenge in creating absolute anonymity, but none of the participants were mentioned by name, with comments attributed solely to their organisation. However, one specific quote was used in Chapter Eight that identified the participant, albeit consent for this was obtained.

Participants were not asked to review the completed transcripts and verify that they was correct, but they did have access to the final report in which they were asked to comment on the accuracy of any quotes attributed to them and whether they felt their anonymity was sufficiently protected. This data were then summarised, where

applicable, and compared to research findings in the literature and the survey, critically comparing and contrasting the similarities and differences.

Interviews were conducted in the participants' place of work, except for one that was done over the telephone due to the participant's unavailability to do so in person. However, there was a spread by gender (three females and 13 males). The data elicited were considered through the theoretical lens of historical trends in the four key themes of public administration, performance management, accountability and collaborative working and whilst every attempt was made to holistically analyse the data, through multiple perspectives and multiple factors, there remains an element of interpretation and potential bias based on what the Researcher had read, seen, understood and heard.

Phase 6: The Coding and Analysis of the Empirical Qualitative Data (Semi-Structured Interviews)

After transcriptions of the interviews, a grounded theory approach was then adopted to code and analyse the data (Strauss and Corbin, 1998; Glaser and Straus, 1971). This involved validating the data, by reading through them and coding them into themes. The codes were a combination of predefined codes based on the research aims and questions, the themes that emerged from the responses to the survey and the themes that emerged during the semi-structured interviews. This was completed using a computer software program (NVivo) and identified through triangulation of different data sources.

The categories of information (open coding) were selected and placed within a theoretical model (axial coding), and then the interconnection of these categories was established (selective coding). This was done by systematically marking similar categories and meanings of the text, making it easier to identify any patterns and themes for analysis and interpretation. While initial codes were established from previous research, previous theory and the research questions, some additional theory codes emerged during the data analysis and the final list of categories was captured in a codebook.

The findings were presented in a narrative discussion. This involved a detailed critique of several themes, which included sub-themes, specific illustrations, multiple perspectives from individuals, and quotations.

The final stage involved interpreting the meaning of the themes and descriptions by comparing the findings with the information gleaned from the literature and survey findings. The next chapter considers the findings from the survey.

CHAPTER FIVE: FINDINGS FROM THE SURVEY

Introduction

This chapter analyses the findings of the self-completing online survey sent to one per cent of the most senior leaders from Avon and Somerset Constabulary, Bristol City Council and University Hospitals Bristol NHS Foundation Trust. The four key themes that emerged from the literature review were constructed to answer the research aims, questions and hypotheses. These were models of public administration, performance management, accountability and collaborative working. Each theme was examined to test whether the historical context, incremental change, critical junctures and path dependence of the respective organisations had a significant impact on the incentives or disincentives to work collaboratively.

- Models of Public Administration - examined the accountability to national departments, performance targets and service users and the emphasis that was put on input; output; outcomes; and changing public demand. These were compared across the three organisations to establish the influence that traditional administration, new public management and public values approaches had on their respective organisations.

- Performance Management - examined the way in which performance was managed in each of the organisations with a specific focus on the influence of new public management and the use of performance targets. In doing so it established whether their organisation sets performance targets, if they were helpful in improving the performance of their organisation and whether they set them with other organisations.

- Accountability - examined the layers of accountability each organisation faced and whom respondents felt most accountable to, and for what, from both an organisational and individual perspective.

- Collaborative Working - established whether respondents perceived that a more collaborative approach would improve services or reduce costs. It then considered what conditions respondents felt were needed to be in place to incentivise this, and what disincentives they felt were in the current system.

Response Rate to the Survey

There was a 73 per cent response rate (186 responses) to the survey, which was broken down as:

- Police - 87 per cent response (52 out of 60 requests)
- Local Government - 57 per cent response (40 out of 70 requests)
- Health - 74 per cent response (92 out of 122 requests)
- Other – 0.8 per cent (two respondents did not identify their organisation)

Analysing the Data

The techniques applied to the analysis of the data were measures of central tendency, which describe the central position and the frequency of distribution through the mean (average) of the responses, and measures of variance and standard deviation through tables, graphs, and commentary. The use of descriptive data analysis was also applied to summarise and describe the patterns in the data and make sense of the raw data in a more meaningful way.

The survey consisted of nine multiple-choice questions that were designed using the Likert scale. These were pre-coded with a five-point scale of strongly disagree, disagree, neither agree, nor disagree, agree, or strongly disagree, and there was one closed question that required a yes/no or don't know response. Question seven provided a suggested list of people and organisations the respondents might be accountable to, and in this question, there was an 'other' category added offering a written response to ensure the capture of any additional layers of accountability. Nine people made an additional comment in this section. Positioned at the end of the survey was a final additional comments box, for participants who felt they needed to comment, or elaborate further on something in the survey. This allowed responses to be easily coded and analysed before more in-depth questioning took place in the next phase of the research process.

Forty-six per cent (85) of respondents were female, 51 per cent (95) were male, and the other three per cent (6) classified themselves as 'other'. There was no significant variance in the responses based on gender.

Models of Public Administration

Questions one, two and six were designed to test research aim B and used the Likert scale. This examined the different models and practices of public sector performance management and accountability and these questions also tested research question one which examined which models of public sector management had the most considerable prominence in the discourse and practices of each of the organisations in the study.

As table 7 indicates the majority of respondents in all three organisations felt the most significant amount of accountability to national departments reporting to politicians and parliament. However, this was only marginally more for health respondents than the accountability they felt to performance targets, completion and league tables. The accountability they felt to service users through comments and feedback was significantly less. The spread was more even for local government respondents, but in the police the accountability to performance targets, competition, and league tables was significantly less than the other categories and significantly lower than the other organisations.
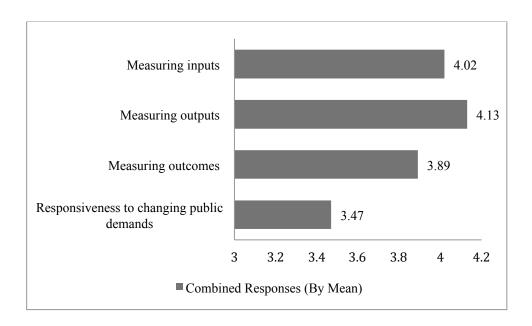
Table 7: Respondents' perception of organisational accountability (by percentage)

	National departments, reporting to politicians and parliament	Performance targets, competition and league tables	Service users from their comments and feedback
Health	98.9	90.2	67.3
Police	90.4	61.6	73
Local Government	87.5	77.5	82.5

Respondents were also asked if there was a strong emphasis in their organisation on the cost of resources and activity (inputs), measuring the amount of work that gets done (outputs) and measuring things that make a difference to the public (outcomes) and how responsive their organisation was to changing public demands. As 52 shows, there was strong agreement across all three organisations that inputs and outputs were heavily emphasised with a mean of 4.02 and 4.13 respectively, the standard deviation on these responses was consistent at 0.92 and 0.91 respectively, and the variance was

also not significant at 0.84 and 0.83 respectively. However, there was a perception that the emphasis on measuring the things that make a difference to the public (outcomes), and the organisation's responsiveness to changing public demand had less emphasis across all three organisations with a mean ranking of 3.89 and 3.47 and a standard deviation of 0.93 and 0.87, and a variance of 0.86 and 0.77 respectively.
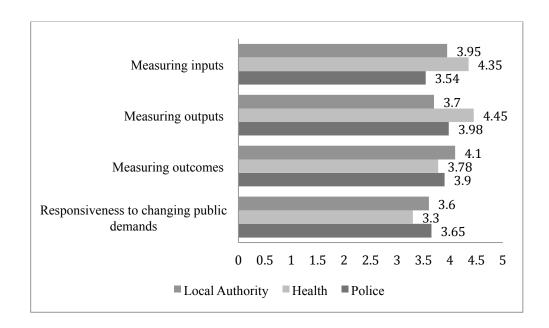
Figure 2: Combined responses to the emphasis on inputs, outputs, outcomes and changing public demand

When separated by individual organisation, figure 2 demonstrates a noticeable variance in responses across the three organisations.

Local government responses showed the least variance across all four questions, but suggested that the greatest emphasis was on outcomes with a mean of 4.1. The police demonstrated slightly wider variance and ranked the emphasis on outputs as the highest with a mean of 3.98, but only marginally more than outcomes with a mean of 3.9. Meanwhile, health responses demonstrated the widest variance with the greatest emphasis being on outputs with a mean of 4.4, compared to a mean on inputs of 4.35, outcomes with a mean of 3.78 and responsiveness to changing public demand with a mean of 3.30.

Figure 3: A comparison of responses to the emphasis on input, output, outcomes and changing public demand

While no conclusive interpretations can be drawn from this, the responses suggest that the historical influence of traditional public administration and new public management still retain significant influence on the path dependence, in varying degrees, across each of the organisations in the study, but that this dependence was most obvious in health.

Performance Management

This section examines the way in which performance is measured and managed in each of the organisations, with a particular focus on the use of targets, and their association with new public management approaches.
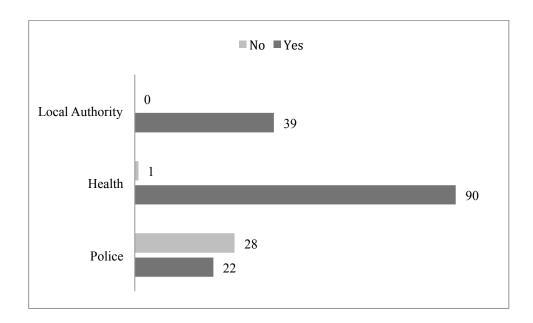
The Use of Targets

Question three was designed to establish if performance targets were set, and if so, how this was done. This tested research aim B and research questions one and three.

Eighty-four per cent (153) of respondents indicated that their organisation set performance targets and the standard deviation remained low at 0.37, with a variance

of 0.13 across the total number of respondents. Nearly all this standard deviation was from police respondents (0.50), but as figure 4 demonstrates, there was a considerable difference in knowledge, understanding, clarity and opinion on this from police respondents.

Figure 4: A comparison of responses to whether the organisation sets performance targets (by number of respondents)

In 2010 and 2011, nationally prescribed targets for local government and the police were removed, but nationally prescribed targets remained unchanged for the health service. Therefore it is unsurprising that health respondents almost unanimously indicated that their organisations set performance targets.

However, despite the removal of nationally prescribed targets for local government, in Bristol, a policy decision was made to retain many of them locally. While Avon and Somerset Constabulary has predominantly removed performance targets, the survey showed that there was a divided opinion from respondents to the survey as to whether targets had been retained or removed. The responses to the survey tend to suggest that either the police leaders who completed the survey were unaware of the changes, or at a more localised level the practice of target setting remained intact. It was unclear from the survey whether the retention of targets organisationally in the case of local

government, or sporadically and locally in the police was due to a belief of their value, or whether they were ingrained in the individual or organisational history and dependence anchoring them in the fabric of the organisation.

One police respondent gave an explanation as to why this confusion might exist:
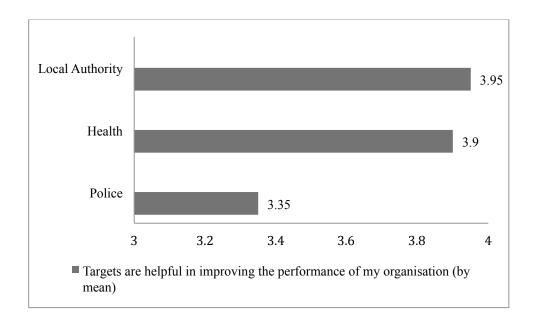
> *"We've got a strong performance management structure (and a good data visualisation system), but I don't think of that as creating targets - I think we're now much better at thinking of improvement rather than arbitrary numerical targets".*

This opened up a line of inquiry for the interview phase of the research in understanding the reasons for supporting a target driven approach and whether this was due to continuing national requirements driving organisational path dependence, institutional traditions, or a belief that this was a positive way to improve performance.

Targets Improve Performance

The majority of respondents believed that targets helped improve the performance of their organisation. Seventy five per cent (139) indicated they were helpful, 11 per cent indicated that they were not, and 13.5 per cent neither agreed nor disagreed with the statement. The standard deviation on this question was 0.85 and the variance 0.73. However, as figure 5 suggests, police respondents were generally less sympathetic to the use of targets being helpful in improving performance. Only one per cent (2) of all the respondents strongly disagreed that targets helped improve performance.

Figure 5: A comparison of responses on whether targets are helpful in improving the performance of their organisation (by mean)

The response to the question of whether targets helped in improving performance varied depending on how long an individual had been working in the organisation. Seventy eight per cent (46) of those that had been working in their organisation for under five years either agreed, 56.4 per cent (31), or strongly agreed 23.3 (15), that targets were helpful in improving the performance of their organisation.

However, 82 per cent of those under twenty years, either agreed, 72.6 per cent (45), or strongly agreed 9.6 per cent (6), but this dropped considerably to 62 per cent (42), of which 55.4 per cent agreed, and 6.2 per cent strongly agreed, when they had been in their organisations for over 20 years.

It is conceivable that this may be due to those with under 20 years of service never having worked in public services before the introduction of new public management that they had little or no means of comparison. However, this was not conclusive from the survey and was thus explored further in the interviews.
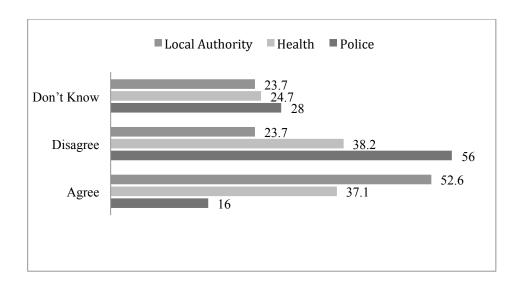
In cases where organisations set performance targets, respondents were asked whether these were set internally and externally and whether these were discussed and set with other public services.

Ninety-five per cent (148) of the total respondents believed that their targets were set internally and 86 per cent (128) believed they were set externally. Of those who responded from the police (48 per cent of the total respondents) 88 per cent (22) indicated that they were internally set, and 56 per cent (14) indicated these were externally set. This suggested that there was a lack of clarity amongst senior leaders, particularly in the police, on what targets were in place, how they were set, and how they were performance managed. This was explored further in the interviews.

As figure 6 demonstrates, there was significant confusion, or uncertainty, across all three organisations about whether their targets were set with other public services. Of the 154 people that responded to this question, 37 per cent (57 respondents) indicated they had set their targets with other public services, whereas, 38 per cent (59 respondents) indicated they did not, with a further 25 per cent (38 respondents) not knowing.

Figure 6: A comparison of responses on whether their organisation sets its targets with other organisations (by percentage)
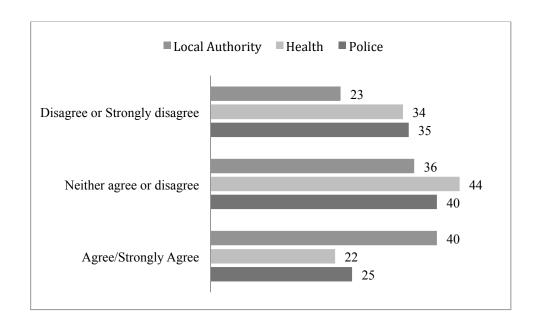
The lack of clarity on who set performance targets and how this was done was surprising at such a senior level. This reinforced the assumption that targets have become so ingrained in the fabric of the organisation, with such a high degree of historical path dependence, that even when they were removed nationally, they were still preserved by some senior leaders who relied on them to manage performance. This informed further in-depth discussion in the interviews.

The Use of Joint Performance Management

Respondents were then asked whether their organisation's priorities reflected a commitment to working with other public services and whether their organisation had a process that jointly monitored performance with other public services. Overall, 69 per cent (128) of respondents either agreed or strongly agreed that there was a clear commitment in this regard, however as figure 7 shows there was a significant variance of opinion about how joint performance management took place across the three organisations. This suggested that senior leaders thought joint performance management was in place and valued this, regardless of the reality of the situation, therefore this was incorporated as a key stage in the collective service model presented at figure 1.

Figure 7: A comparison of responses on whether their organisation jointly monitors performance with other public services (by percentage)

Accountability

Organisational Accountability

Question six tested research aim B. This was intended to examine the operation of different models and practices of public sector performance management and accountability in the three public services, and to test research question one that examined which models of public sector management had the most prominence in the discourse and institutional practices of each of the organisations. Respondents were asked three questions designed to ascertain how their organisation was held to account, and then to consider where they felt the most significant overall accountability for their organisation originated from.

Figure 8: Combined responses on who respondents felt their organisation was most accountable to (by percentage)
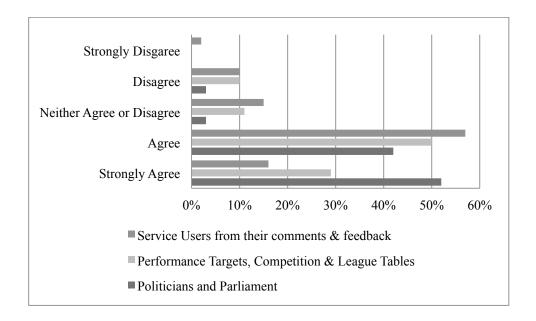
Figure 8 suggests that overall the majority of respondents felt that national departments present the highest level of organisational accountability with a mean of 4.41, a standard deviation of 0.71 and a variance of 0.50. There was a perception that there was less emphasis on the organisational accountability to performance targets, competition and league tables, which produced a mean of 3.98 with a standard deviation of 0.89 and a variance of 0.79 and a perception that the least of all was accountability to service users, which produced a mean of 3.75, a standard deviation of 0.92 and a variance of 0.85.

Table 8 breaks this down further into individual, organisational responses, that demonstrated a consistent response across local government and the police respondents who ordered the most significant accountability as national departments, service users, and then targets, competition and league tables, whereas health respondents reordered this as national departments, targets, competition and league tables and then service users with the least exaggerated variance amongst respondents.

Table 8: A comparison of responses on the highest levels of organisational accountability (by mean, standard deviation and variance)

Organisation	National Departments who in turn answer to politicians and parliament			Targets, competition and league tables with other similar organisations			Service users from their comments and feedback		
	Mean	Standard Deviation	Variance	Mean	Standard Deviation	Variance	Mean	Standard Deviation	Variance
Police	4.27	0.74	0.54	3.58	0.97	0.94	3.75	0.81	0.65
Health	4.66	0.5	0.25	4.30	0.70	0.49	3.67	1.0	0.99
Local Government	4.08	0.85	0.72	3.80	0.90	0.81	3.90	0.86	0.74

Individual Accountability

Table 9 demonstrates that from the responses received the highest accountability respondents felt was firstly to their values and belief and secondly, to their closest layers of management. The further away the layer of accountability was perceived to be from them, the lesser the degree of accountability they felt. This included areas such as non-statutory partnership, national politicians and the media.

Table 9: Combined responses on who respondents felt most accountable to (by percentage, in descending order)

At work, I feel accountable to								
	5.Strongly Agree	4. Agree	3.Neither Agree or Disagree	2.Disagree	1.Strongly Disagree	Mean	Standard Deviation	Variance
Own Values & Beliefs	60	40				4.67	0.56	0.32
Reportees	48	50		2		4.48	0.59	0.35
Chief Officers/Directors	43	50	6	1		4.34	0.64	0.41
Management Team	33	56	10	1		4.29	0.49	0.49
Inspectorates	35	53	10		2	4.14	0.86	0.73
Line Manager	25	65				4.51	0.35	0.35
Service Users	42	42	13	2	1	4.22	0.83	0.68
The Wider Public	28	56	14	1	1	4.09	0.74	0.55
Peers	19	61	12	8		4.11	0.48	0.48
The Law	31	45	20	4		4.12	0.92	0.85
Government Departments	18	54	16	10	2	3.65	0.98	0.96
Local politicians	23	41	19	17		3.38	1.13	1.27
Regulators	26	35	27	8	4	3.94	0.98	0.96
The Board	14	42	34	6	4	4.02	0.86	0.73
Staff Networks	6	48	25	21		3.32	1.0	1.01
Statutory Partnerships	13	40	37	8	2	3.48	0.93	0.87
The Media	10	40	33	13	4	3.01	0.98	0.97
National politicians	2	41	28	29		3.09	0.91	0.82
Commissioners	16	29	39	16		3.41	0.97	0.94
Unions	2	42	21	29	6	3.13	0.97	0.97
Sub Committees	8	32	46	6	8	3.75	0.98	0.95
Professional Bodies	8	31	31	22	8	3.54	1.11	1.23
Social Media	10	28	35	23	4	2.81	0.99	0.97
Ombudsman	2	22	45	21	10	3.13	0.95	0.90
Non-Statutory Partnerships	4	17	61	16	2	3.10	0.91	0.84
Auditors	4	10	53	25	8	3.18	1.03	1.05
Pressure Groups	4	4	45	43	4	2.64	0.81	0.66

The Variation in Organisational Responses

The responses from each of the three organisations were remarkably consistent and there were only four categories that marginally ranged outside a standard deviation of one. These were accountability to locally elected politicians, professional bodies, staff networks and external audit. Views on the accountability to locally elected politicians produced a wide variance in responses across the three organisations, with local government respondents recording a mean of 4.55 indicating a strong sense of accountability towards this group. In contrast, the police recorded a mean of 3.69 and health a mean of 2.72 with the police recording the broadest standard deviation of 1.02. Again, this appears to support the findings that the closer the proximity, the higher the accountability respondents perceived, but also demonstrates how a more

centralised path dependence is accentuated in health, whereas the reverse appears to be the case for local government.

On accountability to professional bodies, there was again a significant variance with health reporting a strong sense of accountability with a mean of 4.0, whereas the police recorded a mean of 3.1 and local government respondents recorded a mean on 3.69. Again the police recorded the broadest standard deviation on this of 1.15. This reinforced the historical importance in health of accountability to national professional bodies. This was again tested in the interview phase of the research.

All three organisations felt a degree of accountability to staff networks. For instance, there was minimal variance or standard deviation from the local government (standard deviation 0.89, variance 0.80) or the police (standard deviation 0.88, variance 0.78). However, respondents from health recorded a standard deviation of 1.18 and a variance of 1.09. This suggests that there was a full span of opinion amongst health respondents, and consequently conclusions drawn from this are less reliable. However, the mean responses from the police (3.38), local government (3.55), and health (3.16) were not significantly different.

Finally, accountability to external auditors identified a variance albeit slightly less exaggerated with health and local government respondents recording a neutral response with a mean of 3.35 and 3.27, respectively. In contrast, the police recorded a mean of 2.76, which suggests that police respondents that they felt less accountable to external audit. However, health showed the broadest standard deviation recording of 1.15, which again suggests that there was a wider span of opinion amongst health respondents and consequently conclusions drawn from this are less reliable.

Respondents were provided with several statements and asked to indicate on the Likert scale the degree of accountability they felt towards each. Nine respondents offered additional categories such as users of the city, as opposed to service users, other cities around the world, the West of England Combined Authority, neighbouring local authorities, friends and family, and the National Institute for Health Research. While these did not materially alter the findings of the survey, they extended the layers of accountability described.

Collaborative Working

<u>The Perceived Benefits and Challenges</u>

Questions eight and nine tested, in part, research aim B. This was designed to establish whether collaborative, place-based and system-wide approaches to local public services constitute an emerging paradigm of public sector management and accountability in England, and, if so, how far such a paradigm is constrained or frustrated by the persistence of new public management governance frameworks. It was also intended, in-part, to answer research question three, which tested how each organisation's performance management systems and accountability mechanisms incentivise or disincentivise a system-wide approach to solving complex, cross-sector challenges. Research question four was aimed at understanding if it is necessary for legislative and structural change to take place before a collaborative approach is embedded.

As figure 9 demonstrates, there was a strong belief across all three organisations that their organisational priorities reflected a commitment to collaborative working. Respondents were asked to think about collaborative working outside their sector and whether they believed collaborative working with other public services would improve the delivery of services, and reduce costs. There was strong agreement that it would improve services, across all three organisations, as figure 9 and 10 demonstrate, with 91 per cent agreement and a mean score of 4.39 and a standard deviation of 0.7. This was also the case for reduced costs that produced 78 per cent agreement, and a mean of 4.12, with a standard variation of 0.81.

Figure 9: A comparison of responses on their organisations commitment to collaborative working (by percentage)
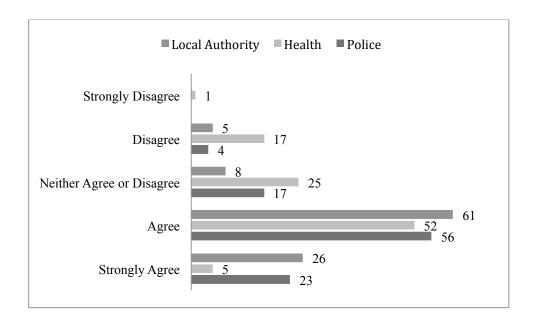
Figure 10: A comparison of responses on whether working collaboratively with other public services would improve service delivery (by percentage)
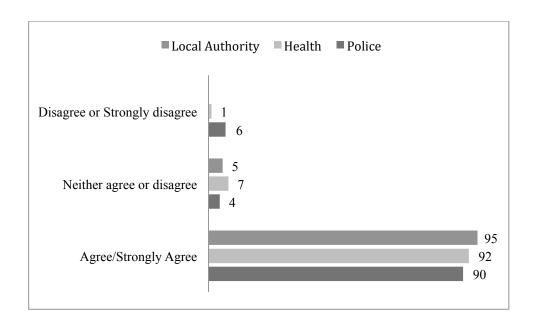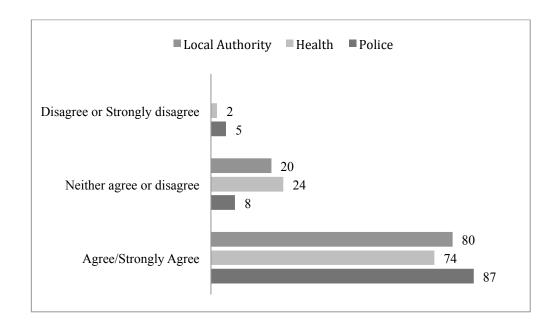
Figure 11: A comparison of responses on whether working collaboratively with other public services would reduce costs

While this overwhelmingly positive response to greater collaboration would tend to support Choi and Robertson's (2019) findings that people are willing and able to act in ways that help achieve shared objectives rather than pursue self-interest, the complexities, practicalities and most notably the path dependence of such an approach were evident in the free-text comments in the survey.

As one police respondent commented:

> *"I used to believe that working collaboratively was the future and a solution to many of the problems that society faces. Having been at the head of a team established for this purpose for over 2 years, I no longer believe it is the way forward. Collaboration undermines the core values of organisations that seek to collaborate, and the compromise required dilutes the service that should be provided. Without significant legislative change and funding being provided to social care, way more than current levels, collaborating with them will never work as they have to set thresholds that do not sync with the values of many other agencies."*

Likewise, one respondent from local government commented on the rigour and perseverance required to make cross-sector working a success by commenting that:

"Yes cross-sector working saves budget and ensures better coordination, but that is often further down the line - in the early days of setting up it can be slow, time-consuming and the benefits not seen well."

Finally, one respondent from health commented on the disconnect between the rhetoric and the reality of cross-sector working saying:

"Whilst all managers and indeed regulatory bodies will extoll the virtue of cross-sector working and joined-up experiences of service users, in reality almost all of our performance measures that are critical to our perceived success (by the regulators) and how our boards are measured are about individual performance, not joint work. We won't sacrifice the performance of our organisation for the benefit of others, because we would be held to account if we did. So more autonomy and recognition that 'missing targets' in one area could be supporting performance in other areas [that may be more meaningful for service users] is needed."

Encouraging Closer Working with other Public Services.

Respondents were provided with a list of possible options on what they thought the essential ingredients were in encouraging closer collaborative working. This list was compiled based on previous research findings identified in the literature review in Chapter Three.

Table 10: Combined responses on the incentives for collaboration (by percentage, in descending order)

	5.Strongly Agree	4.Agree	3.Neither Agree or Disagree	2.Disagree	1.Strongly Disagree	Mean	Standard Deviation	Variance
A clearer sense of joint purpose	51	43	4	2		4.43	0.65	0.43
More joint problem solving	46	46	7	1		4.38	0.65	0.43
Greater alignment of priorities	45	47	6	2		4.35	0.67	0.45
A greater understanding by others of my organisations roles, responsibilities and culture	29	58	10	3		4.14	0.69	0.48
A greater understanding by you of other organisations roles, responsibilities and culture	26	60	11	3		4.10	0.69	0.47
Being prepared to give up some control	37	48	13	2		4.22	0.76	0.52
More trust between organisations	40	44	14	2		4.23	0.76	0.57
Less unnecessary bureaucracy from other organisations	25	45	26	4		3.91	0.81	0.65
More time available	24	50	19	7		3.9	0.84	0.70
Less unnecessary bureaucracy from my organisation	24	44	24	8		3.84	0.87	0.76
Less of a blame culture	23	43	22	11	1	3.78	0.94	0.88
Changes to existing structures	18	48	29	5		3.79	0.79	0.63
Changes to national regulatory requirements	20	43	28	9		3.74	0.88	0.77
More shared budgets	22	39	30	8	1	3.73	0.93	0.87
Changes to legislation	14	40	37	9		3.59	0.84	0.71

The responses appeared to support Offe and Wiesenthal's (1986) findings that the formation of coalitions involves a process in which multiple actors reinterpret their interests in ways that allow them to join together behind a joint project and then assemble the power resources necessary to respond to the views of the coalition. As table 10 demonstrates this was consistent with the perception of the majority of respondents who felt that effective collaboration relied less on restructuring, regulatory and legislative changes, and more on building relationships by establishing a clear sense of joint purpose, understanding each other's challenges, working more closely in solving problems together and having a willingness to give up some control.

Conclusions

The survey produced a wealth of information across a significant breadth of the most senior leaders in the three organisations under review. These are discussed under the four key themes of models of public administration, performance management, accountability and collaborative working. By applying Mangione's (1995) guide, overall the response rate can be considered very good, which increased the validity of the findings. However, broken down across the three participating organisations, there was an excellent response rate from Avon and Somerset Constabulary, a very good response rate from University Hospitals Bristol, but a barely acceptable response rate from Bristol City Council.

- Models of Public Administration – there was a variance of opinions about which models of public administration had the most influence across the three organisations. Local government responses were evenly spread but suggested that there was more significant emphasis on outcomes, more commonly associated with public value approaches. However, they also felt a strong accountability to national departments and less responsiveness to public demand, which contradicted this. The police responses suggested that the greatest influence was on outputs, commonly associated with new public management, but they felt considerably less accountability to performance targets, competition and league tables than the other organisations. However, health responses were more defined and suggested the greatest emphasis was on outputs, performance targets, competition and league tables commonly associated with new public management followed closely by inputs and national regulation commonly associated with traditional public administration. The influence of responsiveness to changing public demand and service users' comments was significantly less than the other organisations. While conclusive interpretations cannot be drawn from this at this stage, it did suggest that the influence of traditional public administration and new public management remains prevalent across all three organisations, but more so in health.

- Performance Management - there was a lack of clarity from police respondents about whether targets were set or not, and there was a lack of clarity from all three organisations about how they were set and by whom. The majority of respondents indicated that the use of targets helped improve performance, but this was more pronounced in the responses from those who had only been in public service since their introduction. This opened up a line of inquiry for the interviews in understanding the reasons for this and whether it was due to continuing national requirements, organisational traditions, or a belief that this was a positive way in improving performance. Despite a belief from the majority of respondents that their organisational priorities reflected a commitment to working with other public services, it was again unclear how this was measured, and whether this involved a joint performance management process.

- Accountability - while respondents all felt the strongest pull organisationally was to national departments, overall there was consistency across the police and local government that accountability was greater towards service users than performance league tables, which was the opposite to health respondents. However, there was a consistent response across all three organisations that individually they felt most accountable to their values and then to those that were in closest proximity to them at a managerial or political level.

- Collaborative Working - Despite some cynicism and disillusionment, it was apparent that the majority of respondents felt that working across public service providers provided an opportunity to improve services and reduce costs. They also believed that this was within their control, but that it required a more definite sense of purpose, increased trust, and a better understanding of each other's challenges and constraints. However, this did not appear to be perceived to be reliant on having to wait for structural, regulatory or legislative changes.

While the findings from the survey were not definitive, they did demonstrate notable elements of the impact the historical evolution of the organisations and their subsequent path dependence appeared to have in suppressing alternative theoretical models such as complexity theory and its practical application in systems thinking approaches. This reinforces the challenges collaborative working faces from an ingrained adherence to a top-down direction and control.

However, it also demonstrated the importance senior leaders placed on collaborative working and began to expose the value of several of the key stages contained in the collective service model presented in figure 1. Such as understanding the historical context of the organisations studied and the challenges this presented to collaborative working (Stage 5 in figure 1), how priorities are agreed (stage 2 in figure 1) and the value of reciprocal accountability and joint performance management (stage 3 in figure 1).

This all provided critical lines of inquiry for more in-depth scrutiny in the interview with senior leaders that followed.

CHAPTER SIX: FINDINGS OF THE INTERVIEWS

Introduction

This chapter considers the findings of the interviews conducted with 16 of the most senior leaders from Avon and Somerset Constabulary, Bristol City Council and University Hospitals Bristol NHS Foundation Trust, as well as critical national stakeholders in the field. The interviews tested and built on the findings of the survey covered in Chapter Five and initially centred on the four key themes that had emerged from the review of the literature. These were models of public administration, performance management, accountability and collaborative working.

The interviews were conducted between June and September 2019. There were 16 elite interviews, which led to 83,000 words of transcripts. All the participants were white, 13 participants were male, and three were female. Except for one participant, they were all aged between 45 and 60 and collectively had over 500 years of public service experience. Participants included the chief executive and executive team members from each of the participating organisations, regional contributions from NHS Improvement (the health regulator), and the South West Combined Authority and national contributions from current and former policy leads in the police and local government.

Models of Public Administration

The survey demonstrated there was a variance of opinions about which models of public administration had the most influence across the three organisations. And while it generally suggested that traditional public administration and new public management often had a more significant presence than alternative models that have emerged, this was inconclusive and required further exploration in the interviews.

Of the 16 participants in the interviews, 12 had joined public services before the introduction of new public management. In line with public choice arguments they all described how traditional public administration in public services in the 1990s was old fashioned, inefficient, and too process-driven and collectively recognised there

had been a need to shift the emphasis towards tighter performance management and results, enabled by the growing availability of management information.

One participant expressed how the departure from traditional public administration had removed the freedom to run things flexibly, but also recognised that performance management had been largely absent and that a shift had been necessary to justify the spending of public money. However, several participants indicated that this had moved too far the other way. As one local government participant commented:

> *"That injection of discipline and performance management was needed. The problem was it then went too far. As often happens with these things, the pendulum went too far the other way."*

There were numerous examples provided about how this negatively manifested itself, with several participants describing how success criteria had become wholly numerically based, with one police participant describing how he was called to London to account for figures without any recognition of the context or underlying factors.

However, all the participants described how the performance management approach stimulated by new public management had shifted again in recent years, albeit the extent to which it had shifted varied significantly across the three organisations. While the police and local government participants described the shift towards a more qualitative approach to performance management, it was evident from participants from health that the emphasis remained firmly rooted in centrally directed targets and that they were still more focused on outputs than outcomes, thus supporting the findings of the survey. One health participant, who expressed the view that other organisations had greater flexibility in giving up control, allowing them to respond to changing demand, reinforced this notion reinforcing the ingrained path dependence in the context of health. However, greater autonomy in becoming a foundation trust had provided some flexibility in the way performance was managed.

A common narrative emerged about the need for more place-based partnership working, but there was a belief from several participants that central government departments were still working within their silos, which hampered their progression. This was particularly prevalent in the responses from participants from health who described the continuance of central control through national performance targets.

As one health participant commented:

> *"We measure inputs and outputs. We haven't focused on outcomes in the NHS. We probably think we know what's good for people, rather than understanding what's good for people."*

However, another health participant felt that stepping away from the hallmarks of new public management would lead to people losing focus and another commented that there would still be a need to be clarity on whether outcomes made a difference and to whom.

Performance Management

<u>A Shift in Focus</u>

As the literature suggests the shift of emphasis from traditional public administration to new public management and the increasing availability of management information brought with it an intensity of performance measurement and management through targets, league tables and organisational benchmarking. However, since the removal of national police and local government targets, there was a belief from several of the respondents from these organisations that this had been detrimental to the way in which performance was managed in their organisation. One police participant commented that performance management had become a 'dirty phrase' and that the pendulum had now swung back too far the other way, and another commented on the lack of focus on performance management stating that:

> *"At one point, everyone would have known every performance detail, but no one knows the performance detail now."*

One local government participant expressed a view that the focus on performance management had diminished, describing the change as having gone full circle. However, there was little evidence that the target focus had shifted in health. It might be concluded from this that the hallmarks of new public management in the form of national targets had continued to reinforce path dependence in health, and locally set targets had continued to drive path dependence in local government. However, in the police, while the national and local targets have been removed, their presence and path dependence in the organisational history has been so significant, that some senior leaders still retain them in their operating practices.

The Use of Targets

The use of targets was a key hallmark of new public management and despite research that identifies the risks and shortcomings of a target-driven culture (Loveday, 1999; Sanderson, 2001; Bevan and Hood, 2006; Behn, 2003; McLean et al., 2007), there was a consistent view from participants in all three sectors, in both the survey, and the interviews, that targets are important in ensuring a focus on performance improvement. While participants recognised the risks in an overzealous target culture, the majority in both the survey and interviews valued their contribution in focusing attention on priorities. That said, a quarter of the participants in the interviews had only been working in public services since the mid-1990s so this cohort had little or no experience of the working practices and operating culture before new public management was introduced.

It is hard to deduce conclusively that the support for targets is anchored in institutionalised behaviour, albeit several participants in the interviews highlighted this as a contributory factor. One participant from health suggested that it had become so 'hardwired' that people did not know how to argue against it. However, what was clear was that the three organisations took a very different approach to the management of performance and the use of targets.

From the early days of new public management, the police were quick to adopt a challenging and confrontational style of performance management. This was done in front of peers, senior officers, and sometimes politicians, using the rise or fall of police recorded crime figures to judge performance (Eterno and Silverman, 2012), However, after high profile and damming complaints of categorisation errors, gaming (McLean et al., 2007) and the removal of national targets, this approach changed.

One police participant described the current approach as one that is;

> *"Focusing on all those different elements that come together to give us the understanding of what the issues are, the understanding of our environment, who we need to work with, how we need to monitor and measure and how we need to get staff in the right place to be doing the right things."*

However, the survey and subsequent interviews identified that many senior police staff in Avon and Somerset Constabulary, and beyond, are now uncertain about how they should effectively measure performance. This uncertainty has left some mourning the demise of a target-driven approach, which was reinforced by one police participant who commented:

> *"I think we could be said to have completely taken our eye off some aspects of performance."*

Similarly, in Bristol City Council after the removal of nationally set targets in 2010, the gap was filled with a set of locally agreed targets, which all participants valued in focusing attention, but recognised that this could become detrimental if there were an over-focus on the targets themselves. These locally set targets do not carry the same level of scrutiny and national benchmarking as central government targets but are used to align the focus of performance management.

One local government participant described how he felt that it was sensible removing unhelpful and superfluous targets contained in the comprehensive performance assessment. However, as another local government participant commented:

> *"Councillors won't let us be in a world where we didn't have something they can look at, see a number, a red or green arrow, be able to kick the tyres and hold us to account."*

This suggested that despite the removal of national targets, there remains an institutionalised reliance by local politicians on this form of performance measurement in local government, which consequently continues to produce path dependence for senior leaders in local government as they are still used to judge their success.

However, in health, little appears to have changed. The health service is still subject to a set of national constitutional targets that are benchmarked against other similar health providers. These remain under constant scrutiny from regulators and are still heavily used to judge the performance of the organisation, supporting Boswell's findings (2015) that targets continue to retain political significance in signalling a commitment to and underscoring the achievement of, a range of political goals. Health targets have continued to be incentivised with rewards and fines, and evidence in this research supports Gubb's (2009) contention that this has distorted clinical priorities, undermined professional autonomy and that local leadership encourages silo-based rather than integrated approaches to providing care. There is also evidence in this research that supports Andersen and Hjorortshov (2016) and Olsen's (2017) findings that numbers still appear to be more convincing than anecdotal reports about performance. One health participant described how the NHS had been 'groomed' into accepting central targets, and another commented that they believed they would always have them.

Police participants and local government participants both described a less binary approach to the use of targets, but recognised the tension in adopting a whole system placed-based approach, as the health service did not have the flexibility to adjust its priorities due to the pressures of centrally set targets.

Therefore, while the three organisations have considerable similarities, as public service providers, there are distinct differences in culture, practice, performance measurement and accountability mechanisms, making direct comparisons and aligned goals somewhat problematic.

Setting Targets with Other Sectors

Despite 37 per cent (57) of respondents to the survey believing they set their targets with other public services, none of the participants in the interviews were able to clearly describe where, when or how these were set or how they were measured. Several local government participants in the interviews described how they believed targets were agreed with health on social care, but these appear to be nationally mandated targets for health that are then shared with local government. One health participant described this as more of a contract agreement than target setting, and another suggested that their quality and safety targets took priority above collaborative activity. There was some agreement that targets between health and local government were set within the framework of the Better Care Fund, however, there was a lack of clarity on the monitoring and performance management of these.

One local government respondent indicated that targets were set with the Community Safety Partnership (Safer Bristol), made up of Avon & Somerset Constabulary, Avon & Somerset Police and Crime Commissioner, Avon Fire & Rescue Service, Bristol City Council, Bristol Clinical Commissioning Group, National Probation Service, Stand Against Racism and Inequality (SARI) and Bristol Drugs Project (BDP) for substance misuse. However, while the 2019/20 crime plan provides goals and aspirations, there are no apparent targets. None of the police participants were aware of any targets or whether anyone was held to account for them.

Joint Performance Management

There was a belief from the majority of respondents in the survey that their organisational priorities reflected a commitment to working with other public services and despite 26 per cent (49) of respondents in the survey either agreeing (18.5%) or strongly agreeing (8.2%) that their organisation jointly monitored performance with other public services, how this was done, if at all, was not clear from participants in the interviews. While all the participants were supportive in principle of a process of joint performance management, there were several reasons provided for why this had yet to take hold. These included a lack of trust, integrity and confidence in partners, and as one health participant commented:

> *"I think it would be highly uncomfortable for me to be accounting for my performance to a peer."*

The absence of financial support to make joint performance management happen, fear of increasing bureaucracy and the complexity and breadth of services were all given as potential barriers. This reinforced Denhardt and Aristigueta's (2008) findings that existing organisational performance measurement systems enhance the accountability of individual organisations holding them to account for specific results rather than a broader collaborative effort. As Van Dooren et al., (2011) identify, this willingness to collaborate can erode when one-to-one accountability schemes are maintained, and this also supports Verbeeten and Speklé's (2015) findings that effective management control still rests on a results-oriented culture based on incentives. This rigidity of individual accountability and performance management has meant that a whole system approach to performance management is unlikely to gain sufficient traction in the short term despite its value in increasingly complex settings. However, there remains potential to develop this on specific cross-cutting challenges, particularly those that Pilsbury (2016) in her 'Four Quadrants of Aligned Actions for Results' describes as high in both organisational and partner accountability. Therefore, any joint performance management process would need to be collectively formulated and designed to gain acceptance and internalisation from participants. These findings again reinforced the importance of joint performance management at stage 5 in the collective service model set out at figure 1.

Accountability

The literature suggests that while clear lines of accountability are the accepted norm of any modern democracy, too much accountability can be as problematic as too little (Flinders and Moon, 2011) and that this potentially limits the incentive for chief executives and chief constables to work collaboratively on the delivery of services. However, in this research, there was a considerable variation of opinion from participants about which accountability mechanisms impacted on the way they led their respective organisations. The survey identified that respondents felt the greatest level of accountability to their values and beliefs, followed by their closest layers of management and the further away the layer of accountability was from them, the lesser the degree of accountability they perceived they felt. This appeared to conflict with Gallo and Thompson's (2000) findings in which they concluded that the hierarchy of accountability firmly places legal requirements as the first step.

Whilst Andersen, Boesen and Pedersen's (2016) explanation of the emergence of 'public value' identified a significant increase in the span of stakeholders involved in applying performance objectives and layers of accountability, as tables 2, 3 and 4 demonstrate, none of the participants in the interviews indicated that the layers of accountability they experienced were a disabling factor in effectively carrying out their roles.

What Koppell (2005) referred to as multiple accountabilities disorder, in which too much accountability undermines the capacity of an organisation to focus on its core tasks due to contradictory demands and requirements, was not evident in the interviews. However, there was apparent support for Ferlie et al.'s (1996) finding that public service organisations are still essentially public, and as such should rightfully expect to face stringent accountability tests. This also supported Gallie's (1956) contention that the growth in accountability has primarily been seen as a good thing and reflected Barberis's (1956) descriptions of the accepted broader system of checks and balances. Despite a view from many commentators that public servants are subjected to too many constraints (Kaufman, 1977), there was a general acceptance from participants in the interviews that this was part and parcel of public services and

that it was inevitable when things went wrong that politicians felt obligated to react and increase the layers of accountability.

There was strong support for significant accountability mechanisms from some participants with one local government participant indicating that without a compliance culture people would do whatever they wanted. One health participant expressed the view that they felt the regulatory and accountability frameworks had become weakened in recent years, which had a detrimental effect on performance.

However, the majority of participants indicated that it was their responsibility to manage the growing accountability requirements and as one health participant indicated, it was also their job to manage those that held them to account and create realistic expectations. This independence and personal leadership was reflected in the views of one local government participant who felt that regardless of the layers of accountability it was the most senior leaders' behaviour and values that guided the operating culture of the organisation, and they needed to try to develop a sense of cooperation, collaboration and joint working, despite a tendency for separate inspectorates and regulators to reinforce the narrow targets of individual organisations.

Interestingly, one regulatory contributor, cited national political control as a critical inhibitor, stating that:

> "It's a real challenge for us at this regional level to try and convince political masters or national regulatory masters that there is a better way of doing this"

However, despite the overall support, some participants expressed a view that it produced additional challenges. As one local government participant commented:

> "It creates such a compliance-led approach. There's such an industry around compliance that it just sucks up capacity."

Another local government participant indicated that the introduction by politicians of single-issue projects, with separate funding streams and separate reporting mechanisms made a more joined-up strategic approach even harder to achieve. In practical terms, local government participants unanimously felt most accountable to locally elected members, and this predominantly drove their behaviour, bringing with it a greater place-based emphasis towards their roles. Conversely, while health participants felt a strong sense of accountability to their boards, there was also a significantly higher emphasis on the accountability they felt towards national regulators, creating more of a national focus than a place-based one.

As one health participant put it:

> *"I think the NHS and local authority divide is still not to be underestimated, particularly the whole thing about the accountability to the public through elected officials."*

The participants from the police formed their identity from a sense of national service, recognising national pressures and constraints. However, much of their descriptions of accountability centred on a more localised and place-based response, which left them occupying a position somewhere between health and local government. This reinforced Balogun, Gleadle, Hailey, and Willmottz's (2005) findings that actors are network dependent for their sense of identity and purpose as well as for accomplishing the objectives derived from their participation in networks. However, where the network's predominant emphasis is on organisational boundaries, it can narrow their focus. As one health participant commented, hospitals have felt no responsibility for population health and traditionally, they have just diagnosed and treated people who have come through the door.

Finally, as Cairncross and Ashburner (1992) had previously identified there was also a lack of clarity on what constituted accountability at the most senior level and whilst the majority of participants talked about their accountability to the public, none articulated a view that they were held to account, either formally, or informally, by other public service providers in delivering their services. This is explored further later in this chapter.

Collaborative Working

<u>Support in Principle</u>

There was strong support in principle for greater collaborative working, with all the participants in the interviews and 91 per cent of respondents in the survey, recognising the benefits this might achieve in improving services. All the participants in the interviews and 78 per cent of respondents in the survey also recognised the opportunities in reducing costs and making public service fit for the future, with many participants reflecting the observations of Ingraham (2005) that leadership approaches in the future need to be persuasive, but not coerce and move across organisational boundaries in the collective best interest.

However, they also identified that there were a significant number of practicalities that were disabling factors to this becoming commonplace. Several participants operationalised these thoughts in their description of the way the Sustainability and Transformation Partnership (STP) worked. The Bristol, North Somerset and Gloucestershire STP is made up of 13 organisations (acute and community health providers, primary care, mental health trusts, ambulance services, commissioners and local government) whose ambition is to demonstrate shared system leadership that works towards an integrated care system by 2021. This was optimised by one health participant who suggested that in the STP a common purpose was as yet ill-defined, and one local government participant expressed the view that the STP was not delivering and that it felt more like a health plan in which the local government was an afterthought.

There was a consistent recognition from participants that they felt they should be doing more partnership work to intervene earlier to solve problems, but as one police participant indicated, there are so many barriers to making this a reality. All of the elements described by Huxham and Vangen (2000a) as barriers to negotiating joint purposes such as diversity of the organisations, varying internal procedures, operational constraints, professional language, differences in cultures, structures, and procedures, imbalances inequity and power (real or perceived) were evident in

varying degrees in this study, which was best summed up by one health participant who commented that:

"We don't all see it through the same lens ..... this is complex"

One health participant suggested that phenomenal collective leadership commitment and trust, and alignment of vision and goals would have to take place for a truly collaborative effort to become more common place and this reflected comments from several participants across health and local government who questioned whether the return was actually worth the effort.

Conflicting Priorities

A plethora of strategic plans were described as a barrier to the alignment of services, which one police participant identified resulted in more of a win/lose situation for organisations rather than a win/win one. Additionally, one local government participant criticised the lack of consultation in the production of plans and that current financial incentives did not incentivise collaborative working. This adds weight to the recommendation at stage 1 of the collective service model set out at figure 1, that there is a need to collectively understand demand across the system, not just the individual part organisations play in it.

There was confusion about the prioritisation of emerging issues. An example of this was when participants were presented with a 'wicked' issue (Ritter and Webber, 1973; Grint, 2005) that required a cross-sector collaborative effort to resolve. The scenario concerned a rough sleeper in the city who was high on drugs, semi-conscious and street begging. There was a lack of clarity from participants about whose responsibility this was: several said it was everyone's responsibility, some as another organisation's responsibility, and others as their own organisation's responsibility. Additionally, one local government participant questioned whose job it was to say what the priority was, whether it was the mayor's or more of a collective consensus view across the system. This reinforced Agranoff and Maguire's (2001) findings that with no single authority, everyone is somewhat in charge, and everyone is somewhat

responsible, and where all participants appear to be accountable, no one is accountable. However, another local government participant questioned the value in allowing every chief executive regardless of the size and complexity of their organisation to have an equal say in how services might be delivered, as they believed this prevented innovation or change from taking place by commenting that:

> *"If you've got 38 people who've got the title chief executive and 38 people who've got the title chair, [they] become a lobby group for the status quo."*

Waterman and Meier (1998) and Willems and Van Dooren's (2011) description of multiple and conflicting overseers, mandates and reporting requirements being barriers to collaborative approaches were evident in this study. One local government participant helpfully outlined the historical context that had led to this by saying:

> *"From the early 1980s we have been encouraged to establish and run specialist agencies……… you have smaller agencies all with their own targets, some of those targets from the clients' point of view don't work well together, but as a chief executive or chief constable, you're driving to achieve the targets you're going to be measured on and for some time, the targets that you're going to be paid on."*

Lee Baker (2004) observed that successful collaboration requires new infrastructure and management behaviours, but participants in this study did not wholly support this notion. While there was a recognition that a more collaborative approach would require more significant system leadership, there was considerable resistance to introducing new layers of bureaucracy and reporting to achieve this. As one local government participant put it:

> *"There is no world in which suddenly you are all joined up and working in partnership to a shared set of performance targets and strategic aims without there being one really hard graft in the setup and operation."*

While there was a recognition that legislative and structural changes might speed this up, there was little appetite for this with several participants indicating how this would potentially create a distraction from the delivery of services, which again reinforced the value in a bottom-up service-led response to collaboration, as opposed to a top-down redesign of services.

The Political Imperative

Despite a wealth of evidence in the literature that highlights both legislative changes and political rhetoric in support of increased localism and more joined-up public services, several participants described a mixed political message towards collaborative working and questioned the current political appetite for this. Examples were noted such as the delay in the Health and Social Care Green Paper, and one police participant suggested that anyone talking about partnership is often branded as a 'common purpose buffoon'.

The Impact of Austerity

As the literature identifies, the coalition government published its comprehensive spending review in October 2010, which set out its deficit reduction plan. The consequences of this prolonged period of austerity resulted in significant cuts to public services, particularly to the police and local government. The majority of participants reflected on the impact of these financial cuts and how this should have created fertile ground for greater collaborative working, but that it had been a missed opportunity.

Instead, austerity measures and financial cuts were attributed to the derogation of preventative strategies and the removal of multi-agency teams and partnership analysts. As one local government participant commented, austerity had been good for efficiency and productivity. However, it appeared to have been approached from a single organisational perspective rather than from a broader collaborative one. So, while financial cuts might have brought services together, the evidence from this research is that the opposite has occurred, with participants indicating that there has

been a higher propensity to focus on the things they could more easily control rather than approaching this from a system perspective. Additionally, while this might have commonly been regarded as a critical juncture for local government and the police with the scale of cuts to their service, this was not replicated in health who have been subjected to year on year cost savings but have not experienced the same dramatic cuts.

The Use of Continuous Improvement

Each organisation had embarked on continuous improvement processes, but there was no evidence that these had taken place across organisational boundaries. None of the participants was able to describe if, or how, such an approach had been adopted, reinforcing the assumption that the tension between the competing ideologies of complexity theory and historical institutionalism that challenge the necessary conditions for collaborative approaches to become commonplace were present. Top-down control a key hallmark of historical approaches to public administration and their subsequent path dependence appeared to be a significant factor in this.

Additional Emerging Themes from the Interviews

In addition to the four themes from the literature review and survey three additional themes emerged from the interviews of joint leadership development, the use of data and organisational values.

Joint Leadership Development

There was a consensus from respondents in the survey, and from participants in the interviews in support of Angranoff and Maguire's (2001) findings that the capacities required to operate successfully in a collaborative setting are different from those needed to succeed in managing a single organisation. However, time constraints, the impact of austerity measures and leadership behaviours were all cited as factors for why this rarely became a reality.

There was also a consensus from participants in the interviews in support of Williams's (2002) findings, that inter-organisational capacity was unlikely to flourish in organisational structures based on hierarchical control and power and that decision-making models must reflect consensus formation and trust-building. The majority of participants articulated a view that trusting relationships and consensus building was pivotal to successful collaborative working, but several cited time constraints and other priorities as disabling factors. As one local government participant explained when referring to collaborative working:

> *"It's not more than five or ten per cent of my time. If we are really going to make a breakthrough as a city, I guess leaders like me would have to be spending a lot more time on that stuff."*

Several examples were provided in which leadership behaviour, or perceived behaviour, had done little to champion this, but as one health participant commented:

> *"It's not that that people don't think it's worth doing …… It's just a bit of a reality check about other pressures on people's time."*

There was tension in the relationships articulated such as a perception that one organisation believed they could run certain services better than another, people being present but not being engaged in meetings, and a lack of understanding of each other's roles. One local government participant commented that behaviour was not consistent across senior leaders when it came to supporting collaborative efforts, and this was accentuated further amongst operational managers. Another local government participant pointed towards the significant cultural shift that would be needed from their organisational conditioning to embrace a collaborative effort, and one health participant highlighted the pressure and accountability to national regulators carrying more weight than place-based discussions. As one local government participant commented:

> *"We don't have many people at the top of public services who got there because they are brilliant at cooperation."*

These findings reinforced Denhardt and Aristigueta's (2008) contention that if investing in collaboration comes at the expense of meeting performance targets for which the agency is accountable, then withdrawing (literally or figuratively) from the collaboration might be a reasonable managerial choice.

As a solution, one local government participant highlighted the need for more joint training and conditioning of leaders across sectors to create a greater understanding of each other's working practices. The findings of the survey strongly emphasised the need for a clear sense of common purpose, more joint problem solving, greater alignment of priorities, greater trust between organisations, being prepared to give up some control and a greater understanding of each other's roles, responsibilities, and culture, giving weight to the need to incorporate this at stage 5 of the collective service model set out at figure 1. Indeed, some work has begun to bring together senior leaders from health and local government in the Healthy Together Sustainability and Transformation Partnership as part of the 'Peloton' programme, intending to develop system leaders, but its success has yet to be evaluated. However, there is more scope for this to be developed further, and for more generic leadership training and development to take place across a more comprehensive public sector cohort.

The Use of Data

While data were not identified initially as a topic for consideration in this research, the availability, scale and sharing thereof became a critical emerging theme in many of the interviews. Claims have been made that there were more data produced and stored between 2012 and 2014 than ever before (Accenture, 2014) and it was estimated that there would be one point eight (1.8) zettabytes (one zettabyte =1000,000,000,000,000,000,000 bytes) of data created in 2017, and this would continue to double every two years. However, as Armstrong (2019) points out these claims have been significantly underestimated, as by 2018 the amount of data produced reached 33 zettabytes. Added to this, the organisational control of data has diminished with access to vast amounts of data online (Mayer-Schöenberger and Cukier, 2013) meaning the public is potentially more informed than service providers.

Access to data is a critical resource for any twenty-first-century organisation, just as physical assets such as money, labour, machines and material have been for previous generations (Parise, 2016), however, despite this several participants in this study described how the disincentives (whether real or perceived) still outweighed the incentives to collectively share and use these data to understand demand in the system.

There were lots of examples of the availability of data. These included the local government city open data dashboards, the population health data, and the police data science innovation centre. Participants welcomed the opportunities, benefits, and connectivity that the digital world had brought with it. Participants recognised the need to rethink, not only how services are delivered in the digital age, but how they are governed, led and regulated. However, many reasons were provided for why these data are not captured, analysed and shared collectively across public services in the Bristol city region. These included a fear that the data would be used to scrutinise organisational performance by other organisations, an inherent risk aversion from staff in sharing data and their accountability and how challenging and time consuming it would be. One health participant expressed the views that some organisations were wedded to their ways of working with 'their' data, and that this impeded the ability to capture a regional or national picture. This led to one local government participant concluding that it would be a more straightforward process if the data commissioner spent as much time on data sharing as they do on data protection. The data protection culture was blamed for a reluctance to share data effectively, as one health participant commented:

> *"I think there are cultures, even in this organisation, where the people producing the data see themselves as custodians of that data quality and see their responsibilities as the recipient of the data, sitting in an office somewhere in London, more than they feel a responsibility to share it with me or indeed any other partners."*

Where data was shared in areas such as high-intensity users, it is unclear what analysis of the data and subsequent tasking and coordinating of resources were in

place to support this. Several participants felt that demand analysis was only ever partially achieved, if at all, and organisations were slow to respond, leading to a comment that they were often data-rich but not intelligence-led, resulting in organisations having to ask for data rather than having access to it. This all leads to an apparent need to share and analyse data to be able to collectively understand demand across public services, which features at stage 1 of the collective service model set out at figure 1.

Organisational Values

Values define what is important to an organisation and how things will be done. While this not an area of key inquiry for this research it is worthy of note that despite the three organisations in this study all providing public services in the same locality, as table 11 identifies, while their stated values have some commonality, they differ considerably.

Table 11: A Comparison of Organisational Values

ORGANISATIONAL VALUES		
Avon & Somerset Constabulary	**University Hospitals Bristol Foundation Trust**	**Bristol City Council**
Inclusive	Respecting Everyone	Respecting our staff
Courageous	Embracing Change	Using available resources to deliver best value for local people
Caring	Working Together	Leading with our partners
Learning	Recognising Success	Championing equality of opportunity for all
		Helping individuals and our communities determine their own future

In addition, all three organisations stated values that differ from those of national bodies, such as the stated values of the NHS, the police code of ethics, the Nolan principles of public life or the public service values set out in section seven of the Public Administration Act 2004. Whilst this requires more in depth inquiry it may

well be a contributory factor in how effectively they work towards a common purpose.

Conclusions

The interviews produced a broad spectrum of views that built on the four themes of models of public administration, performance management, accountability and collaborative working examined in the survey. The interviews reinforced a strong commitment to cross-sector collaboration but also highlighted the significant influence of the history, incremental change and critical junctures in each of the organisation's path dependence. Three additional themes emerged during the interviews of joint leadership development, the use of data, and organisational values.

Models of Public Administration - while there was evidence from all the participants of a growing trend towards outcome-based performance management, there was consistent recognition that this was more complex, challenging to measure and not centrally supported in the case of health. However, despite the apparent change in direction from the police and local government, two police participants still saw isolated institutionalised practices of binary output measurement operating in pockets throughout the organisation. They felt this was due to ingrained ways of working that focus on targets and league tables. In conclusion, the approach to public administration was inconsistent and mixed across the three organisations in the study, but it was clear that the transition from new public management had been less evident in health than in the police or local government.

Performance Management - Every performance movement leaves some sediment, which is acquired in future movements (Van Doreen, 2011) and the use of targets in Bristol city region is an excellent example of this. While they have faced criticism as a principle technique in new public management, their presence and where appropriately applied, their effectiveness is still supported. However, where targets are agreed, they appear to be within individual organisations. Anecdotally, there was a belief they were set in partnership, but there was no evidence to indicate the form these took, how these were performance managed, or the value each organisation placed on these. The findings of this research also reinforce that while there is support

across all organisations for more significant joint performance management, performance judgements are is still primarily set and managed within individual organisations boundaries.

Accountability - Despite the growth in the breadth and depth of accountability mechanisms, the majority of participants accepted that this was just part and parcel of leading sizeable public service organisations and despite the irritation and constraints this sometimes caused it was accepted that this was legitimate, necessary and expected.

Collaborative Working - There was a considerable level of support for more collaborative cross-sector working from all the participants in the interviews. They recognised that such an approach had the potential to improve services, reduce costs and was the only realistic way in which complex cross-cutting issues, growing demand and increased expectation could be dealt with both now, and in the future. However, participants were pragmatic about how easy this would be to achieve, which was also evident from the survey. The conflicting ways in which their organisations are held to account, performance managed and rewarded as well as different cultures, the financial challenges, the lack of trust, the reluctance to give up some control, a lack of understanding of each other roles and the constraints on their time were all compelling factors. This reinforced the findings of Martin and Webb (2009), in their evaluation of collaborative working in Wales, who concluded that such an approach had not taken hold not because of a lack of vision or goodwill, but as a natural outcome of the existence of sector-specific funding and performance regimes causing leaders to focus on their own organisational goals first and foremost and that the broader picture came a distant second.

Joint Leadership Development – The findings of the survey highlighted the need for a clear sense of joint purpose, more joint problem solving, greater alignment of priorities, greater trust between organisations, being prepared to give up some control and having a greater understanding of each other's roles, responsibilities and culture, all of which were supported by participants in the interviews. Some work has taken place to bring together senior leaders from health and local government, but several

articulated the need for more leadership development to take place across a broader public sector cohort.

The Use of Data - While data were not initially identified as an area for consideration, the availability, scale, and sharing thereof became an emerging theme in many of the interviews. There was uncontested recognition that more effective capturing of data and analysis across services would be beneficial, but time, money, conflicting priorities and risk were all raised as disabling factors.

Organisational Values – The values of the organisation were a recurring theme in the way individuals described how their organisation worked. However, the values of each of the organisations in this research while not conflicting, were not wholly aligned, which is arguably another inhibitor to more collaborative working.

The next chapter compares the findings of this research with the original research aims, questions and hypotheses.

CHAPTER SEVEN: CONCLUSIONS AND CONTRIBUTION TO KNOWLEDGE

Introduction

This chapter returns to the aims, questions and hypotheses set out in Chapter Two and tests them against the findings of the empirical research and theoretical concepts set out in the literature review. In doing so, it discusses how the findings contribute to the knowledge in the field on the topic and identifies in practical terms how incremental changes and critical junctures have influenced the path dependence of the organisations in this study. Finally, it outlines why a bottom-up service-led approach to collaboration is more likely to gain traction than a top-down directional approach.

Aims, Questions and Hypotheses

The overall aim of this research was to establish what the incentives and disincentives were in adopting a system wide approach to cross public sector challenges. In order to achieve this, three of the largest public service organisations in the Bristol city region were identified and three specific aims were established. These were:

1.   To examine the operation of different models and practices of public sector performance management and accountability in three vital public services – health, local government and the police - in a defined locality of England (the Bristol city region);

2.   To determine which are the dominant models and practices of management and accountability in these services; how they have developed in recent decades, and how they operate today;

3.   To establish whether collaborative, place-based and systems approaches to local public services constitute an emerging paradigm of public sector management and accountability in England, and, if so, how far such a paradigm is constrained or frustrated by the persistence of New Public Management (NPM) governance frameworks.

The research began by critically reviewing the theoretical concepts set out in the literature, establishing how the most dominant approaches had emerged, and examining the impact these have had on each of the organisations.

Then, through empirical research, the presence of these approaches and their influence was tested by way of a survey and interviews with key contributors in the field. The empirical research was targeted at a random sample of the top one per cent of leaders in each of the organisations participating in the research, together with several senior leaders from outside the organisations. All the participants hold a position between policy makers and front line delivery, in which they are responsible for interpreting national policy and embedding this into operational delivery. This provided a unique perspective from contributors who were able to articulate the most significant understanding in their organisations of both external and internal accountability and performance management mechanisms, the history of institutional change, and the associated path dependence.

In doing so, the research provided an opportunity to establish whether a collaborative place-based approach to the delivery of public services is realistic, given the constraints and challenges each organisation faces. The use of a mixed-methods approach helped unearth the different and sometimes conflicting accounts from respondents in the survey and participants in the interviews. This also enhanced the robustness of the study and led to different conclusions than if using one method alone.

While this research provides rare access to the most senior strata, both within the three organisations and from other senior leaders occupying national roles, it produces a partial view as it only presents the changes necessary to successfully implement collaborative working from a senior leaders perspective, and does not claim to have captured data from the whole organisation's perspective.

Reviewing the Research Questions
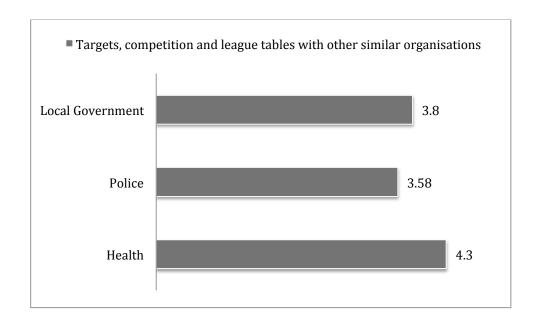
Question 1: Which models of public sector management have the most significant prominence in the discourses and institutional practices of each of the organisations?

The research identified that there was no clearly defined and unified response to this question and respondents in the survey, and participants in the interviews described to a greater or lesser degree the influence traditional public administration, new public management and public value approaches, had on the governance and leadership of their respective organisations. However, the survey indicated that overall respondents felt that there was a greater level of organisational accountability to inputs (activity) and outputs (quantity of work) than outcomes (things that make a difference), a clear legacy of the influence of traditional public administration and new public management. As figure 3 demonstrates, the emphasis on inputs and outputs was more accentuated in health. Health participants in the interviews described the enduring presence and influence of the characteristics of traditional public administration and new public management. As one senior health participant stated:

> *"Last year we measured inputs and outputs and we haven't really focused on outcomes and what they really mean .... I also think that this is part of the professional culture in the NHS"*

The majority of respondents to the survey felt national departments and politicians produced the most significant levels of organisational accountability, reflecting the hallmarks of traditional public administration (Wilson, 1887; Weber, 1948; Fayol, 1930; Taylor, 1939; Salamon, 2002). There was a distinct difference across the three organisations about whom they felt their organisation was most accountable to after that, but as figure 12 suggests, health's accountability to national targets and competition with similar organisations was the most pronounced.

Figure 12: Organisational accountability to targets, competition, and league tables (by mean)

Local government respondents to the surveys indicated that responsiveness to multiple objectives and service outcomes, the hallmarks of public value (Moore, 1997), took greater prominence than targets or league tables, more commonly associated with new public management, but that both still existed. The police response reflected that of local government respondents, but the emphasis on targets was less evident than in local government, and significantly less than in health. In health, despite a shift towards more local autonomy through foundation trust status and integrated care systems, respondents to the survey, and participants in the interviews indicated that the characteristics of traditional public administration, in the form of centralised political control, and the path dependence of the new public management principles in the form of targets, competition and league tables, still had a significant influence (Hood, 1991; 1995.). However, the predominant characteristics of public value was less evident.

Approaches to Organisational Change

None of the contributors to the research described a dramatic shift in moving from one approach to another. They chose to explain the variation in the context of continuous incremental change (Palier, 2005), accompanied by punctuated equilibrium (Krasner, 1984; Baumgarter and Jones, 1993) from bursts of change over time, driven by political ideology. An example of this for the police and local government was the incremental shift away from the hallmarks of new public management that led to a different approach to performance management. However, the description by police and local government participants of the financial cuts in the mid-2000s was more of a 'critical juncture' for both organisations. One senior local government participant evidenced this in his description of conversations with local government chief executives across the country, describing the difficult, but positive impact austerity had on organisational change:

> *"I've gone over the years since 2010....... they spontaneously tell me we would never have done this if we had if we had not had austerity"*

One senior police officer described how the financial cuts had made a huge impact on the way he worked, producing a positive catalyst for change:

> *"I've taken over a hundred fifty million pounds of revenue out ....our world has just been spun on its head overnight, which is very welcome. I've argued for this for a long time."*

The greater drive towards localism and the subsequent removal of nationally set targets for the police and local government was seen as a significant moment in their ability to manage performance more locally. However, the apparent absence of any 'critical juncture' of austerity for health, and their continuing path dependence on national direction, meant change had been less significant. This reinforces the contention of historical institutionalists (Lieberman 2001; Pierson 2004; Capoccia and Keleman, 2007; Hall, 2016) that the distinct difference in approach reflects the organisation's history and path dependence. They suggests that the interaction of

variables form a distinctive pattern across space and time, making collaborative activity more challenging. As one senior local government participant put it:

> *"I think it's also the area where the effectiveness of [social care] is probably most compromised by the very top-down approach within health. Health colleagues ultimately find themselves saying to us I'm sorry, but we have these mandated targets. These are the ones we have to report on, I know they don't quite make sense in our local setting, but these are the targets that we've got."*

While health participants acknowledged the extent of the financial challenges faced by local government and the police, there appeared to be some resentment from several health participants about assumptions from other sectors that the health service was cash-rich. As one senior health respondent in the survey wrote:

> *"Within healthcare, we have been better protected than other public bodies from austerity measures, so there is a natural inclination from partners to assume we are better placed to invest, but the financial requirements are still challenging for us too – made more so by the knock-on impact [that the] cuts in other areas have had on our services and demand."*

The Effect of Path Dependence

It was evident from this research that the path dependence of each organisation has had a substantial influence in deciding the approach they take, or persist with, even if they are no longer efficient. This reinforced Lipset and Rokkan (1967) description of how organisational approaches built on decisions and developments located in the distant past still have a long-lasting effect on institutional arrangements, and as Pierson and Skocpol (2002) identify, once actors have ventured down a particular path, they are likely to find it difficult to reverse course.

As one senior health participant described it, when alluding to the path dependence of the NHS:

> *"I think to be honest I'm cynical, I think that now we're in the stage where there's massive workforce shortages. There's a rhetoric now around appreciating our staff and attending to well-being and compassionate leadership. But frankly, the behaviour of the centre hasn't particularly changed. The resource incentives are still as crude as they ever were.*

Organisational Approaches and a Comparison with Complexity Theory

The research findings demonstrated the complexity of the participating organisations, the inconsistency in how they are held to account, and the variation in how services are delivered. As Room (2011) identifies such inconsistency across complex systems should not be considered surprising, but this research has identified that some theoretical concepts are more accentuated and underpin the operational response more obviously in some of the organisations than in others. There was no significant paradigm shift towards the hallmarks of complexity theory in any of the organisations in this study. However, while several commentators (Geyer, 2012; Geyer and Rihani, 2010) contend that complexity as a theory has been ignored by policymakers in the United Kingdom, who are too driven by the idea of order, rigid hierarchies and top-down approaches. This research found that in practice the hallmarks of complexity theory were emerging, albeit this was less apparent in health.

To examine the extent to which complexity theory underpins the practices of the organisations in this study, Cairney's (2012) six themes are re-visited and applied to the research findings. His first contention is that complex system cannot be explained merely by breaking them down into their component parts, because the parts are interdependent and that elements interact with each other, share information, and combine to produce systemic behaviour. In the context of this research this has particular relevance, as it highlights that to work successfully as a system, governance and accountability processes, and the people leading them need to have a collective appreciation and shared view. This is something that is currently impeded by the

influence of their historically embedded practices, and competing path dependence. This was evident in the response from one senior external contributor when referring to the collaborative efforts of the West of England Combined Authority:

> *"I'm always conscious that we're trying to balance a sort of tricky set of scales between making sure [senior leaders] they get enough out that's delivering against their agendas with trying to nudge it forward on a strategic agenda."*

Secondly, that behaviour of a complex system is difficult (or impossible) to predict and that small actions can have large effects, and large actions can have small effects. This supports the claim that a focus on smaller cross-cutting 'wicked issues', has as much, if not more, opportunity to succeed in delivering successful collaboration as larger and more challenging cross-sector organisational change and reinforces the value in adopting the five key stages set out in the conceptual model at figure 1.

Thirdly, complex systems are particularly sensitive to initial conditions that produce long-term momentum or path dependence. This is a key element of historical institutionalism and has become more apparent as alternative approaches have emerged. Therefore, the necessity to understand each other's constraints through the collective agreement of demand (stage 1 in figure 1) and creating a greater joint understanding of this further through combined review, training and development (stage 5 in figure 1), appear to be valuable criteria in bringing about effective collaborative activity.

Fourthly, that complex systems exhibit behaviour that evolves from the interaction between elements at a local level rather than central direction. The evidence of this research demonstrates that this is inconsistent across the public sector organisations in this study, but supports the claim that for a greater collaborative effort to succeed a more system centred and localised bottom-up approach, as set out in the five stages of the collective service model in figure 1, would need to be more common-place.

Fifthly, that systems may demonstrate extended regularities of behaviour, which are liable to change radically exhibiting periods of punctuated equilibrium. These elements were all present in the evolution of public administration in the organisations in this study.

Finally, that the various problems that complexity theory seeks to address can only be solved by interdisciplinary scientific groups. This point is reinforced in the recommendations in this research and supports the value of embarking on, and collectively learning from, the evaluation of collaborative efforts to understand the development of theory and practice.

While, to a varying degree, all the necessary elements to support a systems-based collaborative effort were evident in the research findings, it was also clear that, while the political drive towards greater localism had created an incremental shift away from the established principles of new public management and national targets for the police and local government, little had changed in health. Despite an appetite and willingness from senior leaders in health to progress greater cross-sector collaborative efforts, the antecedent conditioning towards top-down centralised control by national politicians, professional bodies and national policymakers preserved the ingrained path dependence of centrally driven performance regimes and national targets. The critical juncture for the police and local government, created by the financial cuts in the mid-2000s, had presented an opportunity to introduce creative and collaborative solutions, but this has yet to be ingrained in the path dependence of either of these organisations. It remains to be seen whether the wide-ranging impact of the Coronavirus will produce an even wider and more significant critical juncture for public services in both financial and operational terms.

However, these findings should be treated with some caution as drawing conclusions from experimental methods such as these, and arguing that key causal factors can be generalised to all times and places is problematic (Hall, 2016). Added to this path dependence is subjective because it involves the judgment of the researcher in determining the historical conjunctures that affect the outcome and why others do not (Fioretos et al., 2016). Finally, this study only examines the perceptions of the most senior leaders in the three organisations not the organisations as a whole.

Despite this research identifying a strong presence of the characteristics of traditional public administration, neither respondents to the survey, nor participants in the interviews perceived themselves as agents of the government, more often seeing themselves as public servants, reflecting the language of public value principles. However, within each of the organisations, there was evidence of individual formalised rules and normalised behaviours. This reinforced March and Olsen's (1983) description of how institutions are ordered through a variety of mechanisms that systemise the way people work and constrain the way they behave. Those participants in the interviews who had been employed in public services prior to the emergence of new public management welcomed the greater emphasis of performance management and accountability, with several indicating that this had been necessary for the effectiveness and efficiency of public services. However, there was recognition from several participants that an over emphasis on measurement by numbers had become detrimental to overall performance management (Hood, 1995). In contrast to the findings of many commentators, none of the participants expressed a view that that the sediment of new public management in their organisation lacked social conscience (Hilgers, 2013), economic, political or cultural inequalities (Davies, 2016), gaming or categorisation errors (McClean, 2007), perverse incentives (Loveday, 1999; Behn, 2003; Bevan and Hood, 2006;) or deterred learning or improvement (Sanderson, 2001).

Respondents to the survey felt the highest degree of accountability to those that were closest to them, with unanimous agreement that their values had the highest priority. This reflected Grube's (2012) contention that since the emergence of new public management public servants have increasingly seen themselves as independent moral actors. In the interviews, participants accepted the widening of accountability mechanisms as part and parcel of leading public services, but also reinforced the greatest accountability they felt was to those closest to them. However, this differed in each organisation and the position they occupied therein. While participants commonly described how accountability mechanisms placed barriers, constraints and

challenges on the flexibility they had to lead their respective organisations, in contrast to Kaufman's findings (1977) none of the participants in the interviews indicated that there were too many constraints, or that the breadth of accountability mechanisms was a debilitating factor.

Question 3: How do the organisations performance management systems and accountability mechanisms incentivise or disincentive a system-wide collaborative approach to solving complex cross-sector challenges?

This research established that the range and scale of accountability mechanisms and performance management requirements meant that the incentives and disincentives were not always consistent across the three organisations. There was an overwhelming belief from respondents to the survey that collaborative working would improve services and reduce costs and participants in the interviews supported this, albeit they were pragmatic in describing the practicalities required to make this a reality.

The chief executives and chief constable in the three organisations in this research are subject to vast and growing layers of accountability and performance management on a national, regional, organisational and individual level. The incentives and disincentives these create are discussed in the research, but their variation and impact were dependent on several factors, none more so than the perception of the individual chief executive or chief constable at any given time. While the human element of effective collaborations is a critical factor (Hall and Lamont, 2013), it was also apparent that this was only one key ingredient and the totality of the necessary elements described by many commentators was evident in responses from participants in this research.

However, what was evident was that any one of these elements in isolation was not a disabler, but together they built up compelling disincentives to collaborative working. This research has identified that embedding collaborative working, as a routine occurrence in the Bristol city region will require considerable institutional changes and a better understanding of each organisations history and constraints. In addition to the political will and leadership support to build coalitions in which everyone

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understands each other's constraints, accountabilities and restrictions, there would also need to be considerably more time and effort applied to make this a reality. As Jervis (1998) identifies most people just presume others see the world in the same way as they do, but as this research identifies this is not always the case, making it harder to break out of established patterns. In addition the support and assurance for 'entrepreneurial bureaucrats' (Rhodes and Wanna, 2007; 2009) to embrace collaborative working are counteracted, not by the plethora of accountability mechanisms, but more so by the other performance and institutional requirements. As Drucker (1995) identifies despite organisations having been built on a combination of rank and power for over a hundred years, emerging organisations need to be built on mutual understanding and responsibility. Many contributors to this research commented on how greater cross-sector leadership development would support the building of relationships, and understanding of each other's roles, requirements and constraints, and that this would develop a boarder range of leadership skills in delivering services, a key feature at stage 5 of the collective service model presented at figure 1. However, as Day (2000) explains there is a core difference between 'leaders' development, orientated towards developing human capital, and 'leadership' development, orientated towards social capital emphasising the development of reciprocal obligations and commitments and built on a foundation of mutual trust and respect. This has particular relevance in the context of the findings of this research and supports a recommendation of a programme of cross-sector public service 'leadership' development in the Bristol city region that features at stage 5 in the model presented at figure 1.

<u>Question 4: Is it necessary for legislative and structural change to take place before a collaborative approach is embedded?</u>

There is nothing in this research that suggests that legislative or structural changes were a significant factor in bringing public services together. As table 10 indicates, respondents placed legislative and structural change at the bottom of their list on the things that are needed to encourage closer working with other public services. Indeed, Timmins (2015) found that recent structural changes in the NHS, such as foundation trusts, have been counter-productive, driving an internal focus. While structural changes are undoubtedly a contributory factor, they did not attract any greater significance from survey respondents, or participants in the interview than many other contributory factors. Indeed, the majority of respondents in the survey described how other essential ingredients such as a common purpose, greater alignment of priorities, better understanding of what each other does, stronger relationships and giving up some control were more critical. However, the influence of path dependence was evident in the response to this question with some participants describing the difficulty in challenging established paths within their organisations. As one senior health participant commented:

> *"The conflict of interest [and] power of the doctors and the nurses, in executive leadership positions, has really gone unchallenged. They are members of the Board [who] if they say something it is very very difficult for the rest of the board, whoever they might be, to effectively change."*

Reviewing the Hypotheses

Finally, based on the review of the literature, four hypotheses were established at the commencement of the research and these are revisited here:

Hypothesis 1: A place-based, collaborative and system-wide approach to public sector management is an emerging paradigm in local services in England and commands support from senior managers.

This hypothesis is partly proven, but the operational realities of delivery on the ground appear to be some distance from this statement. It is apparent from both the literature and this research that there has been significant attention afforded to a place-based and system-wide approach to public services in England. This approach has frequently been espoused at both national and local levels as the desired model for public service delivery and has been seen by many as the solution to improving service, reducing costs and focusing services on citizens' needs. Such an approach has attracted the support in principle of most if not all of the most senior public service leaders who participated in this research. However, the reality of embedding this into the fabric of how services are delivered is limited for a variety of reasons. As Offe and Wiesenthal (1986) identify, the formation of coalitions must involve a process in which multiple actors reinterpret their interests in ways that allow them to join together behind a common purpose and then assemble the resources to ensure the views of the coalition are addressed. In addition, as Hall (2016) highlights for major institutional change to take place in most cases discontent with existing institutions has to reach levels in which actors are convinced they should abandon procedures, which they are familiar with, and to enter uncertain territory. Moreover, as Kahneman and Tverseky (1979) indicate, people are typically more concerned about losing something they already have than about gaining something they do not have yet, even if the latter is of greater value.

However, the survey responses and interviews suggest that there remains a positive appetite for change provided it does not conflict with organisational historical norms or existing path dependence. This research has identified that for these reasons a more practical, localised, systems-based solution is likely to enhance a more collaborative

response at this time. The absence of established processes for data sharing was a recurring theme from participants about the ineffectiveness of collaborative working. Despite an abundance of data, there is no apparent process to establish a collective understanding of demand beyond times of crisis (stage 1 in figure 1). There remains a reluctance to share data for reasons that have included the organisational and personal risk of sharing data, patient/public confidentiality, incompatible systems, and a lack of time and resources. Participants recognised the importance of effective data sharing to understand the demand for their services, as one senior local government participant said:

> *"Public services are going to continue to find it very difficult. It's not easy but there are ways in which you can share data [but] you do need local protocols."*

One senior health participants reinforced this and described how the partial sight of the data doesn't allow them to provide effective services:

> *"I see a different kind of data from the cut you will see and I see it in a different time frame from the time frame you see it. Well that's nonsense and ridiculous and if you then add in local authorities, police and fire. Well, I simply don't get any of that data.*

Another senior local government participant highlighted the variance of approach to this in different parts of the country:

> *"There's some local authorities who really understand data and predictive analytics. These can really help you intervene earlier, better target your resources, improve outcomes for citizens and save money. But lots haven't got a clue."*

One senior police participant highlighted the challenges and opportunities in data sharing:

> *"I think it's just a pain, it's difficult. It's difficult to pull it out and provide it somewhere. One of the things we're working on which is a going to be an amazing project, [is] our Data Science Innovation Centre. The whole principle of that is multi-agency data sharing to drive performance or to increase visibility on what's going on, to understand demand better."*

This lack of data sharing presents a challenge for the organisations in this research in agreeing on appropriate strategic priorities due to the constraints from their historical evolvement, their path dependence and their overall accountability and performance management regimes. Stage 2 in figure 1 describes why agreeing on strategic priorities is a key component in the effective delivery of collaborative services and is necessary for the coordinated allocation of resources and timely intervention (stage 3 in figure1).

Therefore, while a place-based, collaborative and system-wide approach to public sector management is an emerging paradigm, both institutional barriers and other practicalities in systemising and embedding it means that this is yet to be firmly in place.

Hypothesis 2: Despite an apparent consensus amongst politicians and system leaders, the existing performance frameworks and layers of accountability create more disincentives, than incentives to change.

It would appear that this hypothesis is proven in that, despite an apparent consensus amongst politicians and system leaders that such an approach is supported, the existing performance frameworks, layers of accountability, historical norms and path dependence all continue to create more significant disincentives than incentives to change. While there is a compelling argument that such an approach commands support from senior leaders, the realities of the current incentives and disincentives in the system mean that such approaches are isolated and not effectively systemised. The current accountability mechanisms encourage more organisational, than system-

based, approaches to service delivery, and while leaders understand, support and recognise the need to work differently, there are too many compelling reasons why this is yet to be common place. In addition, Goldstein and Keohane's (1993) 'wedge of uncertainty' of how different approaches would be treated within existing performance frameworks was evident in this research.

Hypothesis 3: In the long term a change to legislation, organisational structures and accountability frameworks may be necessary to enable a more collaborative approach to public service delivery.

It is apparent from this study that it is legitimate to claim that, in the long term, legislation, organisational structures and accountability frameworks may need to change, but this in itself is insufficient. This research has identified that legislation and reorganising structures do little to build the trust and relationships necessary for successful collaborative working on their own, as they are inadequate in unravelling the ingrained cultures and established ways of working established over generations. In addition, competing ways in which policy is formed and the historical approaches employed means that alignment is more complex than just legislation, structural change and accountability frameworks.

Hypothesis 4: In the short term, a more collective form of performance management may ease the passage towards a more collaborative delivery of services.

This research supports this hypothesis, particularly when the focus is on those 'wicked issues' (Ritter and Webber, 1973; Grint, 2005) that fit with each organisation's priorities and require cross-sector working to be resolved. However, there is limited evidence of a collective understanding of demand (stage 1 of figure 1), a robust process of resource allocation (stage 2 and 3 in figure 1) and an agreed localised performance management process (stage 4 in figure 1), which would all be necessary for this to succeed. Critically, the success of such an approach would also need to be cognisant of the complexity, competing priorities, accountabilities and the path dependence of each organisation and the enablers outlined in this study would need careful consideration to make this happen.

This was optimised in the comment from one senior health participant commented:

"It [joint performance management] would be something I'd be interested in, but to be honest it's a struggle in this organisation with the breadth of services we have……I think it would be a huge industry, I don't think it would be completely beyond us, but I think it would require everybody being willing to invest in it."

Conclusions

This research identifies that leaders across each of the organisations in the study understand and value collaborative working, but it also identifies that the historical influence of top-down approaches, engendered by traditional public administration, and more recently by new public management, has created a conflicting path dependence. This was evident in the form of motivations, accountabilities, governance, capacity and other determinants that have led to collaboration not being effectively systemised and anchored in public services in the Bristol city region. The implications for policymakers is that more is required to harmonise the accountabilities and performance requirements of public service organisations if cross-sector working is to become ingrained, but the implications for local leaders are far more significant and compelling. Despite the challenges and constraints of existing accountability mechanisms and performance management processes, there is a pressing need for local leaders to identify and respond to those cross-sector issues that can only be resolved through a more collaborative approach across public services. However, this would require a shift from the underpinning theoretical paradigm to one in which the hallmarks of complexity theory and greater cross sector systems thinking are more apparent. This would also require an agreed sense of common purpose, greater trust and relinquishing some control. This research suggests that a contributory factor in shifting this paradigm towards more effective collaborative working might involve taking a bottom-up approach where organisational leaders come together to focus on a cross-cutting 'wicked issues'. This would also need to involve a greater understanding of each other's organisational history and path dependence. Chapter Eight sets out in greater detail how this might be achieved.

Contribution to Knowledge

This research makes several contributions to the knowledge in the field on this topic through empirical research and testing existing theory.

Firstly, it provides a unique perspective from a significant cohort of the most senior leaders in the three largest public service providers in the Bristol city region. The contributors occupy a position between policy makers and frontline delivery in which they are responsible for interpreting national policy and embedding this into operational delivery. The views of this cohort are relatively untested in empirical research in comparison to policy makers and front line actors. Extending the research across three separate organisations enabled greater comparisons and wider conclusions to be drawn.

Secondly, it provides a thorough critique of the theoretical concepts of public administration and analyses their impact on the political and operational landscape in three of the largest public service providers in the Bristol city region. It also identifies how the approach differs across the individual organisations, despite them delivering public services in the same locality.

Thirdly, it demonstrates how the historical context and path dependency of the organisations in this study have evolved in different ways and how specific critical junctures have impacted on this. This also demonstrates how this has contributed to the adoption of varying approaches to policy formation and public administration that have subsequently impacted on the operating practices in the organisations participating in this research.

Fourthly, it provides a first-hand description of the conditions senior leaders believe are required for successful cross-sector collaborative working, challenging existing theories and assumptions.

Finally, in Chapter Eight, it adds an original conceptual framework for collective service delivery that acts as a guide for practitioners in managing successful collaborative services.

Limitation and Transferability of the Research Findings

The research was confined to three public services providers in the Bristol city region and only included those in the most senior leadership positions. It did not extend to all statutory or third sector public services or private business. It was therefore not representative of all services in the locality, or indeed the same services provided in other cities, or localities across the country. Therefore, it cannot claim to be a definitive position on the research topic.

Identification of participants in the survey was reliant on each of the organisations identifying a random sample of one per cent of their most senior leaders, who were asked to complete a self-administered online survey. However, the environment in which they did this and the time they had available may all have had an impact on their responses. However, based on the confidence levels and intervals applied, the findings from the survey can claim to be representative of the top leaders across these three organisations, who are amongst the largest and arguably most influential public service providers in the Bristol city region. This would support a generalisation of the findings, but the transferability of these findings is less definitive as organisational size and context across England differ significantly.

The participants in the interviews were selected based on their position in their respective organisations and not singled out to support or conflict with the researcher's opinions. Conducting the interviews in a semi-structured manner and subsequent coding by the researcher all introduce potential bias due to the researcher's interpretation, and therefore a definitive position cannot be drawn. However, the depth and consistency of the interviews mean that they do expand the findings of the survey. Therefore it is legitimate to claim that while not definitive, this research makes an empirical contribution to the knowledge and tests the theory on the research topic.

The final chapter draws together the findings and conclusions in this research and sets out recommendations to apply a model for public service delivery intended to impact in a professional setting by bringing about a more effective and efficient collaborative response.

CHAPTER EIGHT: RECOMMENDATIONS AND IMPACT IN A PROFESSIONAL SETTING

Introduction

This chapter uses the findings from the exiting literature and the empirical research to identify several recommendations for the improvement of public services in the Bristol city region. Presented in a model for collective public service delivery (Figure 12) these are not approached from the perspective of immediate wholesale system change, but are suggested as a way of more effectively tackling cross-cutting, complex and enduring issues. Finally, the chapter sets out some recommendations for further research.

This research has identified that despite considerable acceptance and support at the most senior levels for a more collaborative approach to the delivery of public services, existing accountability mechanisms, ingrained institutionalised cultures and path dependence, varying critical junctures, separate performance management processes, available time, individual funding streams, variable levels of trust in relationships, and the disillusionment when collaborative approaches have been tried and failed to gain traction, have all contributed to creating more disincentives than incentives to adopt a system-wide approach to the delivery of services in the Bristol city region.

While whole system change maybe an unrealistic, short-term ambition, there remains considerable opportunity to improve the optimal value of collaborative approaches by focusing on those cross-cutting, complex and enduring issues that affect all the public service providers in this study. However, to achieve this, it would require a more significant understanding of the culture, operating practices and layers of accountability of the various stakeholders involved, and would need consensus and mutual agreement rather than command and direction.

A Collective Service Model (Revisited)

Figure 13 sets out a continuous model of collective service provision that identifies five key steps that have emerged during this research. Based on the existing literature and the research findings, if applied effectively, this should have a significant and positive impact on public service delivery in the Bristol city region. While yet to be tested, in conversations with senior leaders in each of the organisations, they generally supportive of the stages it contains. This approach is aimed at incremental realignment as opposed to a transformational 'big bang' and centres on reducing demand and costs, improving services, and building trust, confidence and consensus in facilitating further system change.

Figure 23: A Collective Service Model (Revisited)

Recommendation One: Establishing a Process of Collectively Understanding Demand and Service Failure

It was apparent from this research that, despite an abundance of both 'open source' and 'organisationally owned' data, attempts to capture, analyse and understand the true extent of demand have struggled to gain traction for several reasons as outlined in

Chapter Seven. However, while the collection, control and dissemination of data has historically been the sole preserve of public bodies, this is no longer the case.

The growth and availability of vast amounts of' 'open source' data in both structured text and unstructured non-text, such as videos, photos, social media content and Internet of things (IoT), means that organisations no longer have a monopoly on data gathering, and now anyone with a computer or mobile device can access limitless amounts of data online (Mayer-Schöenberger and Cukier, 2013).

A systemised approach to collecting, analysing and understanding the evidence base of cross-sector demand and failure demand and to producing a single version of the truth is an important first step in tackling cross-cutting and enduring issues for public services in the Bristol city region

Recommendation Two: Agreeing on a Small Number of Strategic Priorities

The research established that, for several reasons, the ability to set out agreed priorities in a complex and competitive system is a challenge, particularly when the organisations involved have differing path dependence. This is accentuated when there is no collective understanding or agreement on what the demand for services looks like.

Lord Michael Bichard, one of the principal architects of Total Place, was interviewed as part of this research and offered the following comment:

> *"Choose two or three things where you can make progress in the next 12 months, because if you make progress and can see the difference on the ground that's going to give you the strength to carry on. If you have spent the first 12 months just talking around processes and sub-committees and committees, no one is going to come, and no one is going to feel this is worthwhile."*

Therefore, it is recommended that, after the initial capture and analysis of the data, a small number of agreed priorities are established to tackle the cross-cutting, complex and enduring issues in the system. In choosing the priorities, cognisance and sensitivity of the history and path dependence of the organisations involved areessential. Examples of this might include services provided to the most vulnerable system users such as missing children, victims of domestic abuse, victims of street violence, rough sleepers or those with poor mental health.

Recommendation Three: Intervention and Resource Allocation

There has been considerable amounts of research on the ingredients of successful partnerships (Huxman and Vangen, 2000a), but even if demand was understood and priorities agreed, this research suggests that there is still insufficient cross-sector understanding of each other's capability, capacity and constraints in delivering effective services, leading to a duplication of services, a lack of coordination and gaps in service provision.

Therefore, a collective understanding of existing gateways to services and, where necessary, support in making the case for new ones needs to be considered. However, this would need to be underpinned by an agreed, cross-sector tasking and coordinating process if such an approach is to succeed.

Tasking and coordinating is more readily associated with a command-and-control style of service delivery often associated with emergency services such as the police, and the police national intelligence model has not been without its problems (John & Maguire, 2004). Therefore it is recommended that consideration is given to a bespoke process of tasking and coordinating of resources aligned to the key strategic priorities in the Bristol city region.

Recommendation Four: Joint Performance Management

This research has identified that, without an agreed process of joint performance management, a collaborative approach is unlikely to gain sustained traction. There was an acknowledgement from participants in this research that a process of joint performance management would be beneficial - indeed some believed it was already in place - but there were several barriers to this working effectively, which included a lack of trust, the finances to make it happen, a fear of increasing bureaucracy and the complexity and breadth of services. There was also recognition that for a successful process to be embedded, the area under scrutiny would need to be high on the list of both organisational and partner priorities and not conflict with existing organisational accountabilities or performance requirements. Therefore, a recommendation of this research is the consideration of the introduction of a joint performance management process.

Recommendation Five: Combined Training and Leadership Development

This is a critical element of the model as mutual understanding and organisational and individual responsibilities was a view commonly espoused by participants in this research when describing the necessary ingredients for effective cross-sector working. The collective de-brief of working practices and the joint training and development of leaders at all levels is essential, not only in developing relationships but in creating a shared understanding of the history and path dependence of each other's organisations and the challenges this presents to effective collaborative working.

Suggestions for Further Research

While this research provides a significant contribution to the knowledge it also has its limitations. Therefore, several additional areas for further research have been identified which would help to develop and test these research findings.

Firstly, repeating the research methodology with a similar cohort outside the Bristol City region would provide comparative data that would either support or challenge the legitimacy of the findings in this research. While an identical environment is unlikely to be replicated, the additional variables in an alternative setting might be valuable in understanding the legitimacy of the conclusions in this research, or whether these research findings are transferable beyond the Bristol City region.

Secondly, repeating the study with a cohort of less senior leaders within the three organisations that participated in this research to try to establish whether the findings were unique to the most senior leaders, or whether they were consistent with the views of those leaders closer to the front end of service delivery would be of value.

Thirdly, testing the collective service model presented in figure 13 in an operational environment. This would be valuable in testing the claims made in this research that a more bottom-up service-led approach to collaboration would be more effective in the short term than a more top-down organisational response. This might involve a closer focus on each of the components of the model to assess their relevance, appropriateness and necessity.

Fourthly, this research has outlined considerable support for a whole systems approach to the delivery of public services. However, a study to test the extent to which collaborative working improves efficiency or effectiveness and whether there are sufficient governance and performance frameworks in place to test this would be worthy of further exploration.

Finally, the importance of shared organisational values was a consistent theme from participants in this research. Therefore firstly examining the current stated values of public service providers in the Bristol city region, and examining whether these are

shaped by the historical institutionalism and path dependence of the individual organisation and the identifying whether any disparity in stated values is a barrier to effective collaborative working would add value to the discussion on this topic.

REFERENCES

AbouAssi, K., Bauer, Z. and Johnston, J.M., 2018. Collaboration, Venus, and Mars: The Gender Factor in Intersectoral Relations. *Journal of Public Administration Research and Theory*, 29(1), pp.18-31.

Accenture., 2014. '*How can digital police solutions better serve citizens' expectations?*'[online] Available from https://www.accenture.com/gb-en/insight-how-can-digital-police-solutions-better-serve-citizens.[Accessed 12 November 2019].

Agranoff, R. and McGuire, M., 2001. Big questions in public network management research. *Journal of public administration research and theory,* 11(3), pp.295-326.

Agranoff, R., 2005. Managing collaborative performance: Changing the boundaries of the state?. *Public Performance & Management Review,* 29(1), pp.18-45.

Amsler, L.B. and O'Leary, R., 2017. Collaborative public management and systems thinking. *International Journal of Public Sector Management*, 30(6-7), pp.626-639.

Anandaciua, S., Ward, D. and Randhawa, M., 2018. *Leadership in today's NHS. Delivering the impossible.* London: The Kings Fund and NHS Providers.[online] https://www.kingsfund.org.uk/sites/default/files/2018-07/Leadership_in_todays_NHS.pdf. [Accessed 20 January 2020].

Andersen, S.C. and Hjortskov, M., 2015. Cognitive biases in performance evaluations. *Journal of Public Administration Research and Theory*, 26(4), pp.647-662.

Andersen, L.B., Boesen, A. and Pedersen, L.H., 2016. Performance in public organizations: Clarifying the conceptual space. *Public Administration Review*, 76(6), pp.852-862.

Andrews, D., Nonnecke, B. and Preece, J., 2003. Electronic survey methodology: A case study in reaching hard-to-involve Internet users. *International journal of human-computer interaction, 16(2), pp.185-210.*

Anechiarico, F. and Jacobs, JB., (1996) *The Pursuit of Absolute Integrity: How Corruption Control Makes Government Ineffective.* Chicago, IL: University of Chicago Press.

Armstrong, M., 2019. .[online] All of the data created in 2018 is equal to… https://www.statista.com/chart/17723/the-data-created-last-year-is-equal-to/ [Accessed 15 October 2019].

Arthur, B., 1994. Increasing Returns and Path Dependence in the Economy. Ann Arbor: University of Michigan Press.

Atkinson, M. and Maxwell, V., 2007. Driving performance in a multi-agency partnership using outcome measures: *a case study. Measuring Business Excellence,* 11(2), pp.12-22.

Aucoin, P., 1990. Administrative reform in public management: paradigms, principles, paradoxes and pendulums.*Governance,* 3(2), pp.115-137.

Audit Commission, 2004. *Crime Recording: Improving the Quality of Crime Records in Police Authorities and Forces in England and Wales*, London:Audit Commission.

Audit Commission, 2007. *Police Data Quality 2006/7. London.* [Online] HMSO at http://webarchive.nationalarchives.gov.uk/20150216142613/http://archive.aud itcommission.gov.uk/auditcommission/SiteCollectionDocuments/AnnualRepo rts/2007/policedataquality2006_07REP.pdf. [Accessed 13 March 2019].

Audit Commission., 2009. Final Score. [Online]*The impact of the Comprehensive Performance Assessment of local government 2002-08.* https://webarchive.nationalarchives.gov.uk/20100608161241/http://www.audit commission.gov.uk/SiteCollectionDocuments/AnnualReports/2009/05032000 9FinalScoreSummary.pdf. . [Accessed 13 March 2019].

Bajorek, Z.M. and Bevan, S.M., 2015. Performance-related-pay in the UK public sector: A review of the recent evidence on effectiveness and value for money. Journal of Organizational Effectiveness: People and Performance, 2(2), pp.94-109.

Balogun, J., Gleadle, P., Hailey, V.H. and Willmott, H., 2005. Managing Change Across Boundaries: Boundary Shaking Practices 1. *British Journal of Management*, 16(4), pp.261-278.

Barberis, P., 1998. The new public management and a new accountability. *Public administration,* 76(3), pp.451-470.

Bardach, E.,1998. *Getting agencies to work together: The practice and theory of managerial craftsmanship.* Brookings Institution Press

Barton, H., 2013, May. *'Lean policing': Initial findings from a study of 5 UK police forces.* In Actes du 24th Annual POMS 2013 Conference, Denver, Colorado (pp. 3-6). [Online] https://www.pomsmeetings.org/ConfProceedings/043/FullPapers/FullPaper_fi les/043-0542.pdf.[Accessed 22 September 2019].

Baumgartner, R. M., & Heberlein, T. A., 1984. Recent research on mailed questionnaire response rates. *New Directions for Program Evaluation*, 1984 (21), 65-76.

Baumgartner, F. and Jones, B., 1993. *Agendas and instability in American politics.* University of Chicago Press.

Becker, H. S., 1967. *Whose side are we on*. Social problems, 14(3), 239-247.

Beecham, J., 2006. Making the Connections: *Delivering Beyond Boundaries: Transforming Public Services in Wales*: Welsh Assembly Government; November 2006. ISBN 0 7504 8949 9. [Online] https://webarchive.nationalarchives.gov.uk/20080109181520/http://new.wales. gov.uk/dpsp/publications/policies/delivering/Responsee?lang=en [Accessed 20 January 2020].

Beer , S ., 1966 . *Decision and Control* . London : Wiley .

Behn, R., 2001. *Rethinking Democratic Accountability*. Washington, DC: Brookings Institute.

Behn, R.D., 2003. Why measure performance? Different purposes require different measures. *Public administration review*, 63(5), pp.586-606.

Berelson, B., 1952. *Content Analysis in Communication Research*. Free Press

Berins Collier, R., and Collier, D., 1991. *Shaping the Political Arena: Critical Junctures, the Labor Movement, and Regime Dynamics in Latin America. Princeton*, NJ: Princeton University Press.

Bevan G., 2006. 'Setting targets for health care performance: lessons from a case study of the English NHS'. *National Institute Economic Review*, vol 197, pp 67–79.

Bevan, G. and Hood, C., 2006. What's measured is what matters: targets and gaming in the English public health care system. *Public administration*, 84(3), pp.517-538.

Bichard, M. 2012. Public service leadership needs true partnership working. [online] https://www.theguardian.com/public-leaders-network/2012/dec/13/public-service-leadership-michael-bichard.[Accessed 12 March 2019].

Bird, S.M., Sir David, C., Farewell, V.T., Tim, H. and Peter C, S., 2005. Performance indicators: good, bad, and ugly. *Journal of the Royal Statistical Society: Series A (Statistics in Society)*, 168(1), pp.1-27.

Birmingham Total Place Pilot Final Report., 2010. [online] https://www.leadershipcentre.org.uk/wp-content/uploads/2016/12/TP_Birmingham_Final_Report_version_2.pdf.[accessed on 12 March 2019].

Bolden, R., Petrov, G. and Gosling, J., 2009. Distributed leadership in higher education: Rhetoric and reality. *Educational Management Administration & Leadership*, 37(2), pp.257-277.

Bolland, J.M. and Wilson, J.V., 1994. Three faces of integrative coordination: a model of interorganizational relations in community-based health and human services. *Health services research*, 29(3), p.341.

Boswell, C., 2015. The double life of targets in public policy: disciplining and signalling in UK Asylum policy. *Public Administration*, 93(2), pp.490-505.

Boswell, C., 2018. *Manufacturing Political Trust*. Cambridge University Press.

Bousquet, A. and Curtis, S., 2011. Beyond models and metaphors: complexity theory, systems thinking and international relations. *Cambridge review of international affairs*, *24*(01), pp.43-62.

Bovaird, T., 2008. Emergent strategic management and planning mechanisms in complex adaptive systems: The case of the UK best value initiative. *Public Management Review*, 10(3), pp.319-340.

Bristol One City Plan., 2019. Published 11 January 2019. [online] https://www.bristolonecity.com/one-city-plan/ [Accessed 20 January 2020].

Bryman, A., 2012. *Social research methods*. Oxford university press. 4th Edition.

Bryman, A. and Cramer, D., 2012. *Quantitative data analysis with IBM SPSS 17, 18 & 19: A guide for social scientists*. Routledge.

Bryson, J.M., Crosby, B.C. and Stone, M.M., 2006. The design and implementation of Cross Sector collaborations: Propositions from the literature. *Public administration review,* 66, pp.44-55.

Bryson, J.M., Crosby, B.C. and Bloomberg, L., 2014. Public value governance: Moving beyond traditional public administration and the new public management. *Public Administration Review*, 74(4), pp.445-456.

Bulmer, M., 1982. *The merits and demerits of covert participant observation* (pp. 217-251). Macmillan Education UK.

Buttle, F., 1997. ISO 9000: marketing motivations and benefits. *International journal of quality & reliability management,* 14(9), pp.936-947.

Cairncross, L. and Ashburner, L., 1992. Out of the bunker. *The Health service journal,* 102(5293), p.20.

Cairney, P., 2012. Complexity theory in political science and public policy. *Political Studies Review,* 10(3), pp.346-358.

Cameron, D., 2010. Big Society Speech. [online] https://www.gov.uk/government/speeches/big-society-speech. [accessed 15 September 2019]

Capoccia, G., 2012. Historical Institutionalism and the Politics of Institutional Change. *Manuscript, University of Oxford*.

Capoccia, G., 2016. Critical Junctures in *The Oxford handbook of historical institutionalism*. Oxford University Press.

Capoccia, G. and Kelemen, R.D., 2007. The study of critical junctures: Theory, narrative, and counterfactuals in historical institutionalism. *World politics,* 59(3), pp.341-369.

Carter, N., 1991. Learning to measure performance: the use of indicators in organizations. *Public Administration*, 69(1), pp.85-101.

Charles, A; Wenzel,L; Kershaw, M; Ham, C; and Walsh, N., 2018. *A Year of Integrated Care Systems. Reviewing the Journey So Far.* The Kings Fund. September 2018. [online] https://www.kingsfund.org.uk/publications/year-integrated-care-systems [Accessed 20 January 2020].

Charmaz, K., 2009. Grounded Theory., *The SAGE Encyclopedia of Social Science Research Methods. 2003*. Sage Publications. 24 May.

Checkland, K., Segar, J., Voorhees, J. and Coleman, A., 2015. '*Like a Circle in a Spiral, Like a Wheel within a Wheel': The Layers of Complexity and Challenge for Devolution of Health and Social Care in Greater Manchester*. Representation, 51(4), pp.453-469.

Choi, T. and Robertson, P., 2018. Contributors and Free-Riders in Collaborative Governance: A Computational Exploration of Social Motivation and Its Effects, *Journal of Public Administration Research and Theory*, Volume 29, Issue 3, July 2019, Pages 394–413.

Christensen, T. and Lagrid, P., 2008 *Context and administrative reforms: A transformative approach. In: Pollitt C (ed.) Context in Public Policy and Management – The Missing Link?* London: Edward Elgar, pp. 131–156.

Chudoba, B., 2018. How much time are respondents willing to spend on your survey? Survey Monkey [on line] www.surveymonkey.com/curioaisty/survey_completion_times/ [Accessed 12 April 2019].

Church, A.H., 1993. Estimating the effect of incentives on mail survey response rates: A meta-analysis. *Public opinion quarterly*, 57(1), pp.62-79.

Clandinin, D.J. and Connelly, F.M., 2000. *Narrative inquiry: Experience and story in qualitative research:* Jossey-Bass. *San Francisco*.

Clatworthy, M., Mellett, H. and Peel, M., 2000. Corporate governance under 'New Public Management': an exemplification. *Corporate Governance: An International Review*, 8(2), pp.166-176.

Clegg, S. and Hardy. C., 1996 "*Conclusion: Representations.*" In
Stewart R. Clegg, Cynthia Hardy, and Walter R. Nord, Public Network
Management Research eds. Handbook of Organization Studies. London: Sage.

Collier, P., 2018. Rational social man, speech acts, and the compliance problem,
Blavatnik School of Government. University of Oxford; BSG Working Paper
Series. SG-WP-2018/025. [online]
https://www.bsg.ox.ac.uk/research/publications/rational-social-man-speech-
acts-and-compliance-problem-0. [Accessed 14 October 2019].

Cordner, G., 2004. *The survey data: What they say and what they don't say about
community policing*, in Fridell and Wycoff (eds.) Community policing – The
past, present, and future. Washington, D.C.: Police Executive Research
Forum. [online].
https://www.policeforum.org/assets/docs/Free_Online_Documents/Communit
yy_Policing/community%20policing%20%20the%20past%20present%20and
%20future%202004.pdf [Accessed 20 January 2020].

Cormode, L. and Hughes, A., 1999. *The economic geographer as a situated
researcher of elites.* Press.

Crawford, R., and Emmerson, C., 2012. *NHS and social care funding: the outlook to
2021/22.* London: Nuffield Trust.

Cresswell, J.W., 2009. *Research design: qualitative and mixed-method approaches.*
Sage Publications.

Curtis, I. 2011., The Police Magazine: *Police Federation Publications*, May 2011.

Curtis, I., 2015. The use of targets in policing. [online]
https://www.gov.uk/government/publications/the-use-of-targets-in-
policing.[Accessed 12 March 2019].

David, P., 1985. Clio and the Economics of QWERTY." *American Economic
Review 75: 332–337.*

David, P., 2007. Path Dependence: A Foundational Concept for Historical Social
Science. *Cliometrica 1 (2), 91–114.*

Davies, W., 2016. *The limits of neoliberalism: Authority, sovereignty and the logic of
competition.* Sage.

Day, D.V., 2000. Leadership development:: A review in context. *The leadership
quarterly*, 11(4), pp.581-613.

Denhardt, K., & Aristigueta, M., 2008. *Performance management systems: Providing
accountability and challenging collaboration.* In W. Van Dooren & S. Van de
Walle(Eds.), Performance information in the public sector: how it is used (pp.
106–125).Basingstoke, UK: Palgrave Macmillan.

Denhardt, R.B. and Denhardt, J.V., 2000. The new public service: Serving rather than steering. *Public administration review,* 60(6), pp.549-559.

Department for Communities and Local Government., 2008. *National indicators for local authorities and local authority partnerships: Handbook of definitions.* [online] https://www.bipsolutions.com/docstore/pdf/24723.pdf [accessed on 20 January 2020].

Department for Communities and Local Government., 2011. A Plain English Guide to the Localism Act. [online]. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/at tachment_data/file/5959/1896534.pdf. [Accessed 12 December 2019].

Department of Health, 2000., *The NHS Plan The Government's response to the Royal Commission on Long Term Care.* Published July 2000. [online] https://webarchive.nationalarchives.gov.uk/20110503161023/http://www.dh.g ov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitala sset/dh_4082154.pdf. [Accessed 20 January 2020].

Department of Health., 2003. *The Shipman Inquiry.* Transcript Archive . Transcript for Day 182 (Tue 14 Oct 2003) (Chair Dame Janet Smith) [online] http://www.the-shipman-inquiry.org.uk. [Accessed 12 October 2019].

Department of Health., 2004. *Standards for Better Health. London.* [online] https://webarchive.nationalarchives.gov.uk/20121206105212/http://www.dh.g ov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitala sset/dh_4132991.pdf. [Accessed 12 October 2019].

Department of Education GCSE and equivalent results: 2017 to 2018 (provisional)[online.https://www.gov.uk/government/statistics/gcse-and-equivalent-results-2017-to-2018-provisional [Accessed 10 April 2019].

Department of Health., 2005. *A Short Guide to NHS Foundation Trusts.* London. [online].https://www.wwl.nhs.uk/Library/Foundation_Trust/Foundation_Trust _Guide.pdf. [Accessed 4 September 2019].

Department of Health,. 2008. *Developing the NHS Performance Regime.* [online] https://navigator.health.org.uk/content/developing-nhs-performance-regime-2008.[Accessed 20 January 2020].

Department of Health., 2010a. '*Hospital Waiting Times and Waiting Lists'* (Historical Time Series). Department of Health website. [online] www. dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/ HospitalWaitingTimesand ListStatistics/index.htm. [Accessed 12 September 2019].

Department of Health., 2010b. *Equity and Excellence: Liberating the NHS.* London.[online].
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf [Accessed 12 March 2019].

Department for Communities and Local Government., 2011. *A plain English guide to the Localism Act.*[online]
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/5959/1896534.pdf. [Accessed 10 September 2019].

Department for Communities and Local Government., 2011. *Accountability: Adapting to decentralisation.*
[online]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6263/1994187.pdf.[Accessed 12 September 2019].

Dillman, D.A., Smyth, J. D., & Christian, L. M., 2014. *Internet, Phone, Mail, and Mixed-Mode Surveys*: The Tailored Design Method, John Wiley & Sons, Incorporated.

DiMaggio, P., and Powell, W. 1983. The Iron Cage Revisited: Institutional Isomorphism and Collective, Rationality in Organizational Fields. *American Sociological Review 48 (2): 147–160.*

Dingwall, R., 1980. Ethics and ethnography. *The sociological review,* 28(4), 871-891.

Dohrenwend, B. P. 1966. Social status and psychological disorder: An issue of substance and an issue of method. American Sociological Review, 14-34.

Drucker, P. F., 1995. *Managing in a time of great change.* New York: Truman Talley Books/Dutton.

Drummond, A.,1990.. Surveys. *Clinical Rehabilitation*, *4*(4), 255–259.

Dubnick, M.J., 2002. August. Seeking salvation for accountability. *In annual meeting of the American Political Science Association* (Vol. 29, pp. 7-9).

Dubnick, M., 2005. Accountability and the promise of performance: In search of the mechanisms. *Public Performance & Management Review,* 28(3), pp.376-417.

Durkheim, E., Solovay, S. A., Mueller, J. H., & Catlin, S. G. E. G., 1938. *The Rules Of Sociological Method, by Emile Durkheim...* Translated by Sarah A. Solovay and John H. Mueller and Edited by George EG Catlin. New York, Free Press [1964].

Edwards, B., Linton, J. and Potter, C., 1993. *The National Health Service: A Manager's Tale 1946-1992 (Vol. 6).* Nuffield Provincial Hospitals Trust.[online] https://www.nuffieldtrust.org.uk/files/2017-01/a-managers-tale-web-final.pdf. [Accessed 20 January 2020].

EFQM, 1999., The EFQM excellence model. European Foundation for Quality Management.[online] https://www.efqm.org/. [Accessed 10 May 2019].

Emerson, K., Nabatchi, T. and Balogh, S., 2012. An integrative framework for collaborative governance. *Journal of public administration research and theory,* 22(1), pp.1-29.

Emmerson, C. and Tetlow, G., 2015., UK public finances: from crisis to recovery. *Fiscal Studies,* 36(4), pp.555-577.

Erikson, K.T., 1966. *A comment on disguised observation in sociology*. Soc. Probs., 14, p.366.

Eterno, J. A., & Silverman, E. B. 2012. *The crime numbers game: Management by manipulation*. CRC Press.

Evans, M., Marsh, D. and Stoker, G., 2013. *Understanding localism*. Policy studies, 34(4), pp.401-407.

Falleti, T., and Lynch, T., 2009. Context and Causation in Political Analysis. *Comparative Political Studies 49 (9): 1143–1166.*

Fayol, H., & Coubrough, J. A., 1930. *Industrial and general administration*. London: Sir Isaac Pitman & Sons.

Ferlie, E., Fitzgerald, L. and Pettigrew, A., 1996. *The new public management in action*. OUP Oxford.

Fielding, N. 1996. *Enforcement, service and community models of policing. Themes in contemporary policing*. London: Independent Committee of Inquiry into Role and Responsibilities of the Police, 42-59.[online] http://www.psi.org.uk/publications/archivepdfs/Role%20pol/INDPOL-0.P.pdf. [Accessed 12 September 2019].

Fioretos, O., Falleti, T.G. and Sheingate, A. eds., 2016. *The Oxford handbook of historical institutionalism*. Oxford University Press.

Flanagan, R. 2008., *The Review Of Policing – Final Report*. Home Office. London.[online] https://www.justiceinspectorates.gov.uk/hmicfrs/media/flanagan-review-of-policing-20080201.pdf. [Accessed 14 July 2019].

Flinders, M., 2001. *The Politics of Accountability in the Modern State*; Ashgate: Aldershot.

Flinders, M. and Moon, D.S., 2011. The problem of letting go: The 'Big Society', accountable governance and 'the curse of the decentralizing minister'. *Local Economy,* 26(8), pp.652-662.

Foster, D., 2018. *NHS ability to meet targets will define Matt Hancock's time as health secretary, say unions*. The Guardian 13 July 2018. [online] https://www.theguardian.com/society/2018/jul/13/nhs-operation-waiting-lists-reach-10-year-high-at-43m-patients.[Accessed November 2 2019].

Fountain, J. E., 1994. "*Trust as a Basis for Organizational Forms." Paper presented at conference, Network Analysis and Innovations in Public Programs*, University of Wisconsin-Madison. September 30-October 1.

Francis, R., 2010. *Independent inquiry into care provided by mid Staffordshire NHS Foundation Trust January 2005-March 2009* (Vol. 1). The Stationery Office. [online]. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279109/0375_i.pdf. [Accessed 12 December 2019].

Francis, R., 2013. *Report of the Mid Staffordshire NHS Foundation Trust public inquiry: executive summary* (Vol. 947). The Stationery Office. [online]. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf. [Accessed 20 January 2020].

Frankfort-Nachmias, C., & Nachmias, D., 1992. *Research Methods in the Social Sciences,* (Edward Arnold, London). Pakistan Journal of Criminology.

Frederickson, H.G., 1976. Public administration in the 1970s: developments and directions. *Public Administration Review*, 36(5), pp.564-576.

Frederickson, H.G., 2007. When accountability meets collaboration. *Public Administration Times*, 30(11).

Frey, J. H. 2004. Telephone surveys. *The Sage Encyclopaedia of Social Science Research Methods*. London: Sage.

Fridell, L., 2004. *The results of three national surveys on community policing.* Community policing: The past, present, and future, pp.39-58.

Gallie, W. 1956., *Essentially contested concepts.* Proceedings of the Aristotlelian Society 56: 167–198.

Gallo, J., and Thompson, P.R., 2000. Goals, measures, and beyond: In search of accountability in federal HRM. *Public Personnel Management*, 29(2), pp.237-248.

Gammie, J., 2016. *Health Waiting time targets for treating new and expecting mothers with serious mental health problems were scrapped and removed from new national guidance.* Health Service Journal. 15 May 2018 [online] https://www.hsj.co.uk/mental-health/exclusive-waiting-times-targets-removed-from-nhs-england-guidance/7022376.article. [Accessed 20 January 2020]

Gans, H., 1962. *The urban villagers.* Glencoe.

Gershon, P., 2004 Releasing resources to the front line: *Independent Review of Public Sector Efficiency*, July 2004.

Getha-Taylor, H., Grayer, M.J., Kempf, R.J. and O'Leary, R., 2019. Collaborating in the Absence of Trust? What Collaborative Governance Theory and Practice Can Learn From the Literatures of Conflict Resolution, Psychology, and Law. *The American Review of Public Administration*, 49(1), pp.51-64.

Geyer, R. and Rihani, S. (2010) *Complexity and Public Policy.* London: Routledge.

Geyer, R. (2012) 'Can Complexity Move UK Policy beyond "Evidence-Based Policy Making" and the "Audit Culture"? Applying a "Complexity Cascade" to Education and Health Policy', *Political Studies*, 60 (1), 20–43

Glaser, B. S., & Strauss, A. 1971. A. 1967, *The discovery of grounded theory*. New York.

Goldstein, J. and Keohane, R.O. eds., 1993. *Ideas and foreign policy: beliefs, institutions, and political change.* Cornell University Press.

Grint, K., 2005. Problems, problems, problems: The social construction of 'leadership'. *Human relations*, 58(11), pp.1467-1494.

Grobman, G.M., 2005. Complexity theory: a new way to look at organizational change. *Public Administration Quarterly*, pp.350-382.

Grube, D., 2012. A very public search for public value: 'Rhetorical Secretaries' in Westminster jurisdictions. *Public administration,* 90(2), pp.445-465.

Gubb, J., 2009. '*Have targets done more harm than good in the English NHS? Yes'.* British Medical Journal, vol 338, pp 442–3. [online] www.bmj.com/cgi/content/full/338/ jan16_2/a3130.[Accessed 20 January 2020].

Hall, P.A., 2016. *Politics as a process structured in space and time.* The Oxford handbook of historical institutionalism, pp.31-50.

Hall, P.A., and Lamont, M., 2013. Why social relations matter for politics and successful societies. *Annual Review of Political Science*, 16, pp.49-71.

Hall, P. A., and Taylor, R., 1996. Political Science and the Three New Institutionalisms. *Political Studies 46: 936–957.*

Hanf, K. and O'Toole Jr, L.J., 1992. Revisiting old friends: networks, implementation structures and the management of inter‑organizational relations. *European journal of political research,* 21(1‑2), pp.163-180.

Harfield, C., 1997. Consent, consensus or the management of dissent? Challenges to community consultation in a new policing environment. *Policing and Society,* 7, p271-289.

Harrell, M.C. and Bradley, M.A., 2009. *Data collection methods. Semi-structured interviews and focus groups.* Rand National Defense Research Inst santa monica ca.[online] https://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR718.pdf. [Accessed 12 September 2019].

Hayek, F.A., 2014. *The road to serfdom: Text and documents*: The definitive edition. Routledge.

Hicks, A., 1994. *Qualitative Comparative Analysis and Analytical Induction The Case of the Emergence of the Social Security State.* Sociological Methods & Research, 23(1), 86-113.

Hilgers, M., 2013. *Embodying neoliberalism: thoughts and responses to critics.* Social Anthropology, 21(1), pp.75-89.

H.M. Government., 1835. *The Municipal Corporations Act.* [online] https://www.scribd.com/doc/71446147/Municipal-Corporations-Act-1835.[Accessed 12 March 2019].

H.M. Government,. 1964. *The Police Act.* [online] https://www.legislation.gov.uk/ukpga/1964/48/contents.[Accessed 12 March 2019].

H.M. Government,. 1990. *The National Health Service and Community Care Act.*[online] http://www.legislation.gov.uk/ukpga/1990/19/contents. [Accessed 12 March 2019].

H.M. Government., 1991. *The Citizens Charter. Raising the Standard.* London: The Stationary Office July 1991.

H. M. Government., 1991. *The Patient's Charter.* London: The Stationery Office.

H. M. Government., 1992. *The Local Government Act.* [online] http://www.legislation.gov.uk/ukpga/1992/19/contents. [Accessed 12 March 2019].

H.M. Government., 1993. White Paper - *Police reform: a police service for the 21stcentury the Governments proposals for the police service in England and Wales.* [online] https://www.gov.uk/government/publications/police-reform-a-police-service-for-the-21st-century-the-governments-proposals-for-the-police-service-in-england-and-wales.[Accessed 12 March 2019].

H.M. Government., 1994. *The Police and Magistrates Court Act.* [online http://www.legislation.gov.uk/ukpga/1994/29/contents.[Accessed 10 September 2019].

H.M. Government., 1996. *The Police Act.* [online] https://www.legislation.gov.uk/ukpga/1996/16/contents.[Acessed 10 September 2019].

H.M. Government., 1999. *Modernising Government White Paper*.[online]
http://www.archive.official-
documents.co.uk/document/cm43/4310/4310.htm.[accessed 12 September
2019].

H.M. Government., 1999. *The Health Act.,* HMSO. [online]
https://www.legislation.gov.uk/ukpga/1999/8/section/19. [Accessed 20
January 2020].

H.M. Government., 2001. *Health and Social Care Act.,* HMSO
http://www.legislation.gov.uk/ukpga/2001/15/contents.[Accessed 10
September 2019].

H.M. Government., 2002. *The Police Reform Act.* [online]
http://www.legislation.gov.uk/ukpga/2002/30/contents.[Accessed 12
September 2019].

H.M. Government., 2003. *Commission for Health Improvement.* [online]
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/at
tachment_data/file/273479/0086.pdf.[Accessed 23 September 2019].

H.M. Government., 2003. *Health and Social Care (Community Health Standards)*
Act.[online]. http://www.legislation.gov.uk/ukpga/2003/43/contents.[Accessed
10 July 2019].

H.M. Government., 2004. *Building Communities: Beating Crime White Paper*.
[online]https://assets.publishing.service.gov.uk/government/uploads/system/u
ploads/attachment_data/file/251058/6360.pdf.[Accessed 10 October 2019].

H.M. Government., 2004. *Choosing Health White paper.* [online]
https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Public
ationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550
.[Accessed 12 October 2019].

H.M. Government., 2006. *Strong and Prosperous
Communities White Paper.* The Department for Local Government. October
2006. [online] https://www.gov.uk/government/publications/strong-and-
prosperous-communities-the-local-government-white-paper.[Accessed 22
October 2019].

H.M. Government., 2007. *'NHS autonomy and accountability: Proposals for
legislation White Paper*. [online].
http://www.nhshistory.net/NHSautonomyandaccountability.pdf. [Accessed 20
January 2020].

H.M. Government., 2009 *Putting the Frontline First: Smarter Government.*
[online] https://www.gov.uk/government/publications/putting-the-frontline-
first-smarter-government.[Accessed 20 January 2020]

H.M. Government., 2010. *The Coalition: our programme for government.* [online]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/
78977/coalition_programme_for_government.pdf. [Accessed 20 January
2010].

H.M. Government., 2011. *Police Reform and Social Responsibilities Act*. [online]
http://www.legislation.gov.uk/ukpga/2011/13/contents/enacted[Accessed 20
January 2020].

H.M. Government., 2012.*The Health and Social Care Act*. [online]
https://www.gov.uk/government/publications/health-and-social-care-act-2012-
fact-sheets.[accessed 20 January 2020].

H.M. Government., 2013. Service First Standards. [online]
https://www.gov.uk/government/publications/service-first-standards.
[Accessed 20 January 2020].

H.M. Inspectorate of Constabulary., 1999. *Police Integrity England, Wales and
Northern Ireland securing and maintaining public confidence*. London:
HMSO. [online].
https://www.justiceinspectorates.gov.uk/hmicfrs/media/police-integrity-
19990601.pdf. [Accessed 23 November 2019].

H.M. Inspectorate of Constabulary., *2016. PEEL: Police efficiency National
Overview*. P.10. [online].
https://www.justiceinspectorates.gov.uk/hmic/publications/peel-police-
efficiency-2016. [Accessed 20 January 2020].

H.M. Treasury., 2004. *Spending Review*. HMSO. [online]
https://webarchive.nationalarchives.gov.uk/20071204140553/http://www.hm-
treasury.gov.uk/spending_review/spend_sr04/report/spend_sr04_repindex.cfm
. [Accessed 20 January 2020].

H.M. Treasury., 2010 (1*). Spending Review*. HMSO. [online]
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/at
tachment_data/file/203826/Spending_review_2010.pdf. [Accessed 20 January
2020].

H.M. Treasury., 2010 (2). Total place: a whole area approach to public services
London.[online]
http://webarchive.nationalarchives.gov.uk/20130125093102/http://www.hm-
treasury.gov.uk/d/total_place_report.pdf. [Accessed 20 January 2020].

Hood, C., 1991. A public management for all seasons?. *Public administration,* 69(1),
pp.3-19.

Hood, C., 1995. The "New Public Management" in the 1980's: variations on a theme.
Accounting, organizations and society, 20(2), pp.93-109.

Hood, C., et al., Eds. 2004. *Controlling Modern Government – Variety, Commonality and Change;* Edward Elgar: Cheltenham.

Home Office. 2008a. Assessment of Policing and Community Safety. [online] http://webarchive.nationalarchives.gov.uk/20070108123845/police.homeoffice.gov.uk/performance-and-measurement/assess-policing-community-safety/apacs-faqs-intro/ [Accessed 12 June 2019].

Home Office., 2008b. From the neighbourhood to the national: policing our communities together. [online]. https://www.gov.uk/government/publications/from-the-neighbourhood-to-the-national-policing-our-communities-together.[Accessed 12 September 2019].

Home Office., 2010**.** Police reform: Home Secretary (Teresa May) speech to ACPO conference . [online] https://www.gov.uk/government/speech**es**/police-reform-home. [Accessed on 20 January 2020].

Home Office., 2014. *Crime Data Integrity Crime-recording: making the victim count'* HMIC: HMSO. November 2014. [online] https://www.justiceinspectorates.gov.uk/hmicfrs/publications/crime-recording-making-the-victim-count/ [Accessed 12 June 2019].

House of Commons Committee of Public Accounts., 1994. The proper conduct of public business, Session 1993/4, 8th Report, HCP 154 (London: HMSO).[online] https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/publications/ [A Accessed 20 January 2020].

House of Commons Public Administration Select Committee., 2003. *On Target? Government By Measurement.* Fifth Report of Session 2002-03 Volume I. [online]https://publications.parliament.uk/pa/cm200203/cmselect/cmpubadm/62/62.pdf. [Accessed 20 January 2020].

House of Commons Committee of Public Accounts., 2011. *Accountability for Public Money: Twenty-eighth Report of Session, 2010–11*, HC 740.[online] https://publications.parliament.uk/pa/cm201011/cmselect/cmpubacc/740/740.pdf. [Accessed 12 September 2019].

House of Commons Public Administration Select Committee., 2014. *Caught Red-Handed: Why we can't count on Police Recorded Crime statistics.* Stationary Office, London. April 2014.[online]. https://www.gov.uk/government/publications/caught-red-handed-why-we-cant-count-on-police-recorded-crime-statistics.[Accessed 20 January 2020].

Howard, P.E., Rainie, L. and Jones, S., 2001. Days and nights on the Internet: The impact of a diffusing technology. *American Behavioral Scientist*, 45(3), pp.383-404.

Hughes, O.E., 1998. The traditional model of public administration. *Public Management and Administration* (pp. 22-51). Palgrave, London.

Huxham, C. and Vangen, S., 2000.Ambiguity, complexity and dynamics in the membership of collaboration. *Human relations*, 53(6), pp.771-806.

Immergut, E., 1998. The Theoretical Core of the New Institutionalism. *Politics & Society 26: 5–34.*

Ingraham, P.W., 2005. Performance: Promises to keep and miles to go. *Public Administration Review*, 65(4), pp.390-395.

Innes, J. and Booher, D., 1999 "Consensus Building and Complex Adaptive Systems: A Framework for Evaluating Collaborative Planning." *Journal of the American Planning Association* 65:412-23.

Ivey, J., 2012. The value of qualitative research methods. *Pediatric Nursing*, 38(6), p.319.

Jeffrey, S. 2017. End of Term Report: *How is Andy Burnham doing as Major of Greater Manchester.* City Metric. 8 December 2017.[online] https://www.citymetric.com/politics/end-term-report-how-andy-burnham-doing-mayor-greater-manchester-3533. [Accessed 12 February 2019].

Jervis, R., 1998. *System effects: Complexity in political and social life*. Princeton University Press.

Jick, T.D., 1979. Mixing qualitative and quantitative methods: Triangulation in action. *Administrative science quarterly*, 24(4), pp.602-611.

John, P., 1998. *Analysing Public Policy* (Pinter, London).

John, T. and Maguire, M., 2004. The National Intelligence Model: key lessons from early research. London: Home Office.[online] http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.625.4738&rep=rep1 &type=pdf. [Accessed 10 June 2019].

Jones, D. and Mitchell, A., 2006. Lean thinking for the NHS(Vol. 51). London: NHS confederation.

Kahneman, D. and Tversky, A., 1979. *Prospect theory: An analysis of decision under risk.* Econometrica, 47(2), pp.363-391.[online] https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Lean-thinking-for-the-NHS.pdf. [Accessed 12 September 2019].

Kantor, P.B. and Zangwill, W.I., 1998. *Toward a theory of continuous improvement.* University of Chicago Business School Working Paper.

Kaufman, H., 1977. *Red tape: Its origins, uses, and abuses*. Brookings Institution Press.

Kaplan, R.S. and Norton, D.P., 1998. *Putting the Balanced Scorecard to Work.* The Economic Impact of Knowledge, p.315.

Katznelson, I. and Weingast, B.R. eds., 2005. *Preferences and Situations: Points of Intersection Between Historical and Rational Choice In.* Russell Sage Foundation.

Kelly, G. Mulgan, G. and Muers, S., 2002. *Creating Public Value: An analytical framework for public service reform.* London: Strategy Unit, Cabinet Office.

Kerr, R., 2018. *Empowering NHS leaders to Lead. [online]* https://www.gov.uk/government/publications/sir-ron-kerr-review-empowering-nhs-leaders-to-lead.[Accessed 12 June 2019].

Kettl, D.F., 2006. *The global public management revolution.* Brookings Institution Press.

Klikauer, T., 2013. *Managerialism: A critique of an ideology.* Springer.

Koppell, J., 2005. Pathologies of accountability: ICANN and the challenge of 'multiple accountabilities disorder'. *Public Administration Review* 65(1): 94–08.

Krasner, S.D., 1984. *Approaches to the state: Alternative conceptions and historical dynamics.* Comparative Politics.

Laumann, E.O. and Knoke, D., 1987. *The organizational state: Social choice in national policy domains.* Univ of Wisconsin Press.

Lawton, A.; Rose, A. 1991. *Organization and Management in the Public Sector*; Pitman Publishing: London.

Lee Baker, D. and Stahl, E.M., 2004. Case study of interagency coordinating councils: Examining collaboration in services for children with disabilities. *Journal of disability policy studies*, 15(3), pp.168-177.

Leishman, F., Cope, S., & Starie, P. 1995. Reforming the police in Britain: new public management, policy networks and a tough "old bill". *International Journal of Public Sector Management,* 8(4), 26-37.

Lewis, J.M. and Triantafillou, P., 2012. From performance measurement to learning: a new source of government overload?. *International Review of Administrative Sciences*, 78(4), pp.597-614.

Lieberman, E.S., 2001. Causal inference in historical institutional analysis: A specification of periodization strategies. *Comparative political studies*, 34(9), pp.1011-1035.

Linden, R., 2002. *Working across boundaries: Making collaboration work in government and nonprofit organizations.* San Francisco: Jossey-Bass.

Lipset, S., M. and Rokkan, S., 1967. Cleavage Structures, Party Systems, and Voter Alignments. *In Party Systems and Voter Alignments: Cross-National Perspectives, ed. Seymour M. Lipset and Stein Rokkan. New York: Free Press, 1–64.*

Llewellyn, S. and Northcott, D., 2005. The average hospital. *Accounting, Organizations and Society,* 30(6), pp.555-583.

Local Government Association,. 2019 briefing: *Debate on local government funding, House of Commons, Tuesday 15 January 2019 (Report).* Local Government Association. 11 Jan 2019. [online] https://www.local.gov.uk/parliament/briefings-and-responses/lga-briefing-debate-local-government-funding-house-commons. [Accessed 12 September 2019].

Loveday, B., 1999. The impact of performance culture on criminal justice agencies in England and Wales. *The International Journal of the Sociology of Law*, 27(4), pp.351-377.

Loveday, B., 2000. Managing crime: Police use of crime data as an indicator of effectiveness. International Journal of the Sociology of Law, 28(3), 215-237.

MacDonald, S. E., Newburn-Cook, C. V., Schopflocher, D., & Richter, S. 2009. Addressing non-response bias in postal surveys. *Public Health Nursing*, 26(1), 95-105.

Mahoney, J., 2000. Path Dependence in Historical Sociology. *Theory and Society 29 (4): 507–548.*

Mahoney, J., 2002. Legacies of Liberalism. *Baltimore, MD: Johns Hopkins University Press.*

Mahoney, J., Mohamedali, K. and Nguyen, C., 2016. Causality and time in historical institutionalism. *The Oxford Handbook of Historical Institutionalism*, pp.71-88.

Mahoney, J. and Thelen, K. eds., 2009. *Explaining institutional change: ambiguity, agency, and power*. Cambridge University Press.

Mahoney, J. and Thelen, K., 2010. A theory of gradual institutional change. *Explaining institutional change: Ambiguity, agency, and power, 1*, pp.1-37.

Mangione, T.W., 1995. *Mail surveys: Improving the quality* (Vol. 40). Sage.

March, J.G. and Olsen, J.P., 1983. The new institutionalism: Organizational factors in political life. *American political science review, 78(3), pp.734-749.*

Martin, S. and Webb, A., 2009. 'Citizen-centred'public services: contestability without consumer-driven competition?. *Public Money & Management*, 29(2), pp.123-130.

Matthews, F.M., 2016. Letting go and holding on: The politics of performance management in the United Kingdom. *Public Policy and Administration*, 31(4), pp.303-323.

Matthews-King, A. 2018. NHS A&E waiting time performance at worst ever levels. The Independent 11 January 2018. [online] https://www.independent.co.uk/news/health/nhs-accident-emergency-waiting-time-worst-records-hospitals-delays-winter-crisis-a8153091.html.[Accessed 12 January 2020].

Mayer-Schöenberger, V. and Cukier, K., 2013. *Big Data: A Revolution That Will Transform How We Live, Work and Think*. Houghton Mifflin Harcourt, New York, pp. 180 – 182.

McLaughlin, E., 2007, *The new policing*: London, London : Sage.

McLean, I., Haubrich, D. and Gutierrez，Romero, R., 2007, The perils and pitfalls of performance measurement: the CPA regime for local authorities in England', *Public Money and Management*, Vol. 27 No. 2, pp. 11117

Mele, V. and Belardinelli, P., 2018. Mixed Methods in Public Administration Research: Selecting, Sequencing, and Connecting. *Journal of Public Administration Research and Theory*.

Mikecz, R., 2012. Interviewing elites: Addressing methodological issues. *Qualitative inquiry,* 18(6), pp.482-493.

Milward, B., and Provan, K., 1998 Principles for Controlling Agents: The Political Economy of Network Structure. *Journal of Public Administration Research and Theory* 8:203.

Mitchell, M. (2009) *Complexity*. Oxford: Oxford University Press.

Mitleton-Kelly, E., 2000. Complexity: partial support for BPR?. In *Systems engineering for business process change* (pp. 24-37). Springer, London.

Moore, M.H., 1997. *Creating Public Value*. Replica Books.

Morgan, R., Maguire, M., & Reiner, R., 2002. *The Oxford handbook of criminology*. Oxford University Press.

Morgan, R., Maguire, M., & Reiner, R., 2012. *The Oxford handbook of criminology*. Oxford University Press.

Moustakas, C., 1994. *Phenomenological research methods*. Sage.

Moynihan, D.P., Fernandez, S., Kim, S., et al. 2011. Performance regimes amidst governance complexity. *Journal of Public Administration Research and Theory* 21(1): 141–155.

Muir, R., 2014. The relational state: Beyond marketisation and managerialism. *Juncture,* 20(4), pp.280-286.

Murray, M., 2019. *The NHS 10-year plan: how much will be spent on NHS deficits?*[online] https://www.kingsfund.org.uk/about-us/whos-who/richard-murray.[Acessed 20 January 2020].

National Audit Office., 2009. *Maintaining Financial Sustainability across the United Kingdom's Banking System*. London. HMSO. [online]. https://www.nao.org.uk/report/maintaining-financial-stability-across-the-united-kingdoms-banking-system/. [Accessed 12 January 2020].

National Audit Office., 2013a. *Case study on integration: Measuring the costs and benefits of Whole-Place Community Budgets*. 8 March 2013. [online]. https://www.nao.org.uk/wp-content/uploads/2013/03/10088-002_Whole-Place-Community-Budgets.pdf. [Accessed 20 January 2020].

National Audit Office., 2013b. 'HM Treasury Resource Accounts 2012-13: The Comptroller and Auditor General's Report.[online] https://www.nao.org.uk/wp-content/uploads/2013/07/HMT-Accounts-2012-13.pdf. [Accessed 20 January 2020].

National Audit Office 2014 Early action: landscape review 20 January 2013. [online] https://www.nao.org.uk/wp-content/uploads/2013/03/Early-Action-full-report.pdf.[Accessed 20 January 2020].

Newman, M., 2018. *Networks*. Oxford university press.

Neyroud, P., 2002. Unsettled by statistics. *Police Review*, 16 August, p24-25.

Neyroud, P., 2008. Past, present and future performance: lessons and prospects for the measurement of police performance. *Policing,* 2(3), pp.340-348.

NHS England., 2011. *Performance Framework: Implementation guidance.* First published 2009.[online]. http://www.dh.gov.uk/publications.[Accessed 10 June 2019].

NHS England., 2014. The Future of the NHS, The Five Year Forward View. [online] www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf.[Accessed 10 June 2019].

NHS England., 2016. Delivering the Forward View: NHS planning guidance 2016 (Vol. 21). 17–2020.[online]. https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf. [Accessed 12 September 2019].

NHS England., 2017. *Next steps on the NHS five year forward view*. [online]
https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-
THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf. [Accessed 20 January
2020].

NHS England., 2019. *The NHS Long Term Plan*.[online]
www.longtermplan.nhs.uk.[Accessed 12 November 2019].

NHS Providers., 2016. *Fines add to unnecessary financial burden facing NHS providers:
new analysis reveals*. [online]https://nhsproviders.org/news-blogs/news/fines-add-
to-unnecessary-financial-burden-facing-nhs-providers-new-analysis-reveals 29
March 2016.[Accessed 12 June4 2019].

NHS Providers., 2017. *Regulation Survey Report: The impact of regulation in a
shifting environment*. [online] https://nhsproviders.org/media/3038/nhs-
providers-regulation-survey-2017-final.pdf.[Accessed 12 November 2019].

Northcote-Trevelyan report,. 1854. Parliament publications.[online]
https://publications.parliament.uk/pa/cm201314/cmselect/cmpubadm/74/7405.
htm.[Accessed 20 January 2020].

Offe, C. and Wiesenthal, H., 1980. *Two logics of collective action: Theoretical notes
on social class and organizational form*. Political power and social
theory, 1(1), pp.67-115.

Office of National Statistics., 2009. *'Statistical Bulletin: Public sector finances: July
2009'*, [online] http://www.ons.gov.uk/ons/rel/psa/public-sector-finances/july-
2009/public-sector-finances---july-2009.[Accessed 12 January 2020].

Office of National Statistics., 2013 '*Government Deficit and Debt Under the
Maastricht Treaty, Calendar Year 2012'*, [online]
http://www.ons.gov.uk/ons/dcp171778_299198.pdf.[Accessed 20 January
2020].

Office for National Statistics., 2018a. *Crime in England and Wales: Year ending
September.2018*.[online].https://www.ons.gov.uk/peoplepopulationandcommu
nity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2
018#whats-happened-to-the-volume-of-crime-recorded-by-the-police.
[Accessed 12 January 2020].

Office for National Statistics., 2018. *Public Sector Employment.* March 2018.[online].
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/publicsec
torpersonnel/bulletins/publicsectoremployment/previousReleases. [Accessed
20 January 2020].

Office for National Statistics., 2019. *Crime in England and Wales: Police Force
Area data tables.* June 2019
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/data
sets/policeforceareadatatables. [Accessed 20 January 2020].

O'Leary, R. and Bingham, L.B. eds., 2009. *The collaborative public manager: New ideas for the twenty-first century.* Georgetown University Press.

Oliver, D., 1991. *Government in the UK: The Search for Accountability, Effectiveness and Citizenship*; Open University Press: Milton Keynes.

Olsen, A.L., 2017. Compared to what? How social and historical reference points affect citizens' performance evaluations. *Journal of Public Administration Research and Theory,* 27(4), pp.562-580.

Oppenheim, A. N. 2000. *Questionnaire design, interviewing and attitude measurement.* Bloomsbury Publishing.

Osborne, S.P., 2013. *A services-influenced approach to public service innovation. Handbook of Innovation in Public Services.* Chelteham, UK & Northampton, MA, USA: Edward Elgar, pp.60-71.

Ostrom, E., 2010. Beyond markets and states: polycentric governance of complex economic systems. *American economic review, 100(3), pp.641-72. In The Nobel Prizes 2009, ed. Karl Grandin. Stockholm: Nobel Foundation, 408– 444.*

Page, S. B., M. M. Stone, J. M. Bryson, and B. C. Crosby. 2015. "Public Value Creation by Cross Sector Collaborations: A Framework and Challenges of Assessment." *Public Administration* 93 (3): 715–732. doi:10.1111/padm.12161.

Palier, B., 2005. *Ambiguous agreement, cumulative change: French social policy in the. Beyond Continuity: Institutional Change in Advanced Political Economies,* Oxford: Oxford University Press.

Parise, S., 2016 Big data: A revolution that will transform how we live, work, and think, by Viktor Mayer-Schonberger and Kenneth Cukier*, Journal of Information Technology Case and Application Research*, 18:3, 186-190.

Park, A.Y., Krause, R.M. and Feiock, R.C., 2018. Does collaboration improve organizational efficiency? A stochastic frontier approach examining cities' use of EECBG funds. *Journal of Public Administration Research and Theory,* 29(3), pp.414-428.

Parry, R., 1992. Concepts and assumptions of public management. In *The Evolution of Public Management: : Concepts and Techniques for the 1990s* (pp. 3-22). Palgrave Macmillan, London.

Perry, J.L. and Hondeghem, A. eds., 2008. *Motivation in public management: The call of public service.* Oxford University Press on Demand.

Peters, T., and R. Waterman., 1982. *In Search of Excellence, Lessons From America's Best Run Companies.* New York: Harper Row.

Pickles, E. 2010. Audit Commission to be scrapped.[Online] https://www.theguardian.com/politics/2010/aug/13/audit-commission-to-be-scrapped.[Accessed 20 January 2020].

Pierson, P., 2004. Politics in Time: History, Institutions, and Social Analysis. *Princeton, NJ: Princeton University Press. The Oxford handbook of historical institutionalism*, pp.107-123.

Pierson, P. and Skocpol, T., 2002. *Historical institutionalism in contemporary political science.* Political science: The state of the discipline, 3(1), pp.1-32.

Pilsbury, J.B., 2016. *Theory of Aligned Contributions. An Emerging Theory of Change Primer.* [online] http://www.sherbrookeconsulting.com/products/TOAC.pdf. Unpublished.[Accessed 12 June 2019].

Pollitt, C ., 1986 . Beyond the Managerial Model: the Case for Broadening Performance Assessment in Government and the Public Services ', *Financial Accountability and Management , 2,3,155 − 86.*

Pollitt, C., 2003. Public management reform. *OECD Journal on Budgeting*, 3(3), pp.121-134.

Pollitt, C. and Bouckaert, G., 2017. *Public management reform: a comparative analysis-into the age of austerity*. Oxford University Press.

Propper, C., Sutton, M., Whitnall, C. and Windmeijer, F., 2008. Did 'targets and terror' reduce waiting times in England for hospital care?. The BE Journal of Economic Analysis & Policy, 8(2).

Provan, K.G. and Milward, H.B., 1995. A preliminary theory of interorganizational network effectiveness: A comparative study of four community mental health systems. *Administrative science quarterly*, pp.1-33.

Provonost, P., Vohr, E., 2010. *Safer Patients, Smart Hospitals: How One Doctor's Checklist Can Help Us Change Healthcare From Inside Out*. Hudson Street Press.

Public Accounts Committee., 1994 *The proper conduct of public business,* Session 1993/4, 8th Report, HCP 154 .London: HMSO. [online]. https://publications.parliament.uk/pa/cm/cmpubacc.htm. [Accessed 18 July 2019].

Punch, M. 1994. *Politics and ethics in qualitative research*. Handbook of qualitative research, 2, 83-98.

Pyper, R., Ed. 1996. *Aspects of Accountability in the British System of Government;* Tudor Business Publishing Ltd.

Radnor, Z., Walley, P., Stephens, A.,Bucci, G. 2006. Evaluation of the Lean Approach to Business Management and its Use in the Public Sector. Full Report Scottish Executive. Edinburgh.Scotland.[online]. https://www2.gov.scot/resource/doc/129627/0030899.pdf. [Accessed 12 July 2019].

Rhodes, R.A.W. and J. Wanna., 2007. 'The Limits to Public Value, or Rescuing Responsible Government from the Platonic Guardians', *Australian Journal of Public Administration*, 66, 4, 406–21.

Rhodes, R.A.W. and J. Wanna. 2009., 'Bringing the Politics Back In: Public Value in Westminster Parliamentary Government', *Public Administration*, 87, 2, 161–83.

Riccucci, N.M., 2010. *Public administration: Traditions of inquiry and philosophies of knowledge*. Georgetown University Press.

Rittel, H.W. and Webber, M.M., 1973. Dilemmas in a general theory of planning. *Policy sciences,* 4(2), pp.155-169.

Robson, C., 2011. *Real world research* (Vol. 3). Chichester: Wiley.

Room, G., (2011). *Complexity, Institutions and Public Policy: Agile Decision-Making in a Turbulent World*. Edward Elgar Publishing.2011.

Rowan, K., D. Harrison, A. Brady, and N. Black., 2004. "Hospitals' Star Ratings and Clinical Outcomes: Ecological Study." *British Medical Journal* 328 (7445): 924–925.

Sabel, C.F. and Simon, W.H., 2011. *Minimalism and experimentalism in the administrative state*. Geo. LJ, 100, p.53.

Salamon, L.M., ed. 2002. *The Tools of Government: A Guide to the New Governance.* New York: Oxford University Press.

Sanderson, I., 2001. Performance management, evaluation and learning in 'modern'local government. *Public administration*, 79(2), pp.297-313.

Secretary of State for Health . 2001 ., *NHS Performance Ratings Acute Trusts 2000/01. London: Department of Health* [online] http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003181&chk=wU4Zop.[Accessed 12 July 2019].

Secretary of State for Health. 2002a ., *NHS Performance Ratings Acute Trusts, Specialist Trusts, Ambulance Trusts, Mental Health Trusts 2001/02 . London : Department of Health*. [online]. http://www.dh.gov.uk/PublicationsAndStatistics/ Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4002706&chk=dBD1wB. [Accessed 14 June 2019].

Secretary of State for Health., 2002b. The Shipman Inquiry, First Report: Death Disguised (Chair Dame Janet Smith). London : The Stationery Office. [online] http://www.the-shipman-inquiry.org.uk. [Accessed 12 June 2019].

Seddon, J., 2003., *Freedom from command and control*. Vanguard Education Limited.

Senge, P., 1990 *The Fifth Discipline: The Art and Practice of the Learning Organization.* New York: Doubleday.

Senge, P., Hamilton, H. and Kania, J., 2015. The dawn of system leadership. *Stanford Social Innovation Review*, 13(1), pp.27-33.

Shifrin , T ., 2001 . ' Milburn Puts Managers " on Probation " ', *Health Service Journal*, 27 September .

Shuman, H. and Converse, J.M., 1971. The effects of black and white interviewers on black responses. *Public Opinion Quarterly*, 35, pp.44-68.

Shuy, R.W., 2003. *In-person versus telephone interviewing. Inside interviewing: New lenses, new concerns,* Sage pp.175-193.

Skogan, W. et al., 1999 On the beat – *police and community problem-solving*. Boulder, Colorado: Westview Press.

Slater, D., and Simmons, E., 2010. Informative Regress: Critical Antecedents in Comparative Politics. *Comparative Political Studies 43 (7): 886–917.*

Smith, D.J. and McVie, S., 2003. Theory and method in the Edinburgh study of youth transitions and crime. *British Journal of Criminology*, 43(1), pp.169-195.

Smith, N. Phillips, D. Simpson, P. David. E. Fraser, E. Trickey, M., 2018. *A Time of Revolution? British Local Government Finance in the 2010s. Institute for Fiscal Studies.* [online] Studhttps://www.ifs.org.uk/uploads/publications/comms/R121.pdf#page=6. [Accessed 16 June 2019].

Sørensen, E. 2012., 'Measuring the Accountability of Democratic Innovation', *The Innovation Journal* 17, article 9.

Stake, R.E., 1995. *The art of case study research*. Sage.

State of Bristol: Key facts 2017-18 (April 2018) compiled by the Strategic Intelligence and Performance Team, Insight, Performance and Intelligence Service, Bristol City Council. [online] www.bristol.gov.uk/statistics. [Accessed 19 January 2020].

Steinmo, S., Fioretos, O., Falleti, T.G. and Sheingate, A., 2016. Historical institutionalism and experimental methods. *The Oxford handbook of historical institutionalism*, pp.107-123.

Stoker, G. 2006., Public Value Management: A New Narrative for Networked Governance?*American Review of Public Administration* 36(1): 41–57.

Stone, B. 1995., Administrative Accountability in the Westminster Democracies. *Governance* 1995, 8(1): 505–525.

Strauss, A., & Corbin, J., 1998. *Basics of qualitative research: Procedures and techniques for developing grounded theory*. Sage.

Sudman, S., & Bradburn, N. M., 1982. *Asking questions: A practical guide to questionnaire design.* Jossey-Bass.

Syed, M., 2015. *Black Box Thinking: Why Most People Never Learn from Their Mistakes--But Some Do*. Penguin.

Talbot, C., 2008. Performance regimes – The institutional context of performance policies. *International Journal of Public Administration* 31(14): 1569–1591.

Tashakkori, A., Teddlie, C. and Teddlie, C.B., 1998. *Mixed methodology: Combining qualitative and quantitative approaches* (Vol. 46). Sage.

Tashakkori, A. and Creswell, J.W., 2007. *Exploring the nature of research questions in mixed methods research*. Sage.

Taylor, F. W. 1939. *Scientific management. Critical studies in organization and bureaucracy*,, 44-54.

Thatcher, M., 1995. *The Path to Power*. London: Harper Collins.

Thelen, K., 1999. Historical Institutionalism in Comparative Politics. *Annual Review of Political Science 2: 369–404.*

Thelen, K., 2004. *How Institutions Evolve*: The Political Economy of Skills in Germany, Britain, the United States, and Japan. Cambridge: Cambridge University Press.

Thelen, K., 2005. Introduction: Institutional change in advanced political economies. *Beyond Continuity: Institutional Change in Advanced Political Economies*, pp.1-39.

Thompson, N., 2008. *Hollowing Out the State: Public Choice Theory and the Critique of Keynesian Social Democracy,* Contemporary British History, 22:3, 355-382

Thuesen, F., 2011. Navigating between dialogue and confrontation: Phronesis and emotions in interviewing elites on ethnic discrimination. *Qualitative Inquiry*, 17(7), pp.613-622.

Timmins, N., 2015. *The practice of system leadership: being comfortable with chaos.* [online]https://www.kingsfund.org.uk/sites/default/files/field/field_publication _file/System-leadership-Kings-Fund-May-2015.pdf. [Accessed 12 July 2019].

Timmins, N., 2019. *Leading for Integrated Care: If you think competition is hard, you should try collaboration.* [online] https://www.kingsfund.org.uk/publications/leading-integrated-care.[Accessed 24 October 2019].

Townsend, M. 2015. *Crime expert attacks 'deceptive' Home Office figures Showing fall in offences* . [online] Guardian newspaper article 5 May 2015. at http://www.theguardian.com/uk/2013/may/05/crime-statistics-attacked-by-criminologist.[Accessed 12 July 2019].

Tulloch, G., 1993. *Rent seeking*. Books.

Tulloch, G. Seldon, A. and Brady, G., 2000. Government: *Whose Obedient Servant?* Readings No. 51. London:IEA.

Turnbull, C. M., 1987. *The Mountain People*. 1973. New York: Touchstone.

Van Dooren, W., 2011. Better performance management: Some single-and double-loop strategies. *Public Performance & Management Review*, 34(3), pp.420-433.

Van Dooren, W., Bouckaert, G., and Halligan, J., 2015. *Performance management in the public sector*. Routledge.

Verbeeten, F.H. and Speklé, R.F., 2015. *Management control, results-oriented culture and public sector performance: Empirical evidence on new public management*. Organization studies, 36(7), pp.953-978.

Vito, G. et al., 2005. Community policing: The middle manager's perspective. *Police Quarterly*, 8 (4), p490-511.

Walshe, K., Coleman, A., McDonald, R., Lorne, C. and Munford, L., 2016. Health and social care devolution: the Greater Manchester experiment. *British Medical Journal* 352, p.i1495.

Walshe, K., 2017. Sustainability and transformation plans for the NHS in England: radical or wishful thinking? *British Medical Journal*, 356.

Wang, W., 2016. Exploring the determinants of network effectiveness: The case of neighborhood governance networks in Beijing. *Journal of Public Administration Research and Theory,* 26(2), pp.375-388.

Waterman, R. and K. Meier., 1998. 'Principal–Agent Models: An Expansion?', *Journal of Public Administration Research and Theory*, 8, 2, 173–202.

Webb, E. J., Campbell, D. T., Schwartz, R. D., & Sechrest, L. 1966. *Unobtrusive measures: Nonreactive research in the social sciences* (Vol. 111). Chicago: Rand McNally.

Weber, M. 1948., *The social psychology of the world of religions*. London. Routledge.

Weber, M. 1978., Economy and Society: *An Outline of Interpretative Sociology.* Vol. 2. Berkeley, CA: University of California Press.

Weiner, M. E., 1990 *Human Services Management*, 2d ed. Belmont, Calif.: Wadsworth.

Wiles, R., Crow, G., Heath, S. and Charles, V., 2008. The management of confidentiality and anonymity in social research. *International Journal of Social Research Methodology*, 11(5), pp.417-428.

Willems, T. and W. Van Dooren. 2011. 'How Collaborative Arrangements Lead to an Accountability Paradox', *International Review of Administrative Sciences*, 77, 3, 505–30.

Williams, C.A., 2003. Britain's police forces: Forever removed from democratic control. History and Policy. [online]. http://www.historyandpolicy.org/policy-papers/papers/britains-police-forces-forever-removed-from-democratic-control. [Accessed 23 July 2019].

Williams, P., 2012. *Collaboration in public policy and practice: Perspectives on boundary spanners.* Policy Press.

Wilson, W., 1887. The study of administration. *Political science quarterly,* 2(2), 197-222.

Wolcott, H.F., 2002. Writing up qualitative research... better. *Qualitative health research,* 12(1), pp.91-103.

Wolcott, H. F., 2009. *Writing up qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications,

Womack, J.P., Jones, D.T. and Roos, D., 1990. *The machine that changed the world: The story of lean production*. New York: Rawson Associates, 85.

Womack, J.P. and Jones, D.T., 1997. Lean thinking—banish waste and create wealth in your corporation. *Journal of the Operational Research Society*, 48(11), pp.1148-1148.

Wright, K.B., 2005. Researching Internet-based populations: Advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services. *Journal of computer-mediated communication*, 10(3), p.JCMC1034.

Yin, R.K., 1994. *Case study research: Design and methods .* Beverly Hills.

Yin, R.K., 2018. *Case study research and applications: Design and methods*. Sage publications.

Young, H., 1989. One of Us, *A Biography of Mrs Thatcher*. London: Macmillan.

Znaniecki, F., 1934. *The Method of Sociology*. Pp. xii, 338. New York: Farrar & Rinehart, 1934