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B/order Work – recomposing relations in the seamful carescapes of Health and Social Care Integration in Scotland

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PhD in Politics
University of Edinburgh
2021
Declaration

I declare that, except where otherwise indicated, this thesis is entirely my own work, and that no part of it has been submitted for any other degree or professional qualification.

Tamara Mulherin

Date    September, 2021
Abstract
As people, ageing and living with disabilities, struggle with how care is enacted through their lives, integrated care has gained policy purchase in many places, especially in the United Kingdom. Accordingly, there have been various (re)forms of care configurations instigated, in particular, promoting partnership and service redesign. Despite integrations apparent popularity, its contribution to improved service delivery and outcomes for people has been questioned, exposing ongoing uncertainties about what it entails and its associated benefits. Nonetheless, over decades, a remarkably consistent approach to integrated care has advanced collaboration as a solution. Equally, any (re)configurations emerge through wider infrastructures of care, in what might be regarded as dis-integrated care, as complex carescapes attempt to hold and aporias remain.

In 2014, the Scottish Public Bodies (Joint Working) (Scotland) Act mandated Health and Social Care Integration (HSCI), as a means to mend fraying carescapes; a flagship policy epitomising public service reform in Scotland, in which normative aspirations of collaboration are central. What then are the accomplishments of this ambitious legislation? From the vantage point of 2021, HSCI has been assessed as slow and insubstantial, but this is not the complete picture. Narratives about failing to meet expectations obscure more complicated histories of cooperation and discord, successes and failures, and unintended consequences. Yet given collaborative ubiquity, if partnerships are contested how then are they practiced?

To answer this question, I embarked on an interorganisational ethnography of the enactment of a Health and Social Care Partnership (HSCP), which went ‘live’ on April 1st, 2016; in a place I call ‘Kintra’. I interrogate what happened when several managers (from the NHS and Council) endeavoured to implement HSCI according to the precepts of the Act; working to both (re)configure and hold things together behind care frontiers; away from the bodywork of direct care, immersed in everyday arrangements in the spaces of governance and operations. I chart their efforts to comply with regulations, plan, and build governance apparatuses through documents. I explore through coalescent objects how distributed forms of governance, entwined in policy implementation, were subsequently both sustained, and challenged. I observed for seven months actors struggling to (re)configure care services embedded in a collaborative approach, as well as establish the legitimacy of the HSCP; exemplified through the fabrication of what was understood as a ‘must-do' commissioning plan.
In tracing documents, I show the ways in which HSCI was simultaneously materialised and constituted through documentation. I reveal how, in the mundane mattering of document manufacturing, possibilities for (re)forming the carescape emerged. By delving into inconspicuous, ‘seamful’ b/order work that both sustained distinctions between the NHS and Council and enabled b/order crossings, I expose how actors were knotted, and how this shaped efforts to recompose the contours of the carescape.

While ‘Kintra’ s story might be familiar, situated in concerns that may resonate across Scotland; I reveal how collaboration-as-practice is tangled in differing organisational practices, emerging from quotidian intra-actions in meeting rooms, offices, car parks and kitchenettes. I deploy a posthuman practice stance to show not only the way in which public administration ‘does’ care, but it’s world-making through a sociomaterial politics of anticipation.

I was told legislation was the only way to make HSCI in ‘Kintra’ happen, nevertheless, there was resistance to limit the breadth and depth of integrating. Consequently, I show how the (re)organising of b/orders was an always-ongoing act of maintenance and repair of a (dis)integrating carescape; as I learnt at the end of my fieldwork, ‘it’s ‘Kintra, ‘it’s aye been!’

Lay Summary
As people in the United Kingdom struggle with care supports, integrated care has remained a remarkably consistent policy response, promoting service redesign and collaboration as solutions. Despite its apparent popularity the contribution to improved service delivery and outcomes for people has been questioned, exposing ongoing uncertainties about what is involved and any associated benefits. Despite these policy reforms and the long-term promotion of partnerships in health and social care, struggles to deliver services remain and there are doubts about integrated services effectiveness.

In 2014, the Scottish Public Bodies (Joint Working) (Scotland) Act legislated for Health and Social Care Integration (HSCI), as a means to address long-term problems associated with how care services were provided; a flagship policy epitomising public service reform in Scotland in which emphasis on collaboration is central. What then has this ambitious legislation achieved? Recently, HSCI has been assessed as slow and fragile, but this is not the complete picture. Stories about failing to meet expectations, overshadow more
complicated histories of cooperation and disagreement, successes and failures, and unintentioned consequences.

Yet given the prevalence of partnerships, if they are problematic how then are they practiced? To answer this question I undertook an ethnography on the development of a Health and Social Care Partnership (HSCP) in a place I call ‘Kintra’. I examined ‘up-close’ what happened when NHS and Council managers attempted to implement HSCI according to legislative guidelines; working to reconstruct and hold things together in their everyday work. I tracked their efforts to plan, comply with regulations, and create governance mechanisms. I observed for seven months, actors struggling to collaboratively reform care services, as well as establish the legitimacy of the HSCP. I demonstrate through observations of the production of a commissioning plan, how HSCI was both accomplished and challenged. By tracing the plan’s drafting, I show the ways in which HSCI was ‘brought to life’ through documents. I reveal how in document manufacturing, possibilities for reforming care services emerge. By investigating mundane work with objects, which both sustained distinctions between the NHS and Council, and enabled the crossing of organisational borders, I expose how managers were tied and how this affected HSCI. While ‘Kintra’s story might resonate with concerns across Scotland, I show how collaboration was knotted into different processes, emerging from everyday interactions in meeting rooms, offices, car parks and kitchenettes. I use a posthuman practice approach to show not only how public administration practices produce integrated care services, but the consequences of friction associated with future arrangements, which limited HSCI’s breadth and depth. Therefore, I demonstrate how HSCI was an ongoing act of maintenance and repair of disintegrating care services.

**Important Reminder**

Please note that throughout this thesis the names of people and places involved in the research have been changed to protect their anonymity.
Dedication

To Brynnagh and Mairenn in your becomings and for all the possibilities that lie ahead.

It matters what matters we use to think other matters with; it matters what stories we tell to tell other stories with; it matters what knots knot knots, what thoughts think thoughts, what descriptions describe descriptions, what ties tie ties. It matters what stories make worlds, what worlds make stories (Donna J. Haraway, 2016, 12).
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I can’t believe I’ve come to the end of something I’ve aspired to do for over 20 years. What a flight it’s been - so much longer than anticipated. I’ve revelled in the research, the reading and the reflection. It’s had its refractory moments but it’s been an investment in myself. Equally, while a doctorate is conveyed as a singular personal endeavour, others - people and things and ideas – helped this thesis materialise. Although, this is an accomplishment wrought through my body, it is vital to acknowledge my entanglements with these others through which my thesis emerged.

While this thesis was undertaken in Scotland, as a white Australian, settler woman with European ancestry, I want to begin by acknowledging the Traditional Owners of the lands of my birth, childhood and adulthood, in Papua New Guinea and Australia, and pay my respects to Elders past and present across the places I’ve lived. I recognise their continuing connection to, and custodianship of Country, and acknowledge that they never ceded sovereignty.

Firstly, I want to acknowledge the now ended, What Works Scotland initiative, which provided me with a three-year studentship. This funding enabled me to work on the doctorate full-time. Thank you to those involved for all the encouragement from the outset of my doctoral studies.

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To my parents, neither of whom will be witnessing my completing the PhD. My father died a couple of years into the PhD, and my mother was diagnosed with dementia less than six months later. While not together, I nonetheless owe to both of them, my ceaseless curiosity and voracious appetite for learning. I also lost my father-in-law to Covid-19 and nearly lost my mother-in-law. In what seemed like an extended period of grieving, has made the final stages extremely tough, but poignant. And with that, I want to express my appreciation to my extended family in Australia; thank you for taking care of me when I was stuck in Australia.

To my amazing pal, and Scottish attaché, the wonderful Anne Allan, for all the recuperative trips to Skye, St Andrews, East Neuk villages, and picnics alongside the Firth of Forth; your unwavering faith in me that I’d get the PhD done, expressed in the weird repeated, affirming message ‘You can do it Duffy Moon’ means a great deal, almost as much as the G&Ts. I am especially lucky to have wonderful sisters, Anita and Melina. What we shared in recent times has taken a toll, but together we’ll create better possibilities for us all and those we love. I wouldn’t have been able to hold things together and complete this endeavour without your reassurance and backing.

Finally, I give thanks to my incredible family for their love, support and inspiration. To my daughters, Brynnagh and Mairenn, two of the most amazing women I have the pleasure of being mother to, for encouraging me and putting up with my stresses. It’s been fun studying at the same time as you both. Being students together on the same campus with one of you, was definitely a highlight. Lastly to my partner in life, Peter, it goes without saying I wouldn’t have been able to get through the tribulations of the last couple of years and finish the PhD without you. Your constancy, care, cooking, and helping me format the thesis (despite my whinges) has made all this possible. I want to say a big thank you for just being there.
Acronyms

ADP – Alcohol and Drug Partnership
ALEO – Arm’s Length External Organisation
ANT – Actor-network theory
A&E – Accident and Emergency
CEO – Chief Executive Officer
CFO – Chief Financial Officer
CHP – Community Health Partnership
CMT – Corporate Management Team
CO – Chief Officer
CPP – Community Planning Partnerships
GP – General Practitioner
HR – human resources
HRI – ‘Haith’ Royal Infirmary
HSC – Health and Social Care
HSCI – Health and Social Care Integration
HSCP – Health and Social Care Partnership
IA – Integration Authority
ICF – Integrated Care Fund
IJB – Integrated Joint Board
JIT – Joint Improvement Team
KC – Kintra Council
LA – Local Authority
LDP – Local Development Plan
NHS – National Health Service
PA – Personal Assistant
OED – Oxford English Dictionary
STS - Science and Technology Studies
WWS – What Works Scotland
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Prologue

A personal rending

During the period of liminality and confinement, a collision of intra-familial relations reverberates. Care-ing consumes. Turning my gaze inwards, I struggle to communicate this within the bounds of thesis-making.

As I come to the end to write the beginning, I am attuned to my embodiment in multiple acts of care. I am care-fully writing about the practices of holding together and repairing carescapes in one spacetime, whilst care-giving to my dementing mother in distant spacetimes, rendered possible through digital and embodied relations.

Making meaning from these knotted, irreducible processes of affect and abstraction, makes manifest the ambiguities of care-ing that are insoluble and incomplete as I both attempt to and observed of others, hold things together to carry on.

Laying the Warp

This prologue was intended to provide an intriguing opening to my thesis, an attempt to provide an understanding of who I am, my situatedness, as well as tell the story of what I did and why. It cannot now be written without attending to pandemic immobilising and fraying familial relations that bought my efforts to an unforeseen standstill. All of which had lingering effects, as my capacities to think and write were strangled by affect and exhaustion – I reached a bodily limit that was maddening and disheartening. I have written elsewhere of the travails of doing a PhD whilst having a gendered menopausal body that carries chronic conditions (Germain et al. 2020), but I could not imagine how the personal and global would entwine and rend my life.

In 2017, immersed in data analysis I was told my father was in a parlous state, having been diagnosed with Progressive Supranuclear Palsy. I returned to Australia to get a rapid lesson in palliative aged care in rural Queensland and say goodbye to my Dad, who then passed away on June 11, 2017. I took the chance to spend time with my mother in Brisbane and quickly realised something was wrong with her. I subsequently spent six months arranging from Scotland with her and my family, for her to get a diagnosis of vascular dementia and Alzheimer’s. Now four years later I’m caught in the maelstrom of this disease as it both unravels and remakes my mother, with the consequences still unfolding.

In July 2020, after over 115 days cocooned in a bend of the river in Meanjin, then Beechworth and Melbourne waiting for international flights, I returned to Edinburgh. I had urgently flown to Australia in early March to care for and support my mother to seek a place of care, and got caught in the global grounding of flight. I
struggle to find the words to cogently express what I’ve been through aside from a sense of being blindsided; then an overwhelming sense of undoing, a disassembling of life that I had taken-for-granted. I returned to Australia not necessarily knowing what would ensue. I left feeling I did what I could. While in Australia my father-in-law succumbed to the ravages of Covid-19, my mother-in-law just survived. I took time to recover and think about what to do about my stalled PhD.

These life events, which I wasn’t prepared for, mangled as they are in matters of older people’s care are not far from this thesis topic. This serendipitous, personal-academic collision in the midst of an ethnography of a carescape is not lost on me. It was unexpected that while exploring integration as a policy solution and it’s framing as urgent ‘to care and support for older people’ (Scottish Parliament 2013, 4), with the documental governance I render visible, both my ageing parent’s would succumb to neurological disorders, and with that relations with particular documents permeated my life. As my mother’s neurofibrillary tangles twist further through her brain cells, I am tangled (with my sisters and aunt) in an Enduring Power of Attorney inscribed with my signature that has me transnationally tied to decisions governing my mother’s care. While this document facilitates the material and bodily governance of my mother, my conduct as an attorney is governed by Queensland law. So much so, I recently had to account for my part in arranging my mother’s ongoing residential care (something remaining unresolved). This additive positionality not just as practitioner-researcher of care configurations in Scotland, but in becoming a carer-attorney negotiating care configurations in Australia has been an uncanny concurrence; and now unavoidably seeps through the end stages of thesis write-up and into my actions as an attorney.

Attempting to accomplish both during a pandemic has at times been agonising. I’ve felt frustrated by my efforts to find a way to join my thesis-thinkings with my distress. I continue to experience apprehension in being in care relations that reverses responsability (Barad 2007) in my attempts to re-tie my mother’s unravelling, watching a fading that foretells of a time to come.

As I slowly completed this thesis I couldn’t help feeling as though Australia and the U.K., share an unravelling of carescapes, with their extant instabilities now rendered visible through pandemic effects. These breakdowns manifest differently, appear and fade from our fields of vision depending on circumstance. At this time of working through the pressures associated with care arrangements for my Mum, it is also happening in a time of
increased awareness of the fragility of care systems in Australia, whilst my doctoral research has exposed me to how threadbare care configurations are fraying in the U.K. (The Care Care Collective 2020).

Salvaging Selvedges

When I embarked on this doctoral undertaking I was inspired, in part, by a desire to make sense of my own experience of, and enduring curiosities about, collaborating as a third and public sector practitioner with others in varied places; and this is inflected in this thesis. I’ve been thinking, writing and enacting working across organisations in so-called ‘partnership’ since the 1990’s across varied configurations. I’ve been there in the midst of collaborative ‘doings’, participating, facilitating and contesting.

My long-held fascination with organising emerged from formative experiences in late adolescence with studies in ecology and enrolment into becoming a ‘greenie’, overlapping with feminist engagement in the almost disappeared organisation known as the feminist collective. In these arrangements we understood ‘the personal is political’, and our debates about power, shared responsibility and working-with - in organisings referred to as movements - engaged in challenging traditional organisational and political hierarchies to advocate for shared power structures. This enculturation into collectivity had a lasting legacy in the normative values I embodied in praxis.

My participation in collectives doesn’t mean I accept uncritically collectivity, given personal experiences of ‘structurelessness’ (Freeman 2013). I have been processing collectivity for years, and in turn trying to reconcile ideas of management and leadership with a feminist praxis. At the same time given my employment history, I could also be seen to be affected by new public management and new public governance practices (Mirit and Eran 2017). Subsequently, I have contemplated the ramifications of the reach of specific conceptualisations of public administration, policy and management that took hold in Anglo-American contexts, given most of my career was in Australia.

By the time I started my PhD I had more than 20 years experience in various kinds of activity, e.g., community development, policy, planning, training, delivery, management, governance and evaluation in national, state, and local public and third sector organisations. Careerwise I’ve worked in what is categorised as human services, including, social care, domestic violence, mental health, public health, housing, homelessness and youth services, in rural and urban settings. Many of these roles were part of public sector
efforts to tackle intractable issues, or working in ‘the swamp’ as Ellen Schall (1995) described it. I started as a community development worker in small feminist collectives, then moved around local government and state government departments in Victoria, Australia, ending up as a senior manager of aged and disability care services in a rural council. When I came to Scotland without professional qualifications I struggled to find a management position, and ended up in a one-year joint Council-NHS health improvement post working with Community Planning Partnerships (CPP). This role provided helpful orientation to the Scottish public sector and enabled me to obtain a job in a national NHS public health evaluation team. I left the NHS to take up an evaluation position with a South African international development consultancy, which ended when the London office was closed. I then obtained a two-year contract with the City of Edinburgh as a manager supporting the implementation of the self-directed support legislation in social care, which provided the basis for integration to be a contender for doctoral research. I’ve therefore had a practitioner history blending ‘coal-face’ service delivery with tricky policy implementation and management roles in contexts tackling ‘wicked issues’; and where collaborative expectations were amplified. Throughout my career I’ve also participated in third sector governance arrangements, i.e., boards in women’s health and domestic violence services, including being the Chairperson of Edinburgh Women’s Aid.

My moves were simultaneously entangled with a multidisciplinary education in environmental science, community development, policy, management and public administration. While I claim not to belong to a discipline or profession per se, I was selected to do an executive masters of public administration with the Australian New Zealand School of Government, hence my connection with public administration. I also have a fixation with textile crafts; a habit of collecting ephemera; and, grew up with a Mum who as a stenographer/secretary taught me a great deal about administrative work.

These life experiences, especially the activist emphases on power as part of wider social change movements stimulated my interest in what it means to work in partnership. In particular, the implications of ideas about ‘power-with’ not ‘power-over’ for public sector interorganisational situations. Additionally, having been a non-professional public servant in professional settings I’ve experienced the effects of not belonging to a profession, and been exasperated by the dynamics between professions (e.g., social workers and clinical psychologists in disability services, youth workers and teachers in educational settings).
I have been variously described throughout my career as an idealist, a naive ‘Pollyanna’ whose optimistic perspectives on policymaking motivations assume latent benevolence. There might be some truth to this as I can be swept up in normative visions of partnership promises, anchored to my participation in utopian social movements.

On arriving in Scotland in 2008 I was struck by what I described as the dense partnership landscape in the public sector. In my Scottish posts the difficulties of partnership-working were present in all the roles I’ve had. As a Health and Wellbeing Advisor in Stirling, in various CPP groups I witnessed what could exemplify Chris Huxham’s notion of ‘collaborative inertia’ (2005, 60). In my NHS Health Scotland evaluation role, the uncertainties of partnership-working were a constant theme amongst practitioners I supported from the NHS, Councils and the voluntary sector. As a programme manager in Health and Social Care (HSC) at the City of Edinburgh, everyday talk amongst colleagues about partners and partnerships occurred incessantly; interestingly belying the department’s name, concerns were often expressed about the difficulties in involving NHS colleagues. I thought this reflected frustration with the lack of engagement and rhetorical ‘spin’ associated with working together. From these cumulative experiences I became increasingly curious about collaboration as practiced by the public sector, which motivated my application for a What Works Scotland1 (WWS) PhD studentship.

With this background I would tentatively identify myself as a practitioner-researcher. Being a practitioner-researcher had both benefits and shortcomings for conducting this study. My experience in varied domains equipped me with a deep understanding of the issues, and as outlined in Chapter 3 this facilitated fieldwork access and subsequently enabled me to relate easily to participants. These affordances however, were accompanied by limitations. My familiarity increased the potential for making assumptions based on prior knowledge and experience. Nonetheless as a researcher, I maintain I couldn’t ‘occupy an external position (subject) in order to study a separated object’ (Schadler 2019, 217). Yet with the majority of my praxis having been in Australia there were still zones of ignorance, and it also meant interlocutors sometimes made assumptions about what I knew. Holding this awareness I believe I made the most of the benefits of an ‘insider’ position, while minimising its attendant risks and pitfalls. Moreover, having left employment at the outset of the PhD effectively positioned me as neither an ‘insider’ nor an ‘outsider’, but rather as

1 What Works Scotland (accessed 30/1/2020).
inhabiting a researcher role positioned somewhere in-between (Breen 2007; Dwyer and Buckle 2009).

My doctoral researcher situatedness when linked to my ‘generalist’ Australian experiences and not belonging to a particular profession or academic discipline, e.g. social work or political science (and given the thesis emphasis on borders), was generative of the idea of being ‘in-between’, a useful way to think about having a permeable positionality of being simultaneously inside and outside. I think this transversal orientation enabled me in previous roles and during fieldwork to build understanding of, participate in, and reflect on contemporaneous knowledges; an ‘[i]n-betweenness involv[ing] a place neither inside nor out. ... [I]ncorporat[ing] a threshold whereby a strong dialogue between the inside and outside occurs with a unique in-between experience as the result’ (Assefa and Seamon 2007, np).

I deliberated over whether this analogy could be extended further, binding my biography, research purpose, methodological approach and analysis as a work that is not peripheral, but in and of the periphery; what I might describe as an ethnography enacted in the selvedge², not an either/or rather a both/and, entailing:

- **myself** as insider-outsider, participant-observer, subjective-objective, practitioner-researcher
- **ethnography** as strange-familiar and truths-fictions
- **practice** as an object of research beyond agency-structure
- **borders** as malleable effects of demarcations of places-spaces-entities
- **b/ordering** as transversal interorganisational work
- **contemporary public sector ‘organisations’** as both hierarchy and network
- **middle managers** as between senior managers and front line teams
- **manager’s work** as entangled in the strategic and operational
- **integration** as piecing together of health care and social care
- **emergence of the integration authority** as between enactment and implementation
- **thesis-making** as art and science

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2. Selvedge is the edge of woven fabric finished to prevent ravelling out of the weft. It is also an unfinished narrow strip at the edge of cloth, cut off or covered by a seam when the material is made up. It is also known as a marginal tract, border, edge (www.oed.com, access date 16/12/2020).
The Textility of Thesis-making

In explaining this thesis an explicit feature evident throughout is my use of textile metaphors, reflecting how I analyse, but which I think is productive for applying a practice stance. The processes and qualities of textiles provide metaphors to describe the sociomaterial, as well as symbolising and making connections with important life processes, such that ‘texture is good to think through the materialities and the spatial and temporal orderings of reality’ (de la Fuente 2019, 554). I share with Katie Collins the view that textile metaphors offer an alternative ‘way of thinking about the generative practice of academic writing as decentred, able to accommodate multiple sources’ (2016). I am also interested in how attention to the textures and surfaces of the everyday can inform and enrich research, which has aided my theorising or application of concepts - a ‘textility’ if you will (Mitchell 1997a). This is complemented by my embodied expertise (Pérez-Bustos, Sánchez-Aldana, and Chocontá-Piraquive 2019, 370) in many techniques, sensual, haptic labour traditionally associated with women and care (Collins 2016; Jefferies 2000, 2001).

Knowing textile methods has informed my understanding of the way my thinking-writing is shaped by the haptic, so I want to reinsert a regard for textile practices using the term ‘textility’, understood as activating many senses and ways of knowing simultaneously based in praxis; and how my way of working is formed in practice. Victoria Mitchell’s neologism ‘textility’ means ‘the differences between textile and text do not necessarily have to “benefit the conceptual apparatus of thought” if we regard textile as thinking, text as touch, and seeing as limited and multifarious’ (Magi 2015). A stance of textility (Mitchell 1997b, 325) in a processual account is one that foregrounds plurality and multiplicity rather than linear, substantialist representations constructed in terms of certainty, permanence and taken-for-grantedness; a collaged morphology allowing for and celebrating the potential for ongoing patching, piecing and mending. The final result, be it patchwork or text, is only part of the wider activity that surrounds it, with the process of fabrication not separated from the significance of the work. Besides the textility of my analysis I’m aware English

is imbued with metaphors that reference textile material culture. We talk of the social fabric of a community, or a close-knit circle of friends. Some of us tie the knot, others may feel a little frayed at the edges, fabricate a story, tie up loose ends, or weave in and out of traffic. A yarn is a thread, but it is also a story, a tale that communicates’ (Van Zuilen 2013, 2).
I also acknowledge the significance of textiles as a part of everyone’s story. We are wrapped by cloth from the ‘cradle to the grave’. Historically, thread, cloth, fabric - at once everywhere and essential - attracts a wide array of myth and metaphor: threads suggestive of life’s precarity whereby life hangs not only by a thread but also makes connections through stitching disparate entities together. Textile metaphors offer a schema for thinking about interconnectivity, or non-hierarchical forms. It is clear that from a spider’s web to the world-wide web, textiles appear as the protagonist.

Etymologically textiles and text share the same Latin origin: the verb texere, which means ‘to weave’, whereby ‘line began as a thread rather than a trace, so did ‘text’ begin as a meshwork of interwoven threads rather than of inscribed surfaces’(Ingold 2016, 61). Textiles have also been extended as language with the metaphor of text as a woven fabric incorporated into the work of Jacques Derrida, Roland Barthes and Julia Kristeva (Dormor 2014). Ideas about weaving for instance, have been applied by Gilles Deleuze and Luce Irigaray, to demonstrate their ideas (Dormor 2020).

In the use of textile metaphors associated with ‘thing-making’, I follow Haidy Geismar and Heather Horst’s (2004) position that ‘the salience of materiality to academic analysis and everyday life’ draws attention to material forms like the theory/method package (Clarke and Star 2008) of practice, as a ‘potential bridge between domains of knowledge and experience, and therefore as crucial anthropological tools’ (2004).

And so thesis-making can be conceptualised as a ‘practice of weaving, in which practitioners bind their own pathways or lines of becoming into the texture of material flows comprising the lifeworld’ (Ingold 2010, 91), which as qualitative research is metaphorically akin to an ‘intricate fabric composed of minute threads, many colours, different textures, and various blends of material’ (Creswell 2007, 35). Or, as Silvia Gherardi eloquently states,

[t]exture is a strongly evocative concept which recalls the intricacies of networking but at the same time allows for an analytical, qualitative framework. ... spring[ing] from [a] desire to move from the concept of ‘organization’ as an empirical reality to that of ‘organizing’. ... [Paving] the way for the study of organizing as practical accomplishment and I consider it the antecedent of practice-based studies (2006, 49-51).

I also enlist Lesley Duxbury and Elizabeth Grierson’s description of textility as: ‘questioning, reviewing, reflecting, analysing, performing, speculating, relating,
remembering, critiquing, constructing and ultimately further questioning ... exposing not only aesthetic but also epistemological and ontological understandings’ (2008, 7). Some might view textile techniques as repetitive, interminable rows of knitting or innumerable stitches, I regard textiles and fibre as dynamic matter, akin to substance in which both matter and process become content.

In consciously drawing upon textile-rooted language for interrogating practice, I want to consider how this opens up the thesis metaphorically and conceptually. And so in my inscriptions, a ‘writing-thinking’ praxis and articulating of a ‘text-textile-techne interplay’, I deploy text (for writing), textile (for thinking with) and techne (for making); a generative conceptual-material model for thinking-writing with, knotted up in the intimacies of thesis-making (Dormor 2014). The textile metaphors I employ reference a number of skills, which I think ‘allow us to imagine and create in different ways’ (Pérez-Bustos, Sánchez-Aldana, and Chocontá-Piraquive 2019, 370), namely weaving, felting, knitting, sewing, embroidering, quilting, crochet, patchwork and collage. These various techniques are used in countless situations, rich and diverse textile traditions some of which Scotland is renowned for.

I want to make particular note of the Scottish distinctive textile praxis of ‘waulking’ – a blend of two techniques – weaving and felting that makes what is known as tweed. Before industrialisation introduced mechanical weaving, handloom weavers in the Na h-Eileanan Siar (Western Isles) would weave pure wool that when cut off the loom was taken by groups of women to soften and shrink the coarse cloth – this process of beating the cloth is what is known as waulking, or fulling (Speer 1985). This made tweed more weather-proof, a necessary feature given the climate. It was carried out as a communal endeavour involving 8 to 15 women sitting around a long table, pounding urine-soaked cloth to a syncopated rhythm supplied by singing Gaelic waulking songs. They would pass the cloth to the right clockwise around the table, ensuring the differing tensions in each woman’s movement was compensated for (Pickering, Robertson, and Korczynski 2007, 231). I use waulking as a processual metaphor for the phenomenon of work and relations entailed in the multiplicative, thickening of practices in bundles, merging into distinctive ecologies of activities (Nicolini 2016, 103). These nested relationalities bring the ‘thing’ - like organisations - into being, as they become thicker and materialised, with temporality helping coordinate their relational presences (Jarzabkowski, Bednarek, and Spee 2015).

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3 In a 1941 British Council film about The Western Isles, there is footage (8 minutes 50 seconds in) showing women ‘waulking’ tweed (The Western Isles | British Council, accessed 23/06/2021).
The other technique I rely on is patchwork and its piecing of multiple, unrelated scraps of fabrics to create a quilt. Gilles Deleuze and Felix Guattari (1988) use the patchwork quilt as a figuration with which to think boundaries differently. They describe bolts of fabrics as striated, delimited spaces with clear sides and tops and bottoms. This fabric can be thought of as conventional qualitative inquiry with its attendant historicity of methodological practices. On the other hand, patchwork uses ‘odds and ends of colored fabric in all possible shapes’ (Faulkner, quoted in Deleuze and Guattari 1988, 476) ripped and frayed from the striated bolts (Higgins et al. 2017, 16-36), mixing incommensurable fabrics, awkward and overlapping, pieced to create a repurposed object.

This thesis in its totality might be described as a patchwork, a ‘crazy quilt’, unlike tailoring recognising its utility while accepting the impossibility of ever fully achieving meticulousness, as the tailored garment is ‘an impossible dream of plenitude’ (Spivak 1976, xix). Or it could be conceived of as a collage, with all the attendant tensions and trimming of the assemblage of pieces where emphasis is on the boundary between one element and what is placed next to it. It is this discrete edge that lies at the crux of collage. Here – on the edge – is where decision lies and difference is extracted or pronounced (Lamont and Molnár 2002). As Zoe Mendelson observes:

_Collage resists the limits or edges of things, hybridising and undoing the discrete. Collage notifies us, allegorically, of the very nature of our material world, its collisions, prosthetics, territories, cover-ups, performances of difference and proximity. If everything is connected then collage is everywhere. The only rule therefore is to create or recognise the fault-line (2014, 24)._ 

This activation of a distinction between elements, subjects each to a negotiation and potential transformation. I attend to the margin itself, between the this and the that; between one thing and the next, one chapter and another. In (re)presenting my account, I both suture and unpick together threads and fabrics to create a patchwork that foregrounds and quilts contingent and situated making-withs (Haraway, 2016). The fabricat(ing) of both artefact and process, begins from acknowledging the stitching of theoretical, methodological and empirical fabrics at hand, and is thus open to become otherwise through reworking the (co)constitutive threads and patches. As Marc Higgins and colleagues so evocatively suggest, patchwork(ing) invites attention to the ways in which fabric pieces ‘can be differentially (un)done should we attend to the threads already
present and those yet-to-come: pulled together, apart, elsewhere, in and out to produce new configurations of theory-practice-ethics’ (Higgins et al. 2019, 358-75).

This thesis is noncoherent (Law et al. 2014), processual but focussed on practice. Research praxis (much like life generally) is messy (Law 2003a), so the fragmented pieces - the chapters - resemble an ill-fitting garment struggling to lay flat. It has been tailored in order to bring the pieces into some alignment. But in the trimming and tucking away that occurs in the process of manufacture the ‘making-do’ might be perceptible, much like Australian ‘wagga’ quilts of the early twentieth century (Higgins et al. 2017, 16).

Therefore, I offer a situated, collaged and partial account of an attempt to stitch, embroider and patch (with) the fabrics of my research and related components. I merge imperfect remnants to explore the possibilities of an intricate mesh of heterogeneous actors, artefacts, processes and discourses (Ciborra 2002, 97).

**Composing Tales**

Identifying as a feminist has inevitably shaped my research stance. Detailed in Chapters 1 and 2, I take inspiration from ‘new’ feminist materialist scholars because I am interested in engagements with matter and how actors relate with material things, e.g., paper, technologies, and other inanimate objects in their work. To borrow Marilyn Strathern’s (1991) phrase this thesis traces a trail between and among ‘more than one, and less than many’ partial connections (Strathern in Mol 2002, 82).

Even so I did not begin with a clear theoretical or methodological position, rather I have been driven by inquisitiveness and tried to remain open and flexible, albeit I felt a call to attend to the micro and material. At distinctive stages I was unsure about my theoretical orientation. Even in finalising the thesis I still feel a wrench to learn more, include more, refine my thinking further. But I am stopping here because it is time to stop.

To produce a thesis I have had to impose an order of sorts, to write and arrange my analysis in particular conventional ways, generating a text composed of linear sentences layered one on top of another much like a weft thread passing through an opening of a warp in the loom, conveying ‘experiential and sensible knowledge’ (Abdallah 2017, 3).

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4 Wagga quilts emerged in the 1930s depression, often made by unemployed men and carried in swags on their backs. They were basic quilts made from flour sacks or chaff bags (Australian Wagga Quilts, accessed 13/01/2019).
Ultimately in employing what is called an ‘impressionist tale’ (interpretive) approach to (Cunliffe 2010; Van Maanen 2011b) ethnographic writing, I have generated an account which has turned my inquiry into a representation. I have endeavoured to avoid a simplistically rendered account of an intensely manifold phenomenon, comprised of situated, historically contingent, and relationally produced enactments; mediated by language, and material conditions.

As alluded to in the thesis title I deploy the concept of the b/order, as a departure point from John Law (1994) where there is no order rather ordering; never complete, precarious and partial accomplishments that can be upended; in which there is no foundational singular order, and that in relation to governance especially manifest at the selvedges of organisings, ‘ordering is to governance as government is to order’ (Franklin 2004, 285). Instead as Law describes, we are troubled by a multiplicity of ‘incomplete processes of ordering’,

materially heterogeneous - ‘talk, bodies, texts, machines, architectures, all of these and many more are implicated in and perform the ‘social’ ... [and we] wrestle with the uncertainties of our own implication in ordering, with the network of theoretical, epistemological and political questions’ that being participants of ordering entails, ... caught up in its uncertainty (1994, 1-2).

In other words, it is the practices at work within and between organisations, which determine how they work not what they are, but how organisational orders are held together. And, therefore what happens when they are troubled.

A Note About Care

Care, caring, carer. Burdened words, contested words. ... Most of us need care, feel care, are cared for, or encounter care, in one way or another. Care is omnipresent, even through the effects of its absence. ... Its lack undoes, allows unravelling. To care can feel good; it can also feel awful. It can do good; it can oppress (Puig de la Bellacasa 2017, 1).

This thesis considers collaborative practices in the reconfiguring of care services. It is not about the practices of care delivery. Nonetheless, I want to acknowledge as a feminist who has worked in care services, I think care matters (Puig de la Bellacasa 2011, 90) have been advanced through feminist analysis of processes and institutionalising practices that generate economies and societies. Although care has been undervalued as women's work it
is implicated in racialised, gendered and globalised inequality. Notwithstanding disdain care is a vital part of the reproduction of social relations, shown in the way in which enacted roles and relationships are patterned in large-scale phenomena (Nicolini 2016). The ignoring of caring relations and their reproduction remains obdurate, a paradox given the centrality of human interdependence and inevitable need for care at crucial times in our lives.

Policy practices associated with care therefore have important socio-economic effects, even though they might be policies on seemingly unrelated issues. Importantly, care as an activity cannot be reduced to the social because it is relationally linked to a wide variety of objects, machines, texts, non-humans, bureaucracies, and so on, without which it would not happen and could not have become what it has (Latour 2005, 4-9).

A gendered framing of care goes beyond gendered breakdowns of those needing, receiving and giving care, to consider the ways in which multifarious care constellations in terms of (re)producing social relations are deeply gendered. The blends of ‘frontline’ care practices are argued to both continue to shape gender inequalities within them, but also contribute to the reproduction of wider gender inequalities (Ceci, Björnsdóttir, and Purkis 2013; Gill, Singleton, and Waterton 2017).

Despite this Joanna Latimer and Daniel López Gómez (2019) argue there is a (re)turn to care occurring across the social sciences and humanities. Maria Puig de la Bellacasa (2017) invites us to attend to ‘matters of care’, i.e. what it means to think critically with care, stating ‘to care signifies: an affective state, a material vital doing, and an ethico-political obligation (Puig de la Bellacasa 2011, 90). She like others, reminds us that attending to neglected affective labours has been an enduring feminist concern and from this standpoint the notion of care has expanded as an embodied, sociomaterial ‘ecology of practice’ (Stengers 2005). To think with care then is to be actively involved in responding to and creating worlds as an ontological, as well as an ethical and epistemological concern; to attend to, and affirm relations with others, and to live ‘as well as possible’ (Puig de la Bellacasa 2017, 3). Conversely to associate care as normatively ‘good’ and positive disembeds ostensibly caring relations from their historical inequity. Following Michelle Murphy’s (2015) call for ‘a vexation of care’ in relation to the non-innocence of care a critical stance
is important because there is an ongoing temptation within feminist scholarship to view positive affect and care as a route to emancipated science and alternative knowledge-making without critically examining the ways positive feelings, sympathy, and other forms of attachment can work with and through the grain of hegemonic structures, rather than against them (Murphy 2015, 719).

Given the opacity of care as an array of practices, expectations and moral imaginaries, I recognise this need for a troubling of care in order to consider the generativity of a lack of care (Gill, Singleton, and Waterton 2017; Singleton and Mee 2017). To ask of our assemblages, ecologies and attachments in which care is enmeshed, in the technologies, policies, interventions, organising, management and settings, not only what or whom is being cared for, but by who? And who or what decides? And how?

Although I don’t specifically interrogate the ways in which care is different from other social processes and practices, or matters of gender in this thesis, I want to acknowledge that care is often ‘disappeared’ in contemporary political, policy discourse and debates (Freeman 2017; Gill, Singleton, and Waterton 2017; Puig de la Bellacasa 2017; Singleton and Mee 2017). Despite this I draw inspiration from feminist theorising and research more generally (Barad 2007; Braidotti 2017; Haraway 2016; Stengers 2011) especially for a subject like partnership-working, which is often framed as, and reduced to ‘feminised’ notions of ‘soft skills’ (Carey, Landvogt, and Corrie 2018, 504). Not only are the gendered effects of care ignored, the gendering of interorganisational relations is also elided. There is a double disappearance – care and collaboration – nevertheless, relations in matters of care although obscured still matter.
This is a story of relations, relations of the mundane and reparative, a story of the matterings of particular relations, in a particular place grappling with the more-than-human everyday concerns of care. A tale that entails a relational politics, enacted through everyday actions and practices that fill the particular manifestations of the state under deliberation. It is also a story of an ethnographic moment – a relational way of making sense of relations. But relations of who, what and how? Carescapes are foundering as mangles of matter weigh down action to imagine care otherwise. So where to start, where to tear apart, to unpick how seams are held together through ceaseless relatings – the b/ordering - where possibilities and potentialities in their making are unevenly tethered by stabilising routines of thickened orders – in the everyday spaces matted with knowledgeable practices of care-giving and care-taking.

What then accompanies ways to see, learn and know about the relatings enacted in these spaces; and attend to imperceptible ruptures in the ossified; in a recasting of oneself from practitioner to researcher - insider outwith? My mind – body belongings filled with policy, managerial, administrative praxis holds stale, tired knowledges revivified with diffractive insights, knotted and pieced with ideas from elsewhere. Now unfold this collage-montage of a reparative carescape and through my ‘yarning’, discern the mending and make-do in ‘Kintra’. 
Chapter 1. Introduction – Piecing Together

1.1 How it started ...

It’s 4 o’clock already, and I’m ending day one where I began, in Council’s corporate management area, not at the table where I plonked my stuff, but in one of the small side meeting rooms for the weekly informal managers’ meeting. The area has a grey/light brown palette in the furniture and on the walls, a low-key corporate feel, quite dull but calming nonetheless. The managers I want to spend the next few months with usually attend but only five had turned up. Joanna, Stephen and Julia are chatting about finances and ways to handle the upcoming NHS 5% budget savings, like aligning professional groups, although they’d had difficulties bringing people together. Stephen indicated there was anti-management feeling amongst medics about losing clinical time. Annie talked about doing some ‘jiggery pokery’ with her budgets. They joked about potential income generation from Dentists providing botox, and laughed at ideas like willow weaving coffin classes. I suppose as an informal meeting, this kind of talk was acceptable. NHS Kintra wasn’t alone in grappling with financial constraints, savings were also to come from Social Work amounting to 3%, and as an integrated management team they’d have to deal with both. Although there didn’t appear to be any agenda, Julia, as Chief Officer, provided a short update, making a remark that one CEO still hadn’t signed the draft integration scheme, but was hopeful the Scottish Government would authorise it by the February meeting of the shadow Integrated Joint Board. Which CEO it was wasn’t said but they seemed to know which one it was. It might be the beginning and I don’t know anything about the documents they discussed, but I already sensed tension.

With so few buses heading back to Edinburgh, and one eye on my Fitbit watch as it flickered closer to 5, I needed to make sure I got the next one. I interrupted the discussions, uttering something about the importance of ethics, and hurriedly handed around information sheets and informed consent forms for them to takeaway and read. I wanted to flag from the outset my ethical obligations, but as I was rushed I said I’d follow it up with them later. It was dark and cold when I got to the paltry bus shelter outside the Council building, so when the bus arrived it felt good to sit down, thaw out, and mull over my first day. It was full-on having to go to four back-to-back appointments in Julia’s schedule. I was knackered, and hungry, it was so exhausting and hard to listen, write, and try and notice things. What was I supposed to concentrate on? Everyone was friendly and seemed interested in what I’m doing, asking lots of questions, and requesting solutions to the challenges of integration. I politely laughed this off, evading any commitment to ‘discovering the answer’ and getting back to them with it. Integration seemed to have grown tentacles and it’ll be a struggle to get a grasp of it. Since leaving Edinburgh Council,
housing’s now involved, with new guidance issued by the Scottish Government. Finances loomed large over everything, and managers spoke openly about efficiencies, cuts to positions, and service redevelopments. With all the talk about the integration scheme and strategic plan, the role of documents seems to be dominating activity. I was on the receiving end of various asides and comments about calls, emails and certain things not being signed. I got the impression they were having teething troubles with implementation, and were covertly getting the Scottish Government to ‘nudge’ the CEOs in relation to key responsibilities and milestones. With everything they talked about in front of me, I reckon I’ll quickly become ‘part of the furniture’.

While it’s still dreich, it’s marginally warmer, and I could see all the sheep in the fields from my window seat on the first bus of the morning heading to Kintra. The snow had melted, although being early December it’d be back. At this hour in the morning, with the rays from the low winter sun breaking through the clouds hanging over the hills, I realised what a striking landscape surrounded me as the bus hurtled along the road. There were lines of pine trees every so often blocking the view and breaking the wind. All the autumn leaves had been blown off making the land and the villages appear bleaker, especially with the grey skies. I might be doing ‘at - home’ ethnography but the bus journey is a good way to mark leaving the ‘familiar’ in Edinburgh to travel out through ‘strange’ villages of varying sizes to Dorchmuir, where Council HQ is.

On the surface there was a strangeness to Kintra, I don’t know the area, but my experience of the processes, and knowledge about the content of services runs the risk of creating a trap, I quite possibly have the same ‘blind spots’ as the managers I want to hang around with. I couldn’t believe how quickly my professional headspace returned, I felt back at work, although I was careful not to speak except for introducing myself, something I am unaccustomed to! I get how easy it is to slip into a ‘taken-for-grantedness’ state. I need to pay attention to my professional orientation and suspend it somehow so that what might be unremarkable doesn’t get in the way of questioning things. No wonder I felt utterly drained last night. I should sync my Fitbit and check my sleep tracker. There was some interesting talk linked to professional perspectives on integrated working that I could explore and possible relationship patterns pre-dating the legislation. But there is something about the power of the NHS, although this needs deeper exploration. I don’t want to make assumptions, but at Edinburgh Council, I witnessed the NHS being criticised a lot when it came to partnership-working, but having also worked in a national NHS agency I had different views. I’ll see what happens. I’m going to try to remain open, observant and go with the flow.

![Office layout](image)

**Figure 2. Office layout.**
1.2 Mending Walls

‘[Given] the hospital system with which local authorities will be in contact will be a government system ... although occasions for friction will arise they will not be pursued or perpetrated as is often the case at present. ... It seems probable that the mere existence of these two sets of services side by side will produce day by day co-operation both in minor and major matters, and through that association will inevitably come the integration which is desired’ (PRO, MH 80/33, 1946 in Snape and Taylor 2004, 19)

This fragment from a 75-year-old memorandum prepared for the National Health Service Bill alludes to both a history of tensions between care services, and a promise that the assembly of the not-yet NHS will produce cooperation between local government and the ‘new’ NHS. It makes the claim that integration will result from these relations. For such monumental reform this quote situates interorganisational relations in everyday work. Yet, despite this aspirational claim, especially the concerted efforts associated with Health and Social Care Integration (HSCI) in the United Kingdom (U.K.) since the 1990s, has this desire been met? More particularly, what has transpired in Scotland? In December 2011, Nicola Sturgeon, then Health Secretary, was reported as saying,

*There is too much variation in the level of resources invested in care locally by health boards and local authorities, and in the outcomes that those resources achieve. ... Too many people are unnecessarily admitted to hospital or delayed there when they are clinically ready to leave hospital. And for too many people, the experience of moving between health and social care services is not smooth enough. ... We will introduce legislation to bring about a radical transformation of community health partnerships. ... [They] will be replaced by health and social care partnerships which will be the joint and equal responsibility of the NHS and local government* (McLaughlin 2011, 18).

In May 2013 the Public Bodies (Joint Working) (Scotland) Bill was introduced to Scottish Parliament, with the legislation receiving Royal Assent on April 1, 2014. Ten years on from the Scottish Government’s announcement, Lewis MacDonald MSP, Convener of the Scottish Parliament’s Health and Sport Committee, concluded in a legacy report that the expected ‘shake-up’ hadn’t been metamorphic.

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5 The name of a Robert Frost poem, written in 1914, describing an annual task of repairing a stone wall dividing neighbours’ properties, asking whether ‘Good fences make good neighbors’? (Poetry Foundation, accessed 15/06/2021).
Finally, and perhaps most importantly in terms of health and care policy, meaningful progress with the integration agenda continues to be slow, inconsistent and fragile. Everybody agrees that integration of health and care is the way forward, yet obstacles abound without any seeming urgency on the part of leaders and decision-makers to remove them. Covid has led to more change in a few months than had happened in years, but on one level that has only served to increase the frustration, showing what could and should be achieved if all parties were willing to co-operate, share data and commit to permanent and radical change (Scottish Parliament 2021, 23).

So what went on in the interim? Has this mandatory instrument of governance bought about the anticipated transformation envisaged by the Scottish Government? Or has the well-recognised, desultory attitude to HSCI endured - collaboration in name only - the ‘paradox of the (n)ever-changing world’ (Birnholtz, Cohen, and Hoch 2007, 316)? In contrasting these two statements and the time that has passed, I want to take a step back from an evaluative orientation and instead share from an ‘up-close and personal’ position how the Act was enacted in a particular place in Scotland at a particular time, and what it might tell us about how situated collaboration is practiced, the agential relations entailed; and the implications this has for understanding what I call ‘collaboration-as-practice’ in Health and Social Care (HSC) in Scotland. This thesis centres on the work involved in this integrative reconfiguring by bringing into the limelight the making of a commissioning plan. And, in order to account for this and frame the chapters ahead, an extended introduction on the context, and empirical and theoretical scaffolding is necessary.

What ensues when you peer closely in an effort to discern not just the work partnership is doing, but the work actors do in partnership? I needed to be in the places where these happenings took place and could be witnessed; engaged in granular noticing (Tsing 2015) of the sociomaterial, affiliative relations in partnership-working - the everyday work through which HSCI was being manufactured. Based on seven months of ethnographic fieldwork in Kintra, Scotland, this thesis depicts a group of managers attempts to locally implement another ‘grand scheme’; the latest iteration of efforts to integrate the work of the NHS and local authorities in the messy world of care services via the Public Bodies (Joint Working) (Scotland) Act 2014 (hereafter referred to as ‘the Act’). As a fine-grained account of ambitious public sector reform enacted through statute by statutory actors - discursively anchored to collaboration - I followed contested and ephemeral action, shedding light on practices at the peripheries of care organisings. I interrogate what happens when several managers, other practitioners, and their non-human companions (Ahmed 2017, 16), work
together in an attempt to (re)configure different parts of the carescape together as ‘directed’ by the Act – the ‘boss text’ (Smith and Turner 2014, 10). The emphasis in my research shifts away from the structural or the individual, instead I attend to practice arrangements (Kemmis 2013; Rosa, Kremser, and Bulgacov 2021; Star 1995) that create spaces for action.

Based in a local partnership I examine the complexities of manager’s partnership-working across health care and social care, situated in the incipient phase of HSCI implementation. I pay particular attention to how documents as relational resources, came to effect the formation of the Integration Authority (IA), and the implications this had for how actors worked. Via tracing the drafting of a commissioning plan I examined how local actors navigated b/orders and orderings that (re)produce agential affordances (Niemimaa 2018). I centre this particular document’s drafting, as a site for both legitimising the normative aspirations of HSCI, and disputation (Neff, Fiore-Silfvast, and Dossick 2013); a lens through which to understand integration, enacted through Kintra Council and NHS Kintra as documental.

I endeavour to visibilise thickened practices to support a shift in thinking about interorganising from linear continuum models to more viscous assemblages; from enumerating static factors that influence working together, to following dynamic actors doing the work. And, as a consequence extend understanding of interorganising in public service. My gaze tilts away from evaluating efficacy, a focus on the collaborative impacts of public sector organising, to more detailed analysis of what takes place as planning, managing and implementing, shape interorganising in public governance. I seek to illustrate the effects of practice for generating possible alternative ways of thinking about collaboration.

This chapter therefore foregrounds the fabrication of the frangible enactments that took place in a corner of Scotland, with particular care actors as they worked to hold things together behind care frontiers; away from the bodywork of direct care, in the spaces of governance and operations, immersed in mundane configurings and invisibilised arrangements, where the tears and repairs in infrastructures of the carescape had consequences for those requiring care.
1.3 Some Remarks About Vocabulary

Throughout this thesis well-known terms partnership-working and collaboration are used interchangeably to denote interorganising for agreed purposes (Warmington et al. 2004). Similarly, the terms ‘integration’ and ‘coordination’ are often used synonymously in policy and empirical literature to refer to systemic responses that involve connecting services, organisational departments and/or sectors that may otherwise be operating separately. Sometimes different usage reflects circumstantial preferences for terminology, e.g., terms used in Scotland differ from those used in England. Collaboration is generally recognised in the literature as a key feature of integrated and coordinated responses (Cook, Mulherin, and Seditas 2015), although there is no universal definition of what constitutes this way of working together.

Analogous to the discursive slipperiness of the word partnership are terms used interchangeably for integration, e.g., inter-agency working, joint working and multidisciplinary working (Petch 2012b, 77-8). Alison Petch seeks clarity when discussing integration, asking people to define what they mean in order to avoid misunderstanding given the ambiguity of the concept. She suggests distinguishing between integrated organisations and integrated care, and being clear about what aspect of integration is being considered, whether integration is between sectors, professions, settings, organisational type and types of care, with distinctions also made between macro, meso and micro strategies (Petch 2012b, 78). Others assert integration is on ‘a spectrum, ranging from limited collaboration on specific issues, to full integration as represented by pooled resources and a single set of objectives’ (Stewart, Petch, and Curtice 2003, 336).

I don’t intend to resolve the definitional haziness of partnership nor integration, instead I want to introduce the term collaboration-as-practice to include the assemblages\(^6\) embedded in mundane, but potentially complex, daily acts of partnership-working. By collaboration-as-practice I emphasise contingent, sociomaterial activities, processes and routines that characterise interorganising. In the absence of studies like this understanding collaboration-as-practice in HSCI is limited, especially its manifestation in ‘behind-the-
scenes’ work of management and administration. The term encompasses orchestrated routines and novel practices deployed to achieve integration for the purpose of improving outcomes for people drawing from care supports. While the focus of this study is on interorganisational relations in the context of HSCI, it does not purport to be an exhaustive exploration of every feature of HSCI. Rather, it is a depiction of what was observed of a group of managers in one local Health and Social Care Partnership (HSCP).

1.4 Unruly Fringes

Relations are everything and everywhere, entwined in coalescent assemblages ‘fulling” the everyday; constituting ‘the real’; and enabling things as they go on in a way that cannot be enumerated (Emirbayer 1997; Desmond 2014). These relations involve the inextricability and inseparability of the social and the material, their constitutive entanglement in daily doings. Relations are rendered perceptible by interrogating how human bodies, spatial arrangements, language, physical objects, and technologies are intra-actively intertwined (Barad 2003), in organising practices; a relational understanding of world/s, through observation of work as practiced.

At the risk then of producing a reductionist, a priori account (Desmond 2014) I signal my delimiting cuts to the multitudinous, unwieldy connections across various world/s and the ties at their boundaries. What is being cut apart from the cloth of ‘the real’ for this research? How have I determined the pieces that make up the final fabrication of this thesis? I place emphasis on

“contingent relational pathways”... In place of a language of essences and inherent causal properties, “a relational approach” substitutes a language of networks and relationships that are not predetermined but made the indeterminate objects of investigation (Somers in Desmond 2014, 554).

I start not by looking at relationships in collaboration, rather I look relationally at collaboration (Bartels and Turnbull 2020), at points of contact, marks where ‘worlds collide’ in spaces of awkward engagement; where I attempt to understand the production of coordinated action, the work entailed in ‘creating routines and shared meaning scripts’, and

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7 Fulling - To subject woollen cloth to various processes in order to clean and thicken, or felt it (www.oed.com, accessed 29/10/2019).
magnify the practices and the ‘relational processes involving multiple organizations and different actors within those organizations’ (Desmond 2014, 555-6).

This is also a story of what happens on the edges, in the marginalia (Higgs 2016). More expressly, it is a story that began with concerns about people and their efforts to imagine and create not-yet-transformed relations in the carescapes that have emerged overtime. What surfaces is an account of abeyance and maintenance to hold stable the b/orders around care configurations, as innumerable practice bundles work to (re)produce *NHS-ness* and *Local Authority-ness* whilst simultaneously unbinding to integrate.

Given the emphasis in much normative and descriptive literature on public sector interorganisational relations (Dickinson 2014, 157), a practice sensibility for collaboration comprehends collaborations as effects of a cluster of practices mixing extant and new activity. These become repeated over time amongst organisations possibly becoming routinised; transversing formal b/orders; comprising repetitive enactments of negotiation, unanimity about shared commitments, and then application of these. Actors in these messy relational territories, engage in activity where accepted rules and norms are in flux; and emergent sensemaking and developing relations within and between the established order of things, actively shapes fields of collaborative possibility. And, as Helen Dickinson points out

> *there is something at the micro level that is more important than structures, legislation or simply exhorting health and social care organisations to work together more closely. ... Beyond broad descriptions of how partners have worked together and the sorts of processes and structures that seem to help this, there are surprisingly few studies of people actually doing health and social care partnership-working* (Dickinson 2014, 155-7).

To seek out what was taking place I embarked on a multi-sited, interorganisational ethnography in Kintra, during their attempts to realise HSCI. An ethnographic interrogation of collaboration has provided manifold insights into integrative performances in the interstitial spaces (Machado and Burns 1998, 367-8) of Kintra HSCP in its early emergence. Before progressing, when attending to the practicalities of how HSCI was enacted, the manifestations of HSCI need to be addressed. For instance, I could say nurses, managers, social workers, service users and administrators view HSCI differently. However, this type of account assumes a unified object that is looked upon by all concerned parties. Whereas I want to convey that HSCI needs to be understood as a precarious
accomplishment, which should be studied rather than assumed (Mol 2002, 20-1). An object (e.g. partnership) is not a singular entity, but a texture of partially coherent and partially coordinated practices. The ontology of an object (the phenomenon under interrogation) is therefore decentered to a multitude of practices.

Following Annemarie Mol, the putative object ‘out there’ is always made and remade (2002, 159-79), enacted in relation to various others. Yet, in its multiplicity there is continuous work moving from one enactment to the next through coordination, adjustment, shifting, etc.; multiple ways of ensuring a flow of relations intended to make the object work in practice (Mol 2002, 83). This thesis therefore, is also an attempt to understand HSCI as multiple, a composite of irreducible practices in-becoming, some of which were intelligible and recognisable routines, others contested doings, as well as novel attempts at interorganizing relations; effortful and uneven attempts to mend the fraying carescape, partly made perceptible through the medium of ‘paper’.

1.5 Collaging Collaboration

Over 70 years ago, the effects of decisions made in the context of wartime recovery shape how we understand what we know as the NHS and health care (Lewis 2001, 52; Lindberg, Styhre, and Walter 2012). What perhaps is less understood are the implications of this, and later decisions, for other forms of care, including social care. There have been protracted efforts since the welfare state’s inception to patch-up these demarcations and assorted arrangements, with increasing urgency given changing needs (Finance Committee 2013). As people ageing and living with disabilities, struggle with how care is enacted through their lives, integrated care as a reconfiguring by the state in response has gained policy purchase in many places around the world, especially in the U.K. (Glasby and Dickinson 2014; González-Ortiz et al. 2018). These (re)forms promote the use of collaboration and service redesign. Despite integrated care’s apparent popularity, its contribution to shifts in service delivery and outcomes for people has been contested, revealing uncertainties about what it entails and its associated benefits. Some see the promise of evidence-based seamless pathways of care; for others, a centralising, bureaucratic, performance management regime; or an inconsequential fad (Antunes and Moreira 2013; Bruce and Parry 2015; Glasby and Dickinson 2014; González-Ortiz et al. 2018; Ham and Walsh 2013; Hughes 2017a; Kumpunen et al. 2019; Reed et al. 2005; Stokes, Checkland, and Kristensen 2016).
Given limited examples of practice-informed (Knorr Cetina, Schatzki, and Von Savigny 2005) and ethnographic empirical literature in public administration (Boll and Rhodes 2015), this thesis applies a praxeological sensibility (Nicolini 2017), surfacing how NHS and Social Care managers and affiliative objects acted in ‘zone[s] of incongruence’ (Machado and Burns 1998) of a mandated partnership (Glasby and Dickinson 2014).

In accentuating documents as a lens for scrutinising collaboration-as-practice, I demonstrate how this affected the ways in which integration was experienced, interpreted, and enacted through different kinds of documentation – it’s documentality as a papered partnership (Frohmann 2012). I present an analysis showing the ways in which documentation provided a material basis for HSCI, simultaneously materialising and constituting it. I illuminate how HSCI’s documental features were activated ‘such that it can emerge and, in turn, how it can then be controlled, deployed, enforced, entrenched, managed, and used in many different ways’ (Kosciejew 2015, 96).

HSCI’s documentality surfaces through complex assemblages, connecting documents to others; and in their mobile associations with more documents accumulate mass. Whereas a stand-alone document’s importance is contingent, they nonetheless sustain vital associations to the overall operations of integration (Kosciejew 2015, 97). The result is a rich account of an evolving, but beleaguered ‘relational care state’ as it materialised on paper, with a sharper understanding of its multiplicities, tensions and ambiguities.

I’ve worked within multiple partnership arrangements and my praxis has been shaped by globally itinerant conceptualisations of public management, administration, policy of an Anglo-American hue. This experience permeates my questions, research and analysis. Nonetheless, I take up and tie heterogeneous theoretical orientations - the offerings of practice and the processual; anthropologies of bureaucracy and infrastructures; relational sociology; feminist materialism; and posthuman theorising, to form and in-form this thesis and consider how people, objects and discourses came together to create collaborative encounters in HSCI.

For the remainder of this chapter and the next what follows contains congeries of thought-threads, knotted and twisted in such a way to prepare for the remainder of the thesis: its (inter)disciplinary impulses, its theoretical disposition/s and its conceptualisings - threads about public services organisings, managing, interorganising and care, stitched to bind a patched collage. Taken together these approaches enabled me to produce a more data-rich, theoretically nuanced, final fabrication.
1.6 Laying Things Out

This section provides a précis of my inquiry into the matterings (Cleeve 2020b, 17) of care configurations that began with a group of actors, was affected by objects enmeshed in interorganisational doings leading to a concentration on artefacts central to HSCI. By mattering I am talking about how practices involving seemingly mundane things, generate important possibilities for shaping collaboration; following John Law (2004b), my research is ‘[m]aking facts is making values is making arrangements that are in one way or another political’ (2).

My starting point is the accomplishments of public sector partnering for tackling intractable policy issues are shaped by the ‘sayings, doings and relatings’ (Kemmis et al. 2014, 30) of the actors involved. Interorganising has been a cornerstone of governance, and longstanding challenge for administrations in the U.K. for decades (Stewart 2014); with joint-working not necessarily producing the desired effects (Eccles 2018, 82-3). Despite unremitting political rhetoric, policy initiatives and practitioner effort, there remain ‘thin’ insights into how collaborative practices are enacted through the various interorganisings of the public sector (Craven, Dickinson, and Carey 2018, 2; Thomson and Perry 2006); in my case, across historically and culturally situated organisations, Scottish NHS territorial boards and local authorities involved in integration. As described above my research is located in the interstices of institutional organisings, reflecting historical divisions of labour in health work (the NHS) and social work (local government social care) and the messiness of people’s lives.

And as I will detail, partnership holds ongoing normative appeal in Scotland (Cairney 2020; Cairney, Russell, and St Denny 2016); even with policymakers the efficacy of collaboration resonates (Dickinson 2014), and the (re)production of a collaborative imaginary (Jasanoff and Kim 2016) inflects the 'Scottish approach' to policy and reform. The Scottish public sector emphasises the use of partnership-working across policy, service design, delivery, administration and management. With successive policy instruments promoting partnership, utilising political exhortations and/or structural mechanisms as the means to address the predicaments of care (Cree and Smith 2018, 1; Pearson and Watson 2018). The Scottish Government therefore introduced the Act as a mandated way to make alterations to frayed carescapes, a flagship policy enmeshed in a public service reform approach in which collaborative aspirations are central (Mitchell, 2015). Given this,
integration although difficult to practically implement merits closer interrogation, as Janine O’Flynn (2009) recommends:

*Part of the job for academics will be to delve beneath these surface dynamics, beneath the current sermonising about collaboration to see what is really going on, and cast a critical eye over the rhetoric of collaboration* (115).

My inquiry was situated in the nexus of public and private, strategy and operations, intra- and inter-organising, policy and delivery, the national and the local, the state and the citizen; in a place I call Kintra, a rural corner of Scotland. A place where the antecedents to the Council date to the 12th century (Taylor 2016) and the NHS to 1948 (Lewis 2001); where thickened practices generated oscitancy in response to ambiguity and orderings of stasis, although agitated by the (re)orderings of public bodies. I expose implementation efforts as they coiled through groups, teams, intraorganisings and interorganisings; considering the implications for the carescape of which they are a part. These observations took place where interorganisational relations are entwined in wider public sector configurations and the state (signified by the Scottish government); where politics, funding, policy and accountability are distributed in ways to support action at a distance (Carter 2016, 3).

In the story of HSCI the work is not new and in my findings I provide no readymade solutions, nor identification of any interorganisational alchemy. Rather I aim to share the experiences of b/ordering in Kintra; and make manifest the pervasive documentality entailed in HSCI’s constitution – the doings of integration on paper. But before I go further, I want to move back in time to outline precursors to both collaboration as a governance phenomenon and the current care arrangements across the U.K. and Scotland.

### 1.7 Interrogating Partnership

Twin phenomenon, complex policy problems and public sector reforms, are posited as having given rise to a collaborative omnipresence in which public sector actors need to operate. These transformations - affected over the last 40 years - have altered public management and public service provision. Collaboration in public policy and public services proliferated in the 1990s and 2000s under governments of different political complexions in the U.K., mainland Europe, North America, Australia and New Zealand (Dickinson and Sullivan 2014, 162).

However, the craft implicated in a collaborative ‘hodos’ has proven demanding.
Efforts to understand collaboration has preoccupied academics and policy makers for some time (Hudson 2005; Huxham 1996; McGuire 2001; Newman 2001; Sullivan and Skelcher 2003). And if a disciplinary predisposition was apparent, Anna Grandori (1997) detected the prevalence of economic and sociological macro-analytical approaches to the subject. Within patterns of public sector collaboration it has been argued certain features implicitly constitute success and derive the most attention, privileging structure to the detriment of understanding how agential relations bring about collaborative achievements (Williams 2010, 3-4).

My intended focus was a study of actors’ experiences implementing integration. I began with managers, concentrating on those involved in the formation of the partnership (also described as the Integration Authority (IA) or an Integrated Joint Board (IJB)). The implementation phase for this collaborative entity was ideal for exploring actors’ experiences and how practices were shaping the emergent IA. Managers had important roles in operationalising the duties as inscribed in the Act, centred on the establishment of a new governance arrangement and the production of plans. Following this mundane work as constituent of integration was revealing, attending to a dimension of partnership-working often overlooked, given emphasis in empirical studies on integration tends to concentrate on policy evaluation, or small-scale studies of practitioners’ inter-professional work in teams.

Furthermore, attending to managers appears to be less fashionable, given negative connotations associated with these roles, with greater attention given to leadership (Learmonth and Morrell 2021, 2017). Public managers in particular, experience increased scrutiny, seen as adding little value to public service (Hyde et al. 2012; Martin and Learmonth 2012). Professionals such as doctors and social workers, and citizens can ‘organise’ their own work and care in a post-bureaucratic society, they do not need management (Leadbeater 2004; Newman and Clarke 2009; Torfing et al. 2012). The term ‘middle manager’ specifically gets used as shorthand to describe

a particular sort of person and set of actions - someone stuck in their role with limited hopes of progression, with few managerial skills and little managerial ability. ...[P]ortrayals ... as barely competent scapegoats are common in popular management writing where middle managers are criticised, for example, as obstructive and afraid of change (Hyde et al. 2012, 13).

8 Typically, operational managers, and potentially voluntary and independent sector managers.
Middle managers are often associated with bureaucracy and inefficiency, leaving middle management as ‘an identity no-one wants’ (Hyde et al. 2012, 9).

Conversely, Nicola Burgess and Graeme Currie (2013) discount the literature that casts middle managers in such a negative light. They highlight that middle managers do not form a well-defined homogenous group easily differentiated from executive managers and first-line managers; and unlike popular conceptions ‘middle managers are those who perform a coordinating role where they ‘mediate, negotiate and interpret connections between organizations’ institutional (strategic) and technical (operational) levels’ (Currie 2006, 6). Lieke Oldenhof also doesn’t ascribe negative stereotypes to middle managers, rather describes them as fixed actors caught in the middle of hierarchy with little manoeuvring room to make their own decisions (2015, 8). For middle managers management consists of disparate, often commonplace activities and ‘ad-hoc decision-making, requiring continuous sensemaking of ambiguous situations in which multiple actors with conflicting perspectives are involved’ (Oldenhof 2015, 17).

Paula Hyde, Edward Granter, Leo McCann, and John Hassard (2012), note relatively little is known about the complex horizontal networks of middle managers and their informal knowledge networks (17). Oldenhof (2015) believes they make ‘an interesting group to research because they are often spatially defined in-between the boundaries’ (162) of frontline and senior management, and in-between intra- and inter- organisational situations. Hence, they are ideally positioned to act as ‘boundary spanners’ for translating policy intention into situated practices to address local problems (Oldenhof 2015, 34). This view, reframes middle managers as having an advantageous position when it comes to achieving change, innovation and outcomes. Middle managers have connections with dispersed actors and a wide range of knowledge: both operational and strategic, enabling them to fulfil roles as change intermediaries (Balogun 2003), boundary spanners (Currie 2006), and knowledge brokers (Burgess and Currie 2013). Thus, there has been some recognition of the need to concentrate on this group of organisational actors (Balogun 2003; Dopson and Fitzgerald 2006).

However, there is insufficient literature published on the work of middle managers, as actors sustaining the situated scaffolding of integration (Lunts 2012, 247), or in HSC literature more broadly (Williams 2019). Therefore, these particular actors in collaboration undertake complex work which needs recognition.
1.8 A Brief Account of a Care-taking State

[Health and social care ... is based on an assumption that it is possible to distinguish between people who are ‘sick’ (and have health needs met by the NHS) and people who are merely ‘frail’ or ‘disabled’ (who are seen as having ‘social care’ needs that fall under the remit of local authority services)](Dickinson 2014, 139).

The recurring narratives associated with care in the U.K. are typically recounted through media reports of older people ‘blocking beds’ in hospitals, with adults with disabilities rarely depicted. The responsibilities of ‘the state’ for the care of older people and adults with disabilities, remains disputed in what has been described as policy failure (The Health Foundation, 2019). This all too familiar sight, an excessive symbol of stresses experienced by the NHS and Local Government, is also a representation of struggling public sector organisings and not least the distress for people needing support. Despite the annual winter dramatisation across the carescapes of the U.K., the effects of a lengthy history of mixed efforts to coordinate and integrate the delivery of care to adults are nevertheless enmeshed in these patterns. The over 30-year goal of HSCI is now strengthened by legislation that places statutory duties on health and local government agencies ‘to co-operate’(Glasby 2017). However, the ageing and chronicity in conditions experienced in the population has only increased (Taylor 2015), further pressuring ‘entities’ who are configured to care.

In the sizeable literature on the subject of efforts to overcome the structural divide in HSC, the history of the evolution of the NHS provides important insights into the antecedents of current interorganisational challenges. Jane Lewis (2001) relates the role Ministry of Health officials played in the 1940s in creating a disjuncture around healthcare, with the unintended consequence that other models of care were impeded (317). Paul Bridgen reviewed integration efforts in joint planning from the early 1960s and showed that even though problems ‘at the boundary between health and social care’ had been apparent for some time, central government expected the two sides to collaborate for the sake of citizens, much like today; believing that ‘[t]he only thing necessary was goodwill ... to make sure that everybody was catered for’ (PRO, MH 130/266 in 2003, 21).

Bob Hudson (2012a) a long-term chronicler and contributor to HSC debates, explained the 1974 reorganisation of the NHS with the transfer of community health
services from local government into the NHS, had long-term impacts on integrated community teamwork (Hudson 2012a, 116). He also suggested the NHS and its relationship with social care was not only about a democratic deficit, but a collaborative and commissioning deficit as well (Hudson 1998, 79). Janet Newman’s analysis of the joint structures established following the community care reforms of the 1970s and 1980s, surmises they made little impact, producing only short-term and piecemeal projects; although reforms in the 1990s attempted to institutionalise relationships by making collaboration mandatory (Newman 2001, 110). She maintains as a consequence ‘mandatory partnerships, or partnerships where there is low trust between organisations, are pulled towards a strong emphasis on structures and procedures’ (Newman 2001, 115).

A joint planning and structural approach to integration gained greater prominence in the 1990s during the Blair Labour Government (Dickinson 2014), with Health ministers referring to breaking down the ‘Berlin Wall’ between health and social services; insisting collaboration was no longer an optional extra (Glasby 2003). The enthusiasm of New Labour for joint working led Bridgen (2003) to contemplate whether their efforts would be any more successful than the efforts of the previous 40 years. He concluded that his,

\begin{quote}
*survey of the history ... does reveal the entrenched nature of the obstacles in the way of a genuinely collaborative approach to joint working. Progress ... has ... been slow and incremental. There seems little reason to believe that the pace of developments in the future will be very much different* (Bridgen 2003, 29).
\end{quote}

Nevertheless, New Labour did not take the decision to remove the boundary within HSC. Dickinson (2014) maintains this only reinforced that HSC

\begin{quote}
‘were not in fact equally important, given that the health service continued to dominate the concerns of politicians and policymakers signalled the roles of the two agencies within the metaphor ... not only accentuat[ing] the structural nature of the difficulties of working across boundaries but also speak[ing] to the cultures of the different organisations’ (158).
\end{quote}

Despite limited progress, HSC organisations tested different care arrangements, with ‘a thousand local joint working experiments ... allowed to bloom over the period of New Labour, as [they] backed away from being prescriptive about the precise details of how ... agencies should work together’ (Dickinson 2014, 145). Nevertheless, New Labour’s early ambitions were not realised and they adopted managerial and centrist practices,
exemplified through partnership performance management as the ‘one best way in which to deliver change’ (Dickinson 2014, 173). Successive policy reforms were therefore anchored to structural mechanisms, e.g., strategic and organisational vehicles, reconfigured joint services, flexibilities to promote joint and lead commissioning, and pooled budgets (Williams and Sullivan 2009, 1-2).

Importantly, Jon Glasby and Helen Dickinson (2014) highlight, unlike earlier reforms, additional dynamics effecting HSCI need to be acknowledged, namely the: prominence of customer satisfaction; emergence of civil rights movements centred on race, gender and disability, advocating for more innovative, personalised support services; demographic shifts as the population has aged and become more mobile; various medical technological advances; shifts in public expectations regarding professional expertise; balancing increased demand with financial austerity; and the rhetoric of partnerships as naturally a good thing, providing managers implementing service redevelopment a rationale for frontline staff (Glasby and Dickinson 2014, 17).

Remarkably, across the range of research and reviews available on the subject is a recurring theme, i.e., in the language of policy evaluation, the evidence of benefits for HSCI is limited. As Glasby and Dickinson (2014) point out, it ‘seems ironic to say [but] we still know very little about the extent to which partnership can deliver outcomes that other approaches cannot’ (27). However, they also acknowledge the nature of evidence itself, given different understandings of what constitutes evidence, and the methodological challenges associated with evaluating partnerships generally (Glasby and Dickinson 2014, 44). Moreover, they make the point when it comes to legislation mandating integration that ‘legal provisions send out a potentially powerful symbolic message about the importance that policy makers attach to partnership working … effectively sending a very clear and welcome signal that not working together is not an option’ (Glasby and Dickinson 2014, 50). Nevertheless, moving from the symbolic to undertaking extensive reform is a multifaceted process (Glasby and Dickinson 2014, 50). As Pat Taylor notes, ‘[p]artnership working skills have not been necessarily part of current management or professional training (2004, 139). Hoggett even goes so far as to claim that,

‘actors exhorted to work together effectively, are also having to dance to quite different tunes. … because they have very different agendas imposed on them, different priorities, different timescales, … there are real material constraints upon their capacity to work in concert. … the NHS and local government
constitute different administrative cultures, with different languages and ways of seeing the world (2004, 119).

Given these conclusions, Dickinson (2014) determined that a managerialist and instrumental approach to HSCPs was flawed, as ‘ultimately, it is individuals who will make joint working happen [with] ... [i]nsufficient attention ... given to this at the micro level’, making the accomplishment of these collaborative ambitions likely unattainable (Dickinson 2014, 166-7). Her view, i.e., investing in structures, legislation and performance management techniques, ignores the role of values, culture and meaning in the relationships formed by the actors involved. The consequence of not attending to micro-level activities helps explain why expected collaborative gains were unfulfilled (Dickinson 2014, 166-7).

So, what next for integrated care? Bob Hudson almost ten years ago reflected on his 20 years of research, revealing concerns about an uncertain future, particularly in England. He asserts that localities have always worked

in an unhelpful political and policy environment which has failed to fundamentally challenge silo working, failed to understand the nature of effective partnering and ... harboured unrealistic expectations of what could be achieved. [Expressing] an uneasy feeling that [if he is] contributing to the Journal of Integrated Care in ten year’s time, [his] analysis will still hold (Hudson 2012a, 123).

Hudson’s comments were rather prescient, with the problem that in parts of the U.K. there are suggestions that traditional delivery models, like care homes, are collapsing (Pike 2018), and there is an urgency to redevelop care in response. Nonetheless, any anticipated (re)configurations are enmeshed in wider infrastructures of care across the U.K., in what might now be regarded as (dis)integrated care (The Care Collective 2020); a time when the oscillations between the hospital and the home are bringing about a ‘(re)domestication and (de)medicalisation of care’ as complex service systems attempt to hold (Allen 2013, 101).

Thus the carescapes that have evolved since 1948 variously framed as ineffective, given embedded barriers in terms of cultures, structures, professional territories, governance arrangements and financial management, are regarded as no longer responsive and now compounded by financial austerity (Taylor 2015, 5). The history of HSCI is replete with stories of contestations between politicians, policymakers and professionals along the seams of public sector configurings, which have reconstituted over time. Understanding
how this history has, and in what ways continues to, shape subsequent approaches to collaboration-as-practice for HSCI, is important to remember.

1.9 ‘Tartanising’ Care – a Diverging Policy Trajectory

Unlike the English, the Scots are still pinning their colours to the partnership mast. ... Indeed, in a speech ... Kerr referred disparagingly to ‘English contestability’ as compared to ‘Scottish collectivism’. ... An agenda for joint working was set out in pre-devolution days by the Scottish Office, but the new Scottish assembly ... set up the joint future group ... to provide a fresh impetus (Hudson 2005, 36).

With political devolution in the late 1990s differences emerged across the U.K., described by Hudson in a Guardian article as an ‘intriguing policy laboratory on what works’ (2012b). As he claims above, Scottish approaches are different from the rest of the U.K., deviating particularly post-1999. Political devolution extended earlier administrative devolution undertaken by the Scottish Office, which enabled modified implementation of U.K. policies in Scotland on matters, like health (Taylor 2015, 3). The distinguishing features in relation to the public sector appear to be based on presumed shared historical values and culture that supports collectivist social values, or social democratic welfare state attitudes (Hudson and Hardy 2001; Hudson 2012b, 2007). Nonetheless, HSC remains a major policy component of Scotland’s devolved Government. However, like England and Wales (Parkin 2019) in the more than 20 years since devolution, integration has ‘increasingly become mandatory’ (Stewart, Petch, and Curtice 2003, 349).

Bob Hudson and Brian Hardy (2001), suggest Scotland benefited from long-term development of partnership models, beginning with Local Health Care Cooperatives, moving through Joint Future, then Community Health Partnerships, to Integrated Authorities today. Contrasting with the approach taken in England, the Scottish Executive had a prominent policy commitment to partnership-working (Hudson and Hardy 2001, 320), as reflected in the establishment of the Joint Future Group in 2000 (Stewart, Petch, and Curtice 2003, 335-7). Joint Future focussed on improving older people’s services, based on the assumption partnership-working between the NHS and local authorities would lead to improved outcomes (Evans and Forbes 2009, 72). Additionally, the Joint Improvement Team (JIT) was established in 2004, working in a support role to assist local partnerships improve their performance (Evans and Forbes 2009, 73). Debbie Evans and Tom Forbes (2009) claim with devolution there was a desire to discard previous UK-wide approaches
deemed inappropriate for Scotland and start again (76). Although Kevin Woods recognised the paradoxical situation wherein partnership ‘has almost become a panacea, a universal remedy for all ills [but] because of political realities it has to deliver results quickly’ (Woods 2001, 2).

The Scottish Executive’s faithfulness to partnership-working was evident in Partnership for Care (Scottish Executive, 2003), creating a new type of partnership model, the Community Health Partnership (CHP). As sub-committees of Health Boards, CHP’s were an essentially health-based model focussed on primary care, with links to Council social care. Afterwards, some NHS boards and local authorities developed alternative models to the health-only CHP, resulting in the emergence of a number of arrangements differing only in degree of integration (Evans and Forbes 2009, 74).

Hudson also speculated about whether Scotland was heading for a partnership fall, given there was little previous partnership achievement to suggest that ‘new heights will be easily conquered’ (Hudson 2005, 37). He argued not to pretend there will be ‘a trouble-free march towards a partnership nirvana’, as persistent obstacles to partnership-working remained, including separate budget streams, different accountabilities, and inter-professional rivalries (Hudson 2007, 35). Nevertheless, he believed there was sufficient difference between English and Scottish contexts to raise interesting possibilities for ‘comparing the two natural ‘policy laboratories’ and assessing the impact of collaborative context on partnership outcomes’ (Hudson 2007, 35).

Interestingly, the Scottish Executive shared with the U.K. Government a lack of local authority involvement in policies designed to improve joint working. It appears both governments designed policy centred on the NHS, with no requirement for Council participation, an incongruity given the centrality of collaboration seemingly based on an ahistorical ‘assumption that the NHS and Local Authorities will naturally want to work together’, a long-held faith in goodwill (Evans and Forbes 2009, 79).

Further policy developments, including, Delivering for Health (2005), Changing Lives (2006), and Better Health, Better Care (2007), maintained the partnership-working rationale. In 2008 the Integrated Resource Framework, a tool to enable Health Boards and Councils to understand their combined resource use was created. CHP’s however, without sufficient influence on service provision in acute hospital settings struggled to deliver an adequate shift in the balance of care, in terms of ensuring people stayed in their own homes and communities for as long as possible. Despite investment and improvement with
delayed discharge, progress was judged as limited and not keeping pace with changing patterns of need (Taylor 2015, 4-5). Notwithstanding Scotland’s approach towards partnership, concerns persist about the extent to which reality matches the rhetoric. In their study with HSC practitioners, Kate Bell, Tony Kinder and Guro Huby reported, for those

engaged with service development and quality improvement, the rhetoric of ‘integration’ fails to connect with practice. This makes work to implement policy about ‘integration’ in practice difficult. ... the dissonance between the rhetoric and reality stubbornly seems to remain. ... the challenges practitioners ... face in day-to-day work to develop services, have changed very little, if at all (Bell, Kinder, and Huby 2008, 41).

This brief, incomplete overview of the configurings of care in the U.K. and Scotland, highlights the persistence of the early orderings of the British welfare state, which whilst large-scale and transformational seems engaged in continual struggle. Durable practices, a bifurcation intended to delimit, anchored in acuity, clinical safety and national-ness, in contrast to local authorities, has become even more fragile a policy domain, as careescapes struggle to hold together. Additionally, austerity has bought about budget reductions, which has meant care homes and home care are becoming unviable; with pandemic effects catalysing further action (see Scottish Government Review of Adult Social Care (2021)).

Over 30 years on ‘Stop, start, stutter’ (Kohls 1989) was the highly apposite title given to a joint working review of health and social care agencies in Scotland. Is it still an appropriate characterisation of progress, given collaboration’s pervasiveness? It seems the ongoing search for the ‘holy grail’ of more effective ways to work together persists (Stewart, Petch, and Curtice 2003).

1.10 ‘Christie’ – Laying the Groundwork for the Act

As I’ve outlined, partnerships on the part of HSC are by no means new in Scotland (Hudson 1998; Kohls 1989; Lewis 2001). Even so, the Report on the Future Delivery of Public Services (2011) commonly referred to as the ‘Christie Report’, called for greater integration of HSC given the challenges the sectors face (Scottish Christie 2011). It advocated for ongoing public sector improvement and reiterated the policy refrain of collaborative mechanisms as fundamental to reform (Scottish Christie 2011, 17). The Scottish Government was advised to ‘ensur[e] that public service providers work much
more closely in partnership, integrating service provision and thus improve the outcomes’ (Scottish Christie 2011, vi).

There was also an Audit Scotland review of CHPs that concluded partnership-working does not always yield expected improvements from a performance management perspective. They highlighted assorted issues impacting on CHP’s achievements, including: differences in performance arrangements and culture within partner organisations; unnecessarily complex governance and accountability arrangements; and the need for strong shared leadership across partner organisations (Audit Scotland 2011, 10).

In response, plans to legislate for HSCI by April 2014 were announced (2011a). Collaborative discourse was unmistakably evident in the Scottish Government’s policy memorandum, as exemplified (even recalling New Labour’s famous slogan) in the ambition for the now operational legislation:

improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older (Scottish Parliament 2013, 1).

However, concerns were expressed about whether HSCI could possibly achieve the kinds of aspirations promoted by the Scottish Government. Evidence from empirical studies of ‘what works’ in relation to HSCI were synthesised and presented as part of the parliamentary review that took place prior to the Act’s passing. Kathleen Robson examined this literature at the time and stated ‘there is little evidence that integration improves outcomes for individuals or that structural integration delivers the anticipated service improvements’ (Robson 2013, 3). Hilary Robertson identified a key feature hindering HSCI was professional stereotypes and the status of particular professions (see also Hudson (2002)), and recommended investment in professional development and co-location of multidisciplinary teams in order to advance integration. She noted when it came to specific models for HSCI, no one size fits all (Robertson 2011a, 36).

Alison Petch’s (2012a), evidence summary adopted a different emphasis foregrounding the importance of ‘culture’, referring to Northern Ireland’s fully integrated approach, emphasising shared vision, and shared ownership of change is required to produce an ‘integrated mindset’ (2012a, 8). She concluded HSCI effectiveness at a local
level was influenced particularly by ‘the importance of culture; the role of leadership; the place of local history and context; time; policy coherence; the need to start with a focus on those who access support; a clear vision; and the role of integrated teams’ (2012a, 10).

Notwithstanding indications of limited impact, a pivotal rationale underpinning HSCI in Scotland was the predicament of delivering over-stretched care services, exacerbated by financial constraints and costly technologies (Scottish Christie 2011). Older people are more likely than younger people to be admitted to hospital in an emergency and have multiple health problems. People increasingly have more complex care needs, which has ramifications for organisations providing services, as well as concerns about older people also providing care and support to others (Audit Scotland 2014). Thus, the impetus for further reconfiguring HSC was deemed as irrefutable.

Accordingly, NHS territorial boards and local authority social care services were legislatively required to form IAs in each of the 32 local authority areas of Scotland, with the Act prioritising joint strategic planning and commissioning of services; with a strategic commissioning plan for functions and budgets to be co-produced via a strategic planning group. Localised planning was expected to focus on population need and specific care groups rather than historic structures. Resources across HSC could be pooled to support plans and avert cost-shunting from poor performance on the part of one partner at the cost of the other. Locality arrangements were intended to provide the means for practitioners to engage in these processes; and a role was also established for the third and independent sectors as partners in strategic planning (Taylor 2015, 6). As the name suggests, Public Bodies (Joint Working) (Scotland) Act 2014, the emphasis is on joint working, joint responsibilities, and joint accountabilities, and so the National Performance Framework outcomes for health and wellbeing apply jointly and equally to Health boards and local authorities.
Two models of integration were available, and if the body corporate model was used, a Chief Officer (CO) had to be appointed to provide a single point of management for the integrated budget and integrated service delivery (Taylor 2015, 6-9). Health boards and local authorities had to implement arrangements by April 1st 2016 (Taylor 2015, 6-9).

In an interesting comparison of mandated partnership between Scotland and Norway, Guro Huby, Ailsa Cook and Ralf Kirchhoff (2018) summarised what they regarded as the early salient features of this latest Scottish iteration of HSCI, suggesting ‘top down’ reforms constrain local space for action. A reform pattern that appears to be being repeated even before implementation, perhaps? The table below is adapted from their article.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Scotland (2012-2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The reforms</strong></td>
<td>Public Bodies (Joint working) Act implemented from 1 April 2016 mandated that 32 local health and social care partnerships: Create joint strategic commissioning plans; Appoint chief accountable officer; Specify governance arrangements.</td>
</tr>
<tr>
<td><strong>Model Country</strong></td>
<td>North America, Alaska, Kaizer Permanente and Institute for Healthcare Improvement.</td>
</tr>
<tr>
<td><strong>Focus of reforms</strong></td>
<td>Service co-ordination, Preventative care, Care out of specialist hospital provision and into the community for elderly and chronically ill patients with complex needs, Sustainability of public health and social care services.</td>
</tr>
<tr>
<td><strong>Partnership model</strong></td>
<td>Multilateral, public, third and independent sector provider partnerships. Arrangements mostly hierarchical with collaborative governance at the edges.</td>
</tr>
<tr>
<td><strong>Degree of voluntarism</strong></td>
<td>Extended mandatory requirements reduced scope for voluntary partnerships.</td>
</tr>
<tr>
<td><strong>Type of partnership integration</strong></td>
<td>Horizontal integration between health and social care at primary care level, but some involvement of hospital sector.</td>
</tr>
</tbody>
</table>
Financing | New arrangements require joint financial commitments to plan. One example of integration of budgets in Highland.
---|---
Involvement of social care services | Inherent, though widespread concerns of social care being marginalised through integration.
Patient populations | Started with older adults, now across system.
Performance management | Performance management framework of nine National Health and Wellbeing Outcomes that exist alongside existing NHS and Community Planning Partnership framework.
Patient/user involvement | Long standing involvement, often through self advocacy groups and the third sector. Requirement that plans are signed off by community representatives.
Characteristics of the service agreements (content) | Focussed on structures and governance and performance indicators, with variety across partnerships. Lacking clarity about improvement strategies and timescales.
Future | Focus on scaling up of innovative practice, Leadership support, Challenge of delivering on prevention with continued austerity.

Adapted from (Huby, Cook, Kirchhoff, 2018, 113)

This thesis is located in the midst of these matters of care and concern (Puig de la Bellacasa 2011; Latour 2004), where prioritising HSCI is central to Scottish Government’s reformative ambitions (Mitchell 2015). As I will go on to illustrate, the Act and its prescribed planning edicts educed future-making: creating better plans, better workplaces, better functioning care procedures; based on programmes of improvement and aspirations of transformational change, generative of a sociomaterial politics of anticipation (Esguerra 2019). The localised implementing of the Act and its incursion into the organisings of the NHS and Councils at the time of its commencement provided the motivation for my research.

**1.11 A Lodestar for Messy Endeavours**

So far this chapter has outlined the main research problem this thesis aims to address. Despite what I’ve presented regarding collaboration generally, and integration specifically, as phenomenon of contemporary governance there is still much to learn about the agential relations of partnership-working, to provide richer accounts of these messy world/s. So how do actors, who work across organisational boundaries, make sense of,
adapt to, and practice collaboration in the context of Health and Social Care Integration (HSCI) in Scotland? And what are the implications of ‘mandated collaboration’ (in the form of legislation) for the shape of partnership-working? I used these questions to steer my doctoral research.

As explained, my research strategy for exploring these questions was to use an ethnographic approach. When considering a more fluid understanding of organising for research, I was persuaded by Davide Nicolini’s (2009b) advocacy for an ethnography of practice, which ‘promises to increase our understanding of the fragmented, distributed, and fast moving reality of late modernity post-bureaucratic organizations … that more traditional and methodological toolkits are increasingly incapable of capturing’ (Nicolini, 136-7).

I support the view that ethnography can shed light on dynamic processes and practices that objectivist or legal-rationalist accounts rarely address, highlighting the non-linear, ambiguous, messy and sometimes contradictory nature of organising (Agar 2004). Using ethnography to open up the ‘black-box’ of the sociomaterial dimensions of public sector world/s, exposes where the action occurs and how it is, ‘conditioned by material settings … [where] material artefacts have distinct meanings [and the] settings determine the meaning of the activity that takes place in them’ (Wagenaar 2018, 389).

As an apprentice ethnographer, I have attempted to create an account that traces and surfaces how day-to-day interorganisational relations were performed in situated practices through which the IA was made operational (Flyverbom 2010). By examining agential relations entailed in document manufacture through a biography of a draft commissioning plan, this thesis is an ethnographic representation of how a new integrated management team enacted integration.

My fieldwork took place over seven months in 2016, in the Kintra local authority area in Scotland. Over the course of the fieldwork I shadowed six managers, attending over 100 meetings in NHS and Council facilities across eight sites in the area. I collected an array of texts, and followed a specific document’s emergence as part of the process. In the final month, I undertook 20 semi-structured interviews. Throughout fieldwork I explored how actor’s praxis may or may not, be understood as collaborative, through their work with artefacts - notably implementation documents - in this contentious entity-in-the-making.
1.12 Fabricating – a Guide to the Thesis

As described above, interorganising in integration is often framed as breaking down walls of silos between entities (Burgess 2012; Dickinson 2014), or a fitting of jigsaw pieces (Hudson 2015). These are metaphors that conjure images of hard, unyielding substances that once dismantled and/or slotted in together, might result in an unobstructed view of the ‘complete picture’, a fixed description of ‘reality’ where disputes are concealed under fragments, or differences are squashed between puzzle pieces. However, the story can be told another way, a way that accounts for disarray, partial truths and multiple realities. This thesis is a tale of tensions and ambiguity, a chronicle of compliance and fragile cooperation; a narrative of negotiations, and a reimagining of working together through maintenance and repair. Reconceptualising ‘gaps’ between organisational ‘silos’ as selvedges in the carescape (that may need bolstering) shifts dominant thinking about interorganisational differences. What if, instead of empty spaces between puzzle pieces, the tears of ‘turf wars’ (into which service users and carers fall, often with undesirable consequences), working together was conceptualised as a knowing-in-relation that has slowly affected the carescape, And, although encompassed in constrained spaces for action, at the margins care otherwise has begun to emerge (Hall and McGarrol 2013); albeit these care routines might still be the exception, these collaborative practices build on difference as a resource and boundaries as opportunities (Quick and Feldman 2014, 689). Ways have been created through thickened fabrics in the carescape not always blurring boundaries, but showing that possibilities for care-ing alternatives can and have developed.

My empirical chapters, reflecting minute attunement and documental orientation, are structured as pieces – remnant bits of cloth with differing properties9. The first part of the thesis introduces myself, my topic, standpoint and efforts in theorising, situating the research and centring relations. My empirical chapters are a triptych piecework of a materialised undertaking in the shape of a draft commissioning plan, created as a fortifying patch between the worlds of health care and social care, followed by a coda.

9 Fabrics with their existing characteristics, give a textile qualities making it suitable for certain applications. Their construction, e.g., being knitted or woven, and after treatments like dyeing, further shape a textile’s qualities. Some retain dynamic properties for change, such as wool’s tendency to felt (Textiles - Material categories and properties, accessed 29/12/2020).
The research problem this study addresses is framed as an incomplete understanding of the complexity of partnership-working in practice. The approach taken adds another empirical study to a growing body of sociomaterial practice-based research (Bjørn and Østerlund 2014; Burm 2016; Burm et al. 2018; Daniel, Hartnett, and Meadows 2017; Essen, Freshwater, and Cahill 2015; Lindh Falk, Hopwood, and Abrandt Dahlgren 2016; McMurtry and Gagnon 2013; Nicolini, Mengis, and Swan 2012; Nyström et al. 2016; Uppström and Lönn 2017). In generating alternative ways of thinking about how actors from different organisings work together, this study differentiates from preceding research, but contributes to the academic field/s of public administration, policy, politics and organisational studies; specifically to research on interorganisational collaboration in care. I have structured this in the following way:

Chapter 2 – Unfolding/Enfolding Thinking - Piecing Together Apart – I explore my intra-action with varied theoretical colourways, engaging with assorted positions and how this shaped my analysis and conceptualising derived ethnographically. As an ethnography, I thread empirical and theoretical literature throughout the thesis instead of undertaking a literature review, making links across different epistemes, and producing an account that makes use of scholarly contributions from a multiplicity of fields. I present my assessment of how agency is conceptualised for partnership; being frustrated by binary scholarship of either/or institutional structures and individualised behaviours of public servants, especially in public administration literature on interorganisational relations (Peters and Pierre 2017). Consequently, I incorporate perspectives from several disciplines to consider how to overcome these empirical and ontological distinctions.

Chapter 3 – Piecework - Making Ethnography - I outline my methodological approach, detailing the accomplishments and limitations associated with undertaking a multi-sited, interorganisational ethnography. I discuss my experience of doing ethnography, including issues of access, ethics and positionality. I reveal my efforts to be both immersed and estranged (Ybema et al. 2009). And, in an attempt to see things differently, take a ‘sideways glance’ (Ingold et al. 2012, 5) and look askance at the all too recognisable repeated patterns of doing, where partnership-working was invoked so many times, to cover a variety of acts. I note the limits to this thesis, my analysis and conclusions as a singular case.

Chapter 4 – Tweeling the Maud – I illustrate the circumstances within which the research was located and constituted, an entangled mesh of practices simultaneously
enacted across multiple sites within Kintra - a depiction of the relations between people, places and objects I encountered in fieldwork.

*Chapters 5 – Crafting the Commissioning Plan, 6 - The Work of the Commissioning Plan, and 7 - Traces of the Commissioning Plan* – In this triptych of chapters, I compose a memoir of a modest plan. To illuminate the praxis, processes and practices entailed in collaboration-as-practice, I use documentality as an analytical device, exposing how HSCI’s materialisation on paper both constituted HSCI and was the implementation work of HSCI. As HSCI approached its operational date - 1 April 2016 - a papery commotion brings into being the IJB. Amongst the acts of documentation, an additional document was requested – a commissioning plan. What at first glance appears to be just another required plan, surfaces as a strange exercise in manufacturing integrated managerial team relations, by co-creating and evoking ownership of a document later revealed to be an added extra: an excessive attempt to sure up the legitimacy of HSCI and the position of the CO as a statutory ‘thing’. But, as a plan it didn’t work and was put in suspended animation, a deferral in parallel with, and perhaps a parable for, the immobility of HSCI implementation.

In my *Coda - Weaving in the Ends*. I revisit my research questions, assemble my findings, and conceptualising derived with my ethnographic analysis. I maintain that there is no elusive factor or correct recipe for collaborative achievement in HSCI, rather, in making visible phenomena in different ways I add to empirical knowledge about how HSCI was implemented. Accordingly, I provide three critical insights, not as a settled set of claims, but as interrogative, evolving in dialogue, serving as entry points towards new horizons of understanding. Firstly, collaboration-as-practice is embedded in ordinary work but encompasses transversal action, a tacking across organisational borders to make-do in the face of uncertainty, and attending to the implications for those drawing on care supports. These were nuanced means by which managers, practitioners and objects, established seamful relations for maintenance, repair or permutation to enable things to go on. While not always recognised, this praxis provided possibilities for operating across seemingly incompatible practices of the NHS and Council. Secondly, materials like documents, are silent partners, which shape collaborative conditions. Everyday materialities are enmeshed in practices in such a way that their agential roles are invisibilised. I detected dense relations with documents, which sought to realign relations for HSCI. I argue the emphasis on documentation was a means to reinforce the grounds for HSCI. Documents made things ‘real’ and documenting became integrating. This insight extends understanding of the
dynamic, but mundane agential relations which allow for both stasis and change. Thirdly, this study reveals that in response to local tensions, a commissioning plan produced in the implementation phase was a supplementary artefact - a half-built assemblage - which illustrated the ambiguous ways in which integrated care futures were being navigated. As a draft that inscribed what futures could be made possible, a sociomaterial politics of anticipation was unveiled, which weighed HSCI down and generated inertia.

Through deliberately stitching accounts into related pieces, I have resisted attempts to tidily tuck away complexities that continue to hang provocatively like messy dangling threads (Law 2019). I regard this incompleteness as an invitation to form new connectivities and collaborations. All research and writing is always already a patchwork, even if the academy conventionally values work that appears as ‘tailored’, and so, by combining partial and situated accounts, I hope the collaged fabric might come to be greater than the pieces (Higgins et al. 2019, 358-75).

This study interrogates the ways in which responses to the Act played out in practice, how partnership-working was enacted and with what consequences. Instead of seeking to define, it seeks to find connections. Rather than searching for factors deemed to determine success, I followed actors to see what work they did. In lieu of evaluating outcomes, I traced effects. Instead of exploring different perspectives on a single reality, I expose multiple realities. I wanted to find out what happens when diverse actors are assembled to ‘work together’, and this thesis represents my way of understanding how managers, other actors and documents performed the complex work of HSCI together, regardless of the challenges.

The following chapter introduces the theoretical and disciplinary threads that have scaffolded my analysis.
Chapter 2. Unfolding|Enfolding Thinking - Piecing Together Apart

A concept is a brick. It can be used to build a courthouse of reason. Or it can be thrown through the window (Deleuze and Guattari 1988, xii).

As depicted in the Introduction, this thesis explores a particular empirical curiosity. This chapter continues this discussion by elaborating on the application of miscellaneous concepts for the purposes of analysis and theorising, including my own. I have employed an array of concepts, ancient and contemporary, familiar and strange, applying them through the text (Burford 2014). These ideas grew in rhizomatic ways as I engaged with wide-ranging theoretical and disciplinary perspectives - inherently multiple, shifting and mobile (Strom and Martin 2017). I have no rigid conceptual framework for this thesis, nor do I present a review of empirical literature (Maxwell 2012). Although I feature literature related to and affecting my inquiry, I did not want to completely confine it to a chapter unconnected to the rest of my study, hence I braid literature throughout the thesis (Glesne 2016, 37).

I have written this chapter to illustrate how my analysis responded dialogically with larger theories, studies, or significant ideas; an orienting of the thesis in terms of how the research object is sited by virtue of a sketch of the disciplinary, theoretical and empirical landscape. I also introduce theories of textility, metis, documentality, and notions of b/ordering, tacking, and seamfulness, delineating what they are and how I bring them together. An expansive theoretical discussion lies beyond the scope of the thesis but it sets up propositional territory for further discussion. Neither is it my intention that these ideas sit neatly adjacent to each other and make up a tidy theoretical garment.

2.1 An Ontology of Becoming

Ontology, the philosophical examination of what constitutes ‘the real’ (Mol 1999) and how we come to ‘know’ our world/s (Hultin 2019), is fundamental to understanding knowledge/s generated in research; so the decisions I made about how to approach my research object are indicative of my ontological commitments (Denzin and Lincoln, 2011). From a sociomaterial perspective, reality is advanced as monist, immanent, relational and multiple (Fox and Alldred 2018b), ‘a sense of the world as an unformed but generative flux of forces and relations that work to produce particular realities’ (Law 2004a, 7); comprised of enactments involving people, things and ideas which result in different orderings of ‘the social’. Our world/s are open-ended, complex and unpredictable. Phenomenon we
experience, e.g. organisations, governments etc. are treated not as a priori categories, instead are understood as

patterns of action, self-reproducing through social practices. A government ... should rather be studied as the result of a relatively stable complex of social practices, with policy institutions and policy problems being treated as contingent products of action instead of pre-given entities (Sedlačko 2017, 49).

Actor-subjects are understood as constituted through the moulding of bodies taking place within practices, notifying to us the inextricability of the sociomaterial in its ‘unceasing and contingent becoming’ (Sedlačko 2017, 50). This understanding of an actor’s becoming is associated with Karen Barad’s (2003) theory of agential realism. The notion of agential relations is inspired by their concept of ‘intra-action’, which they contrast with the model of interaction that ‘presumes the prior existence of independent entities/relata’ (2003, 815). For Barad, all phenomena are co-constructed enactments between human actors and non-human things. They posit that agency is not an individual property, rather ‘agency is a matter of intra-acting; it is an enactment, not something that someone or something has’ (Barad 2007). In other words, they propose agency is located in distributed actions, calling for particular attention to be paid to the intra-actions between human and non-human entities. Barad critiques poststructuralist views on agency, arguing ‘for both Butler and Foucault, agency belongs only to the human domain’ (2007, 145). Whereas Barad asserts ‘it is through specific agential intra-actions that the boundaries and properties of the ‘components’ of phenomena become determinate and that particular embodied concepts become meaningful’, whereby entities do not ever pre-exist but come to be in relation to each other via what they call ‘ethico-onto-epistemological entanglement’, wherein ethics, being and knowing are inseparable (Barad and Kleinman 2012, 77). We are therefore, always in the midst of performance, not as mere display, but in the midst of being formed and forming in mutually constitutive activity with differing modes of agency in play.

Organisations then can be viewed as a fluid phenomenon that routinely make worlds through the emergence of specific dense relations, but also (de)makes and (re)makes them. Ongoing work is needed to stave off disorder, thereby unfolding as an ordering through which organisations are performed and produced (van der Duim, Ren, and Jóhannesson 2013). This standpoint differs from principally humanist approaches taken in interpretive and critical research approaches. I suggest public administration, policy or politics research
'cannot be a purely social activity in that all social phenomena act in complex ways with non-human objects ... a complex materially heterogeneous assemblage which is both coherent and at the same time emergent’ (Franklin 2012, 46), a position I shifted to during the doctorate.

Characterising research based on ordering emanating through enmeshed human and non-human actors (Callon 1986), ‘engenders new kinds of researchable entities and a new or rediscovered realm of the empirical’ (Büscher and Urry 2009, 99). Organisational culture, identity and even collaboration, are effects which emerge from these orderings and point to concentrating ‘on what people and things together, actually do’ (Franklin 2012, 49). A sociomaterial perspective then focuses the researcher’s gaze on the intra-actions of actors (in this case, managers and documents).

In taking this view, I’m moving away from a purely interpretivist approach (looking at what people think about things) to focus on practice (how things are actually done). Understanding these enactments requires asking questions about how objects of study are ‘simultaneously real, like nature, narrated, like discourse, and collective, like society’ (Latour 1993, 6). Accordingly, my ontological position is central to understanding my epistemological approach.

2.2 Epistemology: ‘Knowing’ Collaboration

We will need to think hard about our relations with whatever it is we know, ... asking how far the process of knowing it also brings it into being (Law 2004a, 3).

Identifying an epistemological approach necessitated thinking about how I can come to know an object of research; a productive way of adding to our understanding of partnering within public sector care studies. This thesis is based on a relational epistemology found at the core of practice-based theorising (Eikeland and Nicolini 2011; Gherardi 2016), agential realism (Barad 2003, 2007) and feminist materialism (Ringrose, Warfield, and Zarabadi 2018); enabling inquiry into the ongoing dynamic between doing and knowing (Gherardi 2000), the knowing subject and the known object (Bodén et al. 2019; Haraway 1988), the social and material (Orlikowski and Scott 2008), and humans and nonhumans (Law 1994). This epistemological orientation holds there is an ongoing situated
process of ‘becoming together’ when the knowing subject, the object of knowledge, and the heterogeneous components that are involved in practice are entangled.

Hence, what is understood as an entity existing independently (Cecez-Kecmanovic 2016, 38), e.g. network or organisation, is the result of practices and therefore is an effect of ordering, rather than existent phenomenon. Consequently, the practices and performances through which effects come into being are the focus of posthuman practice-based study.

Additionally, the concept of mediation, the continual performances by people and things enabling particular orderings to be sustained, is crucial. Rather than seeing actors as intermediaries constrained to that which ‘transports meaning or force without translation’, meaning is ‘transformed, translated, distorted and modified’ by mediators, whose contribution is dynamic and unpredictable (Latour 2005, 38). Mediators can be human or non-human, but ‘humans often stand powerless confronted with strong actor-networks made up of technologies, documents, habits, discourse and schemes’ (van der Duim, Ren, and Jóhannesson 2012, 16). This, Law (2004a) argues, is a more accurate reflection of the workings of ‘the social’, than more structural accounts in which intermediaries perform specific roles in pre-existing structures.

Yet, occupying an entangled orientation is not without challenge, troubling humanist qualitative research. We need to ask as researchers immersed in individuating research practices undertaken as though the world is stable, can we disconnect ourselves, and then carefully disconnect some other small piece long enough to study it? How do we think a ‘research problem’ in the imbrication of assemblages which are constantly intra-acting, never stable, never the same? As Law remarks, ‘if much of the world is vague, diffuse or unspecific, slippery, emotional, ephemeral, elusive or indistinct, changes like a kaleidoscope’ (Law 2004a, 2), then social science research needs to rethink itself and be open to methodological orientations that are ‘broader, looser, more generous, and in certain respects quite different to that of many conventional understandings’ (4).

This perspective affords a (re)conceptualising of partnership through an analysis of practices, so that in studying it we focus on enactments rather than constructions (Czarniawska and Hernes 2005; Law 2004a); an approach, therefore, which explores how HSCI is assembled, ordered and enacted. HSCI is conceptualised as a hybrid (re)ordering activity, enveloping clustered organising practices involving different actors; a fusion of
implementation, planning and delivery, in which managers, practitioners, users and carers, and manifold objects, engage in ‘world-making’ through their intra-actions.

This study therefore looks at how different actors involved in HSCI implementation act as mediators of relations. I suggest actors, including, practitioners, users, and the managers of this study, were enmeshed in practice bundles, populated by technologies, discourses and artefacts, particularly genres of documents. The relational mediation within these associations performed integration through extant orderings, the NHS and Local Authorities.

### 2.3 The Blends of Theoretical Colourways

In theoretically positioning my research, at times there were too many cues to make sense of. This was not an exercise in unearthing gaps in literature, rather it was more about making connections across epistemes. Yet exploring diverse knowledges made it harder to decide what theoretical resources to employ. My attempt at blending dynamic bodies of scholarship has not been easily accomplished across the disciplinary territories I occupy. So how did I establish a theoretical and empirical pathway for a study of interorganising?

I found the metaphor of colourway particularly productive, as it reflects the interdisciplinarity of this thesis (McMurtry and Gagnon 2013; Ongaro 2019). This thesis is animated by intermingling theoretical and disciplinary strands, imbued with thinking from education, public administration, library studies, policy, anthropology, border studies, politics, health, organisational studies, human geography, and even human computer interaction. All of which have coloured my exploration of the practices ‘fulling’ collaborative governance, conveying the messiness (Law, 2003) of my research experience. As I explore below, this reflects Law’s (2003) description of research undertakings as ‘non-coherent’ (rather than incoherent):

*It needs to be messy and heterogeneous, because that is the way it, research, actually is. And ... more importantly, it needs to be messy because that is the way the largest part of the world is. Messy, unknowable in a regular and routinised way* (Law 2003a, 6).

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10 Colourway n. a combination of colours on a textile, furnishing, etc.; a colour scheme (www.oed.com, accessed 15/12/2020).
A number of social science and humanities disciplines in recent years are said to have experienced a series of so-called ‘turns’. Among some, the ‘material turn’ has created a profuse scholarship on the subject of materiality as central to ‘the social’; shifting from constructionist/post-structuralist valorisation of texts and ‘discourses’, to explore the co-creation of the social world by human and non-human elements. This viewpoint, overlooked during years of preoccupation with the textual, is distinct from historical materialism (Coole and Frost 2010). With the advent of the ‘practice turn’ (Knorr Cetina, Schatzki, and Von Savigny 2005), there has been an expansion of empirical studies, including in; education, consumer sociology, international relations, medical anthropology, management and geography (Jonas, Littig, and Wroblewski 2017). While persuasive accounts of practice in science and technology studies (STS) (Pickering, 1995), organisational studies (Nicolini, 2012), and everyday life (Shove, Pantzar and Watson, 2012) are available; applications of practice approaches in policy, governance and public administration are less common (Colebatch 2005; Freeman and Sturdy 2014; Shove, Pantzar, and Watson 2012; Wagenaar and Cook 2011; Wagenaar and Wilkinson 2015).

These developing bodies of scholarship advocate moving beyond human-centric accounts in politics, public administration, policy and management, emphasising materiality as constitutive of organisational realities (Aranda 2019; Cecez-Kecmanovic et al. 2014; Cooren 2020; Freeman 2017; Graham and Thrift 2007; Introna 2011, 2014; Latimer and López Gómez 2019; Law 2019; Nail 2009; Puig de la Bellacasa 2017; Scott and Orlikowski 2014). Nevertheless, the conventional position that ‘the human’ and ‘the social’ are separate from ‘the material’ or ‘the technical’ persists across most research in these disciplines and sub-disciplines (Lorino, Tricard, and Clot 2011; Manning 2015; Vannini 2015).

2.3.1 Organising Relations
When it comes to organising it’s been customarily accepted that organisations are comprised of separate, self-contained beings; with the study of organisations focused on actors to which agency can be ascribed, and their actions and interactions studied in terms of change. Researchers, who adopt this ontology conceive agentic movement as located within individuals, with human agency and intentionality, the primary authors of meaning and driver of change. Following the work of scholars who contest ontological distinctions between the social and the material (Ingold 2007; Latour 2007; Law 2019; Mol 2002; Scott
and Orlikowski 2014), I propose the impulse to centre human beings constrains understanding of how policy, managing and interorganising is materially entwined. Moreover, we lose sight of the ostensibly mundane, subtle effects of certain practices, whereby (primarily human) actors and the relations between them become foregrounded, whereas the temporal, performative flow of everyday doings; i.e., the conditions in which actors come to be and act in the way in they do, become backgrounded. In understanding the material-meaning conditions of possibilities, questions regarding how and why certain taken-for-granted, legitimised practices, subjects and objects matter, can be posed. In decentring the human, the conditions of interorganisational becoming can be explored.

The idea that objects, or materials generally, should be included in theorising organisational phenomenon is not new (Bakke and Bean 2006), however, understandings of the social and material as ‘naturally’ separate assumes they affect each other through one-way, causal, linear relations. Given disparate use and interpretation of artefacts across different circumstances, they cannot be reductively characterised by a singular, essential property, nor can they be said to determine specific effects (Barley 1988; Pinch and Bijker 1984). Rather, relations-laden, situated practices involving the appropriation of objects and the subjects using them, supports an enmeshed approach, showing how objects are knotted into routines, meanings, cultures and institutions within, outwith and between organisings (Dickinson and Smith 2018; Leonardi, Bailey, and Pierce 2019; Mailhot et al. 2016; Sullivan and Williams 2012; Zuzul 2019).

I aim to move beyond dualisms in organisational realities and contribute to the development of an onto-epistemological position (Barad 2007) that allows for greater sensitivity to how organisational (and interorganisational) realities and the experience of them are sociomaterially configured. My research traces relations among non-humans and humans across b/orders of organisings, facilitating an understanding of HSCI as embedded in material action (Fenwick, Edwards, and Sawchuk 2011, 6; Hopwood 2014); and how this can come to be known.

This ‘praxiographic’ (Mol 2002) study draws on these assorted theoretical offerings. In particular, following Gherardi (2008, 2014), I work with a modification of her concept of ‘knowing-in-practice’ to account for ‘doing’ in interorganising, a point of departure in which tacit, distributed collaborative work is caught up in the activities of integration-assembling. And as such, inspired by the theoretical colourway, cultivating noticing and tracing of ‘mundane interactions within and among various materials (bodies ... texts ...) and
intensities (ideas, desires, conversations, movement, etc.’ (Fenwick 2012, 5-6), I account for how actors work together, and who and what participates.

2.4 Assembling Practice Perspectives

So what do these theoretical approaches offer in their emphasis on the material when it comes to studying public sector interorganising? The benefits for this thesis are supported by the work of Gherardi (2009, 2012a, 2019) and Nicolini (2009a, 2009c, 2012, 2017), amongst others delineated below. The strength of these orientations lies in how ‘they enable us to look at phenomena that are considered mundane, normal or natural from new, unfamiliar angles’ (Sedlačko 2017, 50-1); surfacing everyday practices as a way to,

navigate the choppy waters between the Schylla of methodological individualism, an orientation becoming increasingly popular as a result of the increasing hegemony of the neo-liberal discourse, and the Charybdis of old structuralist notions such as those of system, structure, class and institutional logics (Nicolini 2017, 20).

Theories of practice focus on the doings involved in producing and (re)producing orders, as well as the importance of orders framing conditions for constraining and affording actions, imaginable and possible. Yet, when it comes to praxeological theories, Nicolini counsels that although integral to ‘understanding … organisational and social phenomena, … there is no such thing as a coherent, unified ‘practice theory’ (Nicolini, 2016). Nonetheless, practice orientations theorise beyond dualistic ontologies, e.g. structure vs. agency, human vs. material. Law describes this as deploying,

tools and sensibilities for exploring how practices … are woven out of threads to form weaves that are simultaneously semiotic … and material … used to explore … how such processes of weaving are achieved or fail in practice; where those threads come from; their character, and what they exclude; their productivity or performativity … [and] the multiplicity of the different realities that they enact (Law 2019, 1).

Practice perspectives share with others, such as Actor-network Theory (ANT), similar onto-epistemological commitments in relation to material objects and technologies (Callon 2002; Latour 1988, 1992; Law 1992, 2009; Law and Singleton 2013). Likewise, posthumanist and new feminist materialisms embrace of ‘the relational’ is especially relevant for notions
of fluidity and multiplicity. The importance of language is not dismissed, rather the emphasis is the primacy of practice and the way practice mediates language and vice versa. Therefore, intervening, knowing, learning and change are all entangled in practice. The analytic notion of affordances for understanding how the materiality of objects favours and contemporaneously constrains a set of specific uses, is also helpful (Zammuto et al. 2007, 752).

I move through the course of the thesis beginning with humans then decentring them, not as a denial of human agency but to draw attention to how material dimensions in agential relations in infrastructures undergird and shape action (Niemimaa 2018, 3). As Hendrick Wagenaar and Kathy Wilkinson (2015) explain,

> the constraints and affordances of the outer world only come to us through our experience of them in emergent time [and] ... the interpenetration of the human and the material in the way we act on, and understand, the world (1267).

This premise is at odds with theoretical positions that prioritise the substantive over relations, static being over fluid becoming, which continue to influence scholarship in politics, public administration and policy. Whereas, the heterogeneous family of practice-based approaches (Nicolini 2017) attend to ‘the physicality of human doing, as well as the significance of material artefacts for behaviour’ (Jonas, Littig, and Wroblewski 2017, xv). Accordingly, a posthuman approach focuses not on agency but effects (the capacity to affect or be affected), not structures but unstable assemblages, not construction but production, not textualities but matter (Fox and Alldred 2018a, 4-5).

Practice theory’s commitment to a flat ontology (Schatzki 2016b), however, generates a challenge for how scale is accounted for. Public administration scholarship tends to assume the existence of different scales; a micro, meso, and macro layering of reality. Practice approaches reject this, rather practice is understood ‘as taking place simultaneously both locally and globally, being both unique and culturally shared, “here and now” as well as historically constituted and path-dependent’ (Bueger 2014, 390-1). Therefore, a phenomenon is produced in practice and observed in everyday action. By describing and analysing how practices aggregate and align resources in their gathering and thickening, we can demonstrate how some practices can do more than others.

Furthermore, there are claims practice approaches apply best to only small or localised phenomenon (Nicolini 2016; Schatzki 2016b). In terms of large social phenomena,
practices and arrangements connect and arrangements connect to other arrangements, ‘some so dense that they constitute new entities in their own right’ (Wagenaar 2018, 390). The total nexus formed by interrelated practices and arrangements, is what Ted Schatzki (2002) describes as the ‘practice plenum’. The density, distinctness, and ‘patternedness’ of relations defines what practice connections and larger practice arrangements exist in this plenum. All phenomena consist of slices or sets of features of this plenum, nevertheless ‘such phenomena differ in the continuity, density, and spatial-temporal form of the practices, arrangements, bundles and relations among practices, arrangements, and bundles that compose them’ (Schatzki 2016a).

An interesting approach to characterising larger patterns and arrangements of practices can be found in the work of Stephen Kemmis (2013) and colleagues, who use the term practice architectures to refer to the enabling and constraining preconditions for the conduct of practices. This approach has three features; cultural-discursive arrangements; material-economic arrangements; and, socio-political arrangements. These architectures hold the practice in place, shaping wider connections all of which are enacted and upheld through specific sites (Kemmis et al. 2014, 31-2).

In keeping with understanding practices as processual, what makes up large or small phenomena needs to account for dynamism and stasis, as some practice constellations resemble taken-for-granted entification, e.g., an organisation. A configurational orientation, like practice architectures, considers how accomplishments ‘hang together’ in such a way as to give shape to larger assemblages; how these form broader compositions, and so on. Nevertheless, Nicolini (2017) cautions that there are risks in conceptualising practices as entity and consequently their becoming reified (30).

Given the centrality of materiality to practice commitments (Orlikowski and Scott 2008), things are regarded as repositories of understandings, competences, meaning and traditions. Consigned by postmodern theorising to their symbolic value, to look through ‘to see what they disclose about history, society, nature, or culture’ (Brown 2001, 4), objects are instead given prominence with regards to their potential to act in relation with human actors: ‘Discourses, sensuous bodies, machines, objects, animals and places are choreographed together and build heterogeneous cultural orders that have the capacity to act, to have effects and affects’ (Haldrup and Larsen 2006, 278); ‘perform[ing] work in the world in a way words cannot’ (Tilley 2001, 260).
2.4.1 Disciplinary Connections

Before applying these concepts to interorganisational relations, I need to concisely (and inadequately) note intellectual movements akin to, or influenced by practice approaches. Certain perspectives emerged from STS. ANT as ‘set of empirical interferences in the world’ (Law and Singleton 2013, 485), traces how elements like people, technologies, non-human lifeforms, social facts etc., in a network, take the form they do (Law 2008, 9). STS ideas (Callon 1986; Latour and Woolgar 1986) travelled as a theoretical resource, and were applied in organisational studies (Leonardi 2008; Orlikowski 1999). In parallel, cognitive psychologists, computer scientists, and sociologists involved in information systems established human computer interaction and computer-supported cooperative work (Star 1995; Suchman 2006), studying, e.g. cooperative systems building (Star 2001). There are overlays with Feminist Technoscience Studies (Åsberg and Lykke 2010; 2018), including scholars, like Donna Haraway and Susan Leigh Star (Felt et al. 2017). These ideas have also extended to infrastructures, e.g., utilities (Barry 2013; Karasti and Blomberg 2018).

Education scholars who explore workplace learning, and professional becoming, are also important, including Tara Fenwick and colleagues (Fenwick and Nerland 2014; Fenwick, Edwards, and Sawchuk 2011); scholars in management and organisational studies, like Martha Feldman (Feldman 2010; Feldman and Worline 2016), and Wanda Orlikowski (Orlikowski 2010, 2007); as well as previously mentioned, Feminist Materialists, have all been prominent in my thinking with theory (Bennett 2009; Van der Tuin 2011). Additionally, anthropologies of the state, policy and bureaucracy (Scott 1998; Shore 2012) examine organisations representing the state as an effect of practices, institutions, spaces, and regulations.

Lastly, Posthumanism necessitates a shift in thinking about our manifold entanglements with other human and nonhuman animals, organic and non-organic life, including pervasive technologies (Ringrose, Warfield, and Zarabadi 2018). Accordingly, posthuman practice invites scholars to appreciate the lively complexity of interorganising; and as silent partners, how the presence of materials actively shapes interorganising.

2.4.2 Unpicking Practices

Although it is critical to open up practices, detecting practices is empirically complicated. For all ethnography’s observational strengths, practices as such are not directly observable. Practice, as Nicolini (2017, 28) reminds us, is a second-order
abstraction. They need to be abstracted, assembled into arrangements from our observations of speech, movement, and usages of objects (Bueger 2014, 388). Determining what entangled elements compose which practice; what the scale of the practice is, and how it imbricates with other practices is an analytical task (Sedlačko 2017). Then there’s the issue of defining what the practice is being observed, which might be straightforward when it concerns, e.g., driving a car (albeit not necessarily effortless). However, it becomes increasingly multifaceted when considering practices of meeting, strategy, or providing home care, for instance (Sedlačko 2017, 53). As Michal Sedlačko observes,

> [p]inning down ... is a tricky task, ... complicated by the fact that practices change over time, some elements of practices migrate between different practices ... or some practices ... become integrated into others ... drawing of exact boundaries around practices is rarely attempted in empirical studies (Sedlačko 2017, 53-4).

One pragmatic solution is using the research question as a compass. Ethnographer’s can also follow practitioners and interrogate whether they recognise a practice, or heuristically envisage whether a manual could be written for it (Sedlačko 2017, 54). The difficulties associated with a praxiographic inquiry will be detailed in Chapter 3. Identifying a practice is further complicated by practice fluidity, as ‘[p]ractices are repetitive patterns, but they are also permanently displacing and shifting patterns. Practices are dispersed, dynamic and continuously rearranging, but they are also reproducing clusters’ (Bueger 2014, 391). Some elements are shared or become appropriated into different practices (Sedlačko 2017; Shove, Pantzar, and Watson 2012). Ethnographically, researchers confront the task of both identifying a stable, routinised arrangement whilst recognising it’s dynamism (Bueger 2014). Researchers can search for patterns in practitioners’ adaptable activities, or they might seek more structured shifts in improvised routines (Bueger 2014). Bowker and Star (1999), suggest noticing moments of rupture and crisis to learn how practices ‘are adjusted, replaced or newly emerge in such contexts’ (391).

Another contested issue in terms of defining practices, is the need to demarcate practices. According to Sedlačko (2017) delineating boundaries is necessary for defining practices; what is the practice, and what is entailed in it? This becomes especially salient when exploring practice connections and disconnections. Nicolini (2017), as previously noted, argues making distinctions risks leading to the reification of practices as things.
Given practices are fluid performances, it remains a struggle methodologically to respond to this. He recommends holding onto the understanding that

*we are studying the re-production of performances, not the construction of things (asking what is the boundary of a performance does not make sense) and ... what is the boundary of a practice; when a practice becomes something else is an empirical not a theoretical question* (Nicolini 2017, 29).

Delineating practice boundaries as an empirical inquiry also risks generating incongruity in relation to emic perspectives. Practitioner views are appreciated for their insights, given scholars undertake fieldwork cautious of overly-specified theoretical positions. While recognising our implication in co-creating data, through observing actions we can develop our own accounts, which may counter participants views, but render visible elements of practices which ordinarily stay imperceptible; or challenge ‘received ideas about people and society’ (Sedlačko 2017, 51). The challenge then is to index emic practitioner practice classifications and as a reflexive researcher, develop relevant analytical categories (Wedeen 2009, 87).

When it comes to using these approaches, to date there has been limited attention given to methods and research design beyond the support of naturalistic methodologies, like ethnography (Nicolini 2017), although recent publications indicate there may be options (Benmergui, Owens, and Pässilä 2019; Woodward 2019). I think approaches like creative methods, e.g. arts-based research (Woodward 2019), offer new insights for inquiring into collaboration (Feldman 2010, 160). Further discussion of methods can be found in Chapter 3.

How then do these rich theoretical contributions aide in conceptualising the collaborative, ‘explicating the hidden labours and unruly contingencies that exceed its bounds?’ (Suchman 2006, 283-4). I delineate HSCI not only as policy, but as a sociomaterial ordering permeating extant practice arrangements that make up a carescape, weaving through and between organisings. I consider next what practice might mean for a posthuman public administration.

### 2.5 Making Sense of Practice for Interorganisational Relations

So what is a practice? Elizabeth Shove, Mika Pantzar and Matt Watson (2012) conceive of practices as being both entity and performance, whereby practices comprise
The interdependent relations between materials [including bodies], competences and meanings (2012, 24). The features they regard as ‘figuring as entity’ are due to the ‘conjunction of elements’, although they acknowledge practices are processual performances, repeated, patterned doings that endure (7-8). Schatzki describes practices as an open nexus of ‘doings and sayings’ arranged by understandings, rules and a teleo-affective structure (Schatzki 2016b, 6). Nicolini defines practices as ‘regimes of mediated object-oriented performance of organised sets of sayings and doings ... [that] have a history, social constituency and hence, perceivable normative dimensions’ (Nicolini 2017, 21).

Gherardi’s description of practice for organisations is ‘how ordinary work is practically accomplished’ (Gherardi 2012b, 6), foregrounding the importance of practical, experiential, and taken-for-granted knowledge of actors involving ‘knowing-in-practice’ (Gherardi 2014; Gherardi and Strati 2017). Her practice sensibility locates knowing in enactment, in contrast to an acquisitional model where knowledge resides in the head of a professional in an organisation; rather knowledge is located in collective, situated activity.

In Wagenaar’s (2004) analysis of administrative work, he sought to describe the shape of practice in a public administration setting. He distinguished four facets underpinning actors praxis in relation to practice, namely: ‘contextuality, acting, knowing, and interacting’ (643). These were typified as ‘effectuations, enactments of the hidden, taken-for-granted routines: the almost unthinking actions, tacit knowledge, fleeting interactions, practical judgments, self-evident understandings and background knowledge, shared meanings, and personal feelings’ (644), which cannot be properly understood without a researcher ‘being there’. He also drew attention to practice’s situatedness as a potential, lying in abeyance, waiting to be animated, so that it makes the practice possible. This implicit, taken-for-granted background explains why practices can be simultaneously fluid, performative, improvisational and unfolding in emergent time on the one hand, and solid and unchanging over long periods of time on the other (Wagenaar 2018, 395).

When it comes to organisations, practices and routines are concepts for theorising how people ‘get things done’ in organisations. But organisations are more than instruments of productivity, they are also relational meshes where ‘getting along with others’, theorised through the concept of roles (Bechky 2006), is at least as important. So, what practice approaches have therefore been considered with regard to interorganisational relations?
While much has been written on collaboration and integration (Cook, Mulherin, and Seditas 2015, 2), this literature tends to concentrate on structural perspectives (Dickinson 2014; Williams 2010). Perhaps this is reflective of an historical emphasis in public administration on the institutional?

Nonetheless, certain theories of agency in policy, politics, and public administration that start from individuals (Rouillard and Giroux 2005) focus on their intentionality in pursuing courses of action. Mark Bevir and Rod Rhodes’ conceptual development of decentred governance has provided interpretive insights into agency in the form of ‘traditions’ (2003, 32). More recently behavioural perspectives have attracted greater attention (George 2020; Weissmüller and Vogel 2021). Nonetheless, these contributions don’t explicitly address interorganisations, thus I suggest empirical and policy accounts of partnership-working with agency grounded in Cartesian dualism, are incomplete, (Cecez-Kecmanovic 2016, 39). Whereas, theories of practice consider how materials reinforce relationality, and as participants in practices, can also be collaborative in the sense of structuring collective orders. In the situation of governing interorganising and debates on partnership-working, in attending to relations, not practice elements, interorganisational relations can be reconceived as a particular ‘mode of ordering’ of governing (Gherardi 2016, 39).

Notwithstanding this, collaboration as a mode of governance endures even in organisations anchored to evidence-based decision-making. This ongoing paradox is reflected in care, pointedly examined in Dickinson’s analysis of New Labour’s HSCI approach (Dickinson 2014). She argues for decentred accounts of partnership experience and proposes the concept of cultural performance, in order to understand how collaboration was (and continues to be) ‘performed’ in both the NHS and local authorities. I want to extend this, drawing from recent literature on practice in governance, including interpretive policy (Wagenaar 2012) and organisational studies (Feldman et al. 2021); whereby, performing and patterning of practices in ‘the world of governance is seen as “a field of powers, capacities and performances”’(Pickering, 1995, 7) and encompasses humans, non-human organisms and things (Wagenaar and Wilkinson 2015, 1269).

In attending to the normative strength and collective efficacy of collaboration (Dickinson and Sullivan 2014) and the enigma of what for some can feel like a Sisyphean endeavour (Bell, Kinder, and Huby 2008), I want to say something about the effects of extant practices. By examining interorganisational relations, I seek to give insight into how
they materialised through documents, and what this reveals about HSCI as a collaborative project (Cerwonka and Malkki 2007, 31). I also want to show how collaboration-as-practice was accomplished in a mandated policy initiative, in sites of intensively participative, often unproductive processes. In shifting analysis from abstract aggregates, such as national policy, to the quotidian, I support Michel Callon and Bruno Latour’s (1981) position, which contends that the large and powerful is assembled from the mundane and everyday. And, in studying interorganisational relations in situ, I also want to elucidate how contemporary governance omits the material dimensions involved in deploying policy in their ‘real-world’ context of application.

2.6 Debatable Relations

Ample partnership literature is based on conceptualising interorganisational work based on degrees of working together and the assumption of its presumed benefits (Cook, Mulherin, and Seditas 2015, 9). Moreover, studies have sought to identify particular favourable and inhibiting ‘factors’ for working together; and evaluate integration’s effectiveness (Aunger et al. 2020; Petch 2012a).

Conversely, there has been considerable research showing collaborations as inherently paradoxical, characterised by tension, contradiction, and notoriously tough to manage (McConnell and ‘t Hart 2019). Many partnerships end up in a state of ‘inertia where progress is incredibly slow and successful outcomes involve pain and hard grind’ (Vangen, Potter, and Jacklin-Jarvis 2017, 8). Notwithstanding contemporary critiques of collaboration, there is also literature going back to scholars like J Kenneth Benson (1975), who pointed out partnerships can exhibit unequal power relations, and easily become mechanisms of domination, wherein a strong partner gains at the expense of weaker participants (233-4). Then there are assertions interorganisational difficulties emerge through being enmeshed in what Barbara Czarniawska calls ‘action nets’ (2004), or ‘overlapping, dynamic, hierarchies and systems that comprise competing designs and processes’ giving rise to ‘conflict, misunderstandings and points of friction’ (Vangen, Potter, and Jacklin-Jarvis 2017, 8-10). There’s also been empirical (including ethnographic) research on issues like interprofessional working and co-location, typically located in professional settings, e.g., nursing, which highlight partnership-working dynamics (Barnard, Jones, and Cruice 2020; Brown, Tucker, and Domokos 2003; Ewashen, McInnis-Perry, and Murphy 2013; Jones and Jones 2011; Lloyd et al. 2011; Sinclair, Lingard, and Mohabeer 2009).
Notwithstanding ever-expanding literature on partnership and integration, there has been limited investigation of the situated enactment of collaboration involving more prosaic management and administrative activities, especially with middle managers. As Dickinson explains,

*normative contributions often describe ... [what] factors must be implemented in all partnerships that seek to be effective. However, these toolkits or checklists have been critiqued for not paying attention to the ways in which different factors are enacted [i.e.,] it may be less of a case of what you do and more of a case of how you do it. Yet, ... there are few ethnographic accounts of health and social care partnerships* (2014, 157).

Recalling my earlier remarks about the structure-agency balance in public administration literature, I contend partnership concepts often mirror traditional understandings of organisations as static entities filled with cultures and structures - things ‘out there’ - ontologically distant from actors (Flyverbom 2010, 427). This ‘entification’ of the ordering in public services conceals the always ongoing, processual features of organising, and the disarray that occurs intra and inter-organisationally (Flyverbom 2010, 440; Hassard, Kelemen, and Cox 2007; Hunter 2012). Clearly ‘working together’ while easy to espouse in policy and recommend in government reports, is arduous.

With an appreciation then of the varied emphases in partnership research, my research adopts a somewhat unconventional approach to other studies - a praxiological angle for interrogating the phenomenon of interorganising for the delivery of care; adding to a nascent body of process and practice-based studies located within politics, policy and public administration scholarship (Bartels and Turnbull 2020; Bogason 2009; Lanham 2006; Needham 2016; Rouillard and Giroux 2005; Stout and Love 2019; Wagenaar 2018; Yanow 2015).

Furthermore, amid the intermingling of theoretical resources I also engaged with Bernd Frohmann’s concept of documentality (2012, 2014); Martha Feldman’s (2003; 2016) adaptation of practice theory through the construct of routines in organisations (Feldman and Pentland 2003, 95); Wanda Orlikowski’s (2007; 2008) sociomateriality; Claudio Ciaborra’s (2002) contributions on improvisation and bricolage; Ehren Pflugfelder’s (2018) posthuman extension of metis; and Maria Puig de la Bellacasa’s (2017) feminist conceptualisations of care, amongst others (including, Caduff 2019; Latimer and López
Gómez 2019; Murphy 2015; Schillmeier 2017). Matthew Chalmers and Areti Galani (2004) and Janet Vertesi (2014) construct of seamfulness, was especially helpful with interpretation of what takes place at organisational edges. Work on infrastructures, by scholars including, Nikhil Anand, Akhil Gupta and Hannah Appel (2018), Trevor Pinch (2009), Susan Leigh Star and Geoffrey Bowker (2006) and Ava Wilson (2016); Stephen Jackson’s (2014) broken world thinking; and recent theorising on repair and maintenance (Graham and Thrift 2007; Graziano and Trogal 2019); and finally, literature from Library (Buckland 2018; Ferraris 2012; Kosciejew 2018, 2019; Nord 2020) and Border Studies (Brambilla 2016; Nail 2016; Schimanski and Wolfe 2017) has all aided my analysing and theorising.

In positioning this thesis amidst disciplines, I support Barry Bozeman’s (2013) appeal for improved
cross-fertilization between public policy studies and organization theory ...
[given s]tudents of public policy and of organisation studies rarely collaborate or even pay much attention to one another’s work ... [G]enerally these two broad topics tend to be studied by very different people, from different disciplines, with different concerns, publishing in different outlets, with one set of scholars largely ignoring the other (170-80).

His work, like others, recognises the ongoing demarcations between the organisings of government and the organisings of businesses, diminishes knowledges scholars and practitioners might otherwise avail themselves of, e.g., empirical studies of alliances, and mergers and acquisitions (Charbonneau, Bromberg, and Henderson 2020; Fenwick and McMillan 2014; Ongaro and Van Thiel 2018; Roberts 2018; Wright 2011).

2.7 Documenting Integration

A document does more than reconstitute. It constitutes different things, such as ideas or identities, and materializes them in order that they can be analyzed, classified, compared, contrasted, placed, routinized, viewed, and used (Kosciejew 2017, 101).

In organisational life we organise, manage and act in the everyday, bounded by and immersed in documents; and yet we encounter documents produced by us, recursively structuring our daily routines. In emphasising documental practices, despite being unremarkable, imagining organising complex activities let alone partnership-working,
without documentation is unthinkable (Kosciejew 2015, 100). Accordingly, documents can be a way to interrogate collaboration-as-practice. I endorse Bernd Frohmann’s contention that so doing ‘expands the range of cultural sites in which documentation contributes to both knowledge production and to stabilization of various other cultural phenomena’ (Frohmann 2004a, 242). He asserts document materiality involves more than the artefact itself, it includes the organisation within which the document is designed, manufactured, and put into action; infrastructures in which it operates; actors who intra-act with it; and various kinds of relations and practices it enables, necessitates, or proscribes (Frohmann 2004b, 396-7).

Documentality, illustrates how in the materialisation of ideas, information construction and organising of our lives, something intangible is transformed into something tangible, which in turn helps generate action in organising. Agential relations are then performed in ‘arrangements with other things, that generates traces, marks, signs, inscriptions’ (Frohmann 2014, 1). He proposes document’s situatedness imbues them with particular affordances that guide and determine courses of action (Frohmann 2001). There is authority in documents, given their facility ‘to capture, record, and transform things into manageable cases. By turning things into paper, control can be exercised over that very thing, defining it, determining its possibilities, directing its trajectory’ (Kosciejew 2015, 107). Within organisings, the enormous volume of ‘papers, records, and documents … enforce … standardization, routinization, repetition, and normalization’, resulting in authority accorded to documents (Kosciejew 2015, 108). Consequently, organisations not only manufacture, circulate and use certain documents, but in so doing generate the authority needed for a document to matter; as a document’s acceptability is

an effect of institutionally legitimated material practices … such that specific statements and sets of statements gain more or less stability, and endure over time as resources for a wide range of social practices (Frohmann 2001, 17).

I suggest we can unpick partnership-working by exploring how it is both inscribed and mobilised on paper (Niemimaa 2018, S). I claim documentation contributes to the establishment of a material basis for collaboration, which in turn ‘materialises and constitutes the information presented, displayed or intended’ in its enactment (Kosciejew 2018, 1). Here I use ‘enactment’ to reflect my framing of collaboration-as-practice as constituted through ongoing, coordinated actions and relations (Woolgar and Neyland
This thesis therefore, explores how agential relations expressed through documentality, emerge through the ways people and things come together in action and adapt in spaces of possible reconfiguration; especially given collaboration-as-practice shares elements, like documents, and overlaps clusters of contiguous intra-organising practices. Collaboration shares resemblances with other organisational phenomenon, in close relation to the institutional context, moulded by actors’ ‘sayings and doings and relatings’; with ‘the entanglements and relationalities binding them together in complex communities’ (Keevers and Treleaven 2008, 11). Hence, I analyse in Chapters 5, 6 and 7, the ways documents and humans enacted HSCI, exploring these relations through the lens of documentality (Frohmann 2012).

Interestingly, there are a small number of studies that consider relations in collaboration, which also encompass things like documents (Leonardi, Bailey, and Pierce 2019; Luff and Heath 2019; Østerlund 2008; Smith and Ward 2015; Uppström and Lönn 2017). As a specific example, Nick Hopwood’s (2014), ethnographic study in a residential health service, shows how acts of signing and signatures on paper provide an object for sociomaterial analysis. In attending to these particular instances, he traces how signatures as artefacts connect to other practices, but are produced through and reflect partnership. He explains,

> through signatures, we can understand partnership, responsibility and accountability as sociomaterial phenomena: locally enacted and instantiated, yet shaped through connections with other practices which each enactment itself upholds (Hopwood 2014, 12).

These insights make manifest the significance of sociomaterial objects for upholding collaboration-as-practice.

### 2.8 Conceptualising the Carescape.

To depict the pattern of care configurings enveloping HSCI, I utilise a neologism - carescape. I generated this idea, following Arjun Appadurai’s (1996, 33) framework of cultural flows and his use of the spatialised suffix –scape, understood as a fluid and situational lens. I then developed this, after happening upon Sophie Bowlby and Linda McKie’s (2019) notion of carescape, defined as the ‘relationship between policies, services
and infrastructure related to care as determined by nation state, local government and employers’ (Bowlby and McKie, 534). I also merge understandings from feminist theorising on care (Caduff 2019; Gill, Singleton, and Waterton 2017; Murphy 2015) to guard against the ‘non-innocence of care’ and extend an understanding of care configurations, as more-than-human practices (Gill, Singleton, and Waterton 2017, 3). Moreover, as ecologies of practice (Kemmis et al. 2012, 33), carescapes are ‘always situated, irreducibly entangled with the specificities of places, peoples, practices and problems (perceived and acted upon)’ (Philo and Parr 2019, 241); given, ‘[e]thnographies of care show how absurd it is to disentangle care from its messy worldliness’ (Puig de la Bellacasa 2017, 10).

A carescape might therefore be understood as a kind of ecology, or infrastructure of care practice constellations, i.e., interorganisational relations produced by subsequent regimes of governance. Studies of infrastructures (Vertesi 2014; Harvey, Jensen, and Morita 2016), especially those impacted by break-downs, have been shown to be vital sites for banal yet fundamental political decision-making that impacts on the lives of people (Anand 2017).

As manifest in various policy prescriptions, governments seek to ‘proof’ extant and prospective infrastructures, through reconfigurations against threats of future disruption – a politics of anticipation (Groves 2017). The Covid-19 pandemic, has sadly laid bare (The Care Collective 2020), how nonhuman others, through inseparable interdependencies, can intervene and disrupt human organisings in a matter of weeks all over the globe (Brindle 2020). As Star claims, far from being an exploration of ‘boring things’ (1999, 378) that only reveal themselves in failure, attending to infrastructure in times of unprecedented crises requires an appreciation that such endeavours are embedded in the everyday actions of users, policymakers, planners and managers.

Carescapes as infrastructures are more than just technical, physical things, they are an assemblage of materials, identities, landscapes, states, people, ambitions etc. These connections and ecologies form what is often referred to as ‘the system’, enveloping actors like policymakers, service providers, IT, commissioners, documents, planners, managers, vehicles, care workers, aids, buildings etc. Hence, an infrastructure developed over decades has become a fundamental part of contemporary life; and so in the carescape are also hidden expectations, desires, ideas, and discourses, what Bowker and Star expose through ‘infrastructural inversion … [the] struggle against the tendency of infrastructure to disappear (except when breaking down)’(1999, 34). Valorised care organisings, especially
the NHS, a fetishized synonym for the remnant welfare state and well-regarded British institution, is the carescape’s high-profile frontstage (Neville 2020; Wellings 2018). These arrangements by design and by habit tend to fade, and are therefore useful to look closely at; to analyse sociomaterial relations in contemporary public sector organismings.

The carescape is more than a barely heard ‘background hum’, facilitating the flow of care pathways, spotted in particular spaces, e.g. people in trolleys in A&E waiting for an available bed. Given this, a study of interorganisational relations needs to account for how infrastructures also relate recursively with the context and is a consequence of how care is enacted; and particularly, how unruly environments dynamically play into the promises and aspirations that infrastructures are said to contain (Groves 2017).

Covid-19 has exposed how taken-for-granted realities can deteriorate in the face of upheaval; so how do actors navigate and mitigate effects in increasingly disordered worlds? Carescapes can fray not just through destruction from external forces, but through accelerating transformations in constituent sociomaterial relations. Whilst daily enacted doings are a way to reaffirm orders, questions then arise about how infrastructures, like a carescape, when reacting to policy, hold or alter? What work is required? When ‘holding’ becomes contested, ‘[s]ocial theorists suddenly wonder how it works’ (Gan and Tsing 2018, 142). Instead of taking surety in stability as a point of departure, HSCI implementation as an intervention of alteration in a carescape was an accomplishment that required laborious work.

Understandings of maintenance or repair, typically associated with things and textiles, are being refashioned to encompass wider human-nonhuman relations, and adapted for larger restorative processes, like infrastructure maintenance e.g. power lines, or dams (Barry 2020, 93). Stephen Jackson asks us to take breakdown seriously, and appreciate the limits and fragility of ‘a world in constant process of fixing and reinvention, reconfiguring and reassembling into new combinations and new possibilities’ (Jackson 2014, 222). Engaging with temporalities and materialities, therefore makes sense not only of the past objects (or carescapes) and relationships contain but also of the futures they envisage (Esguerra 2019).

Concomitantly, this steers ethnographic attention to situations in which things aren’t holding, tears or frayings are attended to as they may unveil otherwise hidden relations. In focussing on (dis)integration, where there is unending maintenance and repair, via integration and additional modalities through which holding becomes contested, what
happens when dysfunction - carelessness (The Care Collective 2020) - becomes part of the very fabric of everyday life? How does this impinge upon the hopes and expectations of those lacking care? These are questions beyond this thesis, but are nonetheless significant in relation to the normative and ethical purposes of care arrangements, reflective of pressures that led to the recent Scottish independent review of adult social care (Feeley 2021).

Hence, my enquiry had to tangle with relations and accomplishments in interorganisational spaces of an institutionally complex context, where multiple logics, professions, organising, regulations and policy reforms, at the scale of the carescape were taking place. It was not a simple undertaking.

2.9 Texturing B/orders

As I’ve explained, textile approaches were especially generative for my analysis and theorising, with terms such as, tacking, sashiko, seams, piecing and patchwork borrowed from quilting, weaving, felting, and bookbinding. As a researcher I weave connecting threads of histories, actors, materials and knowledges. As much as the fabric is important, so are the threads and pieces from which it is formed. The eventual composition is influenced by shades of the threads and the texture of the fabric resulting from the stitching and piecing. In the ensuing chapters, I interlace concepts as threads in an attempt to stitch sundry pieces together, assembled from different angles with different properties, brought together for the convenience of making one fabric, bound by the topic itself. The character of this thesis-quilt is therefore defined by these pieces, overlaps and selvedges.

Amongst the concepts I use in my analysis, tacking and seamfulness are associated with the seam, the space in-between, considered here as a concept to discern the b/orders of an organising – it’s fringes. B/orders are sites where conflicting histories and experiences converge; where organising practices are confronted with the possibilities of creative forms of alternative praxis, making-do, transgressions and improvisational discretion (de la Bellacasa 2016). They open up new perspectives on the endurance and coherence of organisations; the processes of demarcation, b/order negotiations and dissolutions as practice; and the contradictory logics of b/order(ing) and order(ing) to reveal dynamic interrelations.

With a focus on conjunctions and crossings, the idea of seaming, which I express as b/ordering, is a concept by which to trace trails through the bundles of practices that
constitute the organising-as-entity. Seams or b/orders, are always opening, being reinforced, aligned or overlapping. I consider the ways in which the thickening or overlap between stitched elements conceal possibilities within the extended structure; where the trace of activity in a tack opens up the possibility of different legibilities, ‘a connection in action’ (Gherardi 2012a, 35). For the purposes of this study, the seam relates to the capacity to extend the margins of an organising, like a hemmed garment, that addresses preservative, disruptive, or reparative modes entailed in tacking transversally across organisings, like needle and thread passing through the textile (Dormor 2014, 1).

When it comes to b/ordering, I seek to explore how stitched seams adjoin fragments, to create new expanded fabric, in this case HSCI implementation. I introduce below, the notion of tacking as a way to describe a particular doing that destabilises the idea of intra/inter organising, as a both/and always ongoing, interstitial, calibrating of relations and assessing the grain. Each enactment of tacking is an act of repeating, cutting, joining, and embellishing. Like the needle and thread passing through pieces of cloth in seaming, so the mover draws these elements together into a continuous, but nonlinear form. It is an accented form, thickened at the site of the created seam, in the attuned body moving through space and time. As needle and thread and cloth pass through each other in the forming of the seam, so they engage in reciprocity, opening out and onto others in mutual exchange, much like relations between actors in their encounters one with another (Dormor 2018).

2.10 B/ordering – Working the Edges of Organisings

Boundaries are areas of tension ... tested by members. ... However, they are also areas of transition. There is ... energy in [society’s] margins and unstructured areas’ (Hernes 2004, 11).

What is a border, and where is it found? The answer might seem obvious. Borders typically, could be where they appear on the map, a clear line delineating one entity from one another, the nation-state being the most illustrative. A border, an order, demarcating where an entity begins and ends, when someone (or something) is ‘in’ it or ‘out’ of it. We might want to ask, what then is a boundary? In her exploration of material markings in the lives of dementia care residents, Helen Cleeve describes a boundary as ‘the outer perimeter of something and may hinder movement from outside to inside, or from inside to outside.
A border then can be thought of as the dividing line between things, for example two countries. Borders can take on various material forms and practices’ (Cleeve 2020a, 7).

In an exceptional practice public administration article on interorganising, Kathryn Quick and Martha Feldman (2011) detail that boundaries are an accomplishment, i.e. the work of ‘managing boundaries … to erect, maintain, relocate, or bridge them’, and for middle managers, ‘simply sustaining boundaries is effortful’ (Quick and Feldman 2011, 3). They define boundaries as ‘created by actions at sites of difference. … denaturaliz[ing] boundaries and entities as given, fixed things, instead recognizing them as emergent, relational, and generative’ (Quick and Feldman 2011, 2-3). While boundary and border can be used interchangeably and the differences expanded upon, I regard borders as a type of boundary, with my primary attention on the practice bundles that constitute and represent differences between organisations, how orders produce distinct organisational b/orders, rather than specific boundary distinctions, e.g., between personal space and public space.

We might therefore enquire about the ongoing appeal of borders (Mol and Law 2005): empirically, their porosity; analytically, whether becoming permeable renders entities less autonomous; or normatively, whether borders should be accessible or secured, and who has the authority to decide this. Borders of the state are not the territorial and fixed thing as they appear in the Westphalian imagination, yet reports about their irrelevance under conditions of decentred governance (or as theorised in organisational studies), should be discounted (Johnson et al. 2011; Paasi 1999, 2012; Richter 2012; Robertson 2011b). Borders occupy a central position in transformations of the world, and in daily life and haven’t disappeared, merely shapeshifted, what Anssi Paasi and Kaj Zimmerbauer label as ‘penumbral’ (2015). Helen Dickinson and Catherine Smith argue when it comes to boundaries not only are they intrinsic to life, but in response to dissolving boundaries, such as HSCI, ‘[t]he answer is not to remove boundaries as they serve a particular purpose, it is to find different ways to work across these entities’ (2018, 35). Nonetheless, the unbundling and spreading of borders raises the possibility that borders are now virtually everywhere; a widening and multiplication, appearing both fuzzy and inflexible, yet ‘manifest themselves in certain practices’ (Paasi and Zimmerbauer 2015, 90).

In moving away from a static understanding of borders from geopolitical discourse, I seek to problematise purely anthropogenic perspectives, by bringing non-human actors into my thinking, to consider ‘how other entities engage in their boundary-making’ (Mol and Law 2005, 641). I argue for a reading of b/orders as a complex construct that come into
being as a consequence of specific histories; maintained, supervised, modified, or even abolished through intricate elemental shifts, and at times powerful performative practices.

I also demonstrate b/ordering provides a way for understanding the possibilities available to actors, enabling them to make sense of what is appropriate to do next, in the part of their relational work that makes up the ‘normative texture’ (Nicolini 2009b, 126) of partnership-working, when enlisted into a miscellany of interorganising practices.

Oldenhof’s (2015), contends middle managers experiences of ‘boundary work is absent from literature’ and understanding is required of both middle managers and the manifold boundaries they encounter, ‘how they are constructed in daily action’ (162). She highlights that their work ‘is more about emerging, informal sense making in interaction with others, thereby collectively shaping organizational outcomes’ (Oldenhof 2015, 17).

Although not inclusive of materialities, this perspective is grounded in manager’s daily intra-organisational activities, which if extended to interorganisational work would amplify her argument, especially if what is understood as interorganisational b/orders is not clear-cut. Lieke Oldenhof, Annemiek Stoopendaal and Kim Putters (2016) suggest

*actors first have to draw boundaries between organizations before they are able to coordinate ‘inter-organizational’ work and relations. [They show] ... how ‘inter-organizational collaboration’ and ‘the joining-up of services’ are instantiations of boundary work* (Oldenhof, Stoopendaal, and Putters 2016, 1208).

An implication of partnership-working is the presence of organisational demarcations, across which transversal effort is regarded as necessary to solve difficult issues. Consequently, public administration scholars have engaged with concepts of borders, boundary work, boundary objects and boundary spanning (Chreim et al. 2013; Meier 2015; Williams 2012), incorporating these ideas via STS, sociology, geography, education and organisational studies (Craven, Dickinson, and Carey 2018).

Boundary spanners specifically, are claimed to have unique attributes that can foster successful partnership-working, including being a reticulist, interpreter, entrepreneur and coordinator; context dependent, interrelated attributes in relation to their application (Williams 2012, 58). They manage without formal power at the interface between collaborations and partner organisations, navigating informal/formal boundaries, as well as more recognisable departmental, technical, and cultural differences (Kingdon and Thurber 1984, 174; Mandell and Keast 2009; Williams 2010). As ‘unique’ actors, they need to build
and maintain credibility, trust, and a track record of reciprocity based on interpersonal relationship-building skills (Ansett 2005; Harting et al. 2010). However, Paul Williams commented ten years ago that,

‘[t]he literature on boundary spanners in the public sector is modest, diverse and unconsolidated. There is little evidence to connect their interventions to collaborative performance, indeed, what constitutes ‘success’ in many public sector collaborations is often hazy and contested’ (Williams, P., 2010:30).

Furthermore, in some boundary spanning approaches there is an assumption boundaries are fixed and subsequently can be bridged or crossed (Williams 2002; Noble and Jones 2006; Pappas and Wooldridge 2007). Yet, analysis of boundary work indicates boundaries are mobile, constantly changing shape. Nonetheless, perspectives on boundary work (Gieryn 1983), boundary shaking (Balogun et al. 2005) and boundary mediation (Sullivan and Williams 2012), all provide insights into the praxis of unsettling, tinkering and institutionalising of boundaries. Luke Craven, Helen Dickinson, and Gemma Carey however, point out that even though ‘some claim ‘boundary work’ is the modus operandi of the 21st-century public servant … public administration literature is not well placed to support boundary work … There are surprisingly few works within public administration where boundaries are given exclusive attention as an object of analysis or inquiry in their own right’ (Craven, Dickinson, and Carey 2018, 5).

Although I don’t focus on boundary spanners, I take into account the salience of these related concepts by attending to the work of actors at the edges, where there is fraying in the seams of different modes of ordering - intra-organising and interorganising. This thesis’ emphasis is on peripheries where disorder is experienced, but kept in abeyance through a multiplicity of overlapping practices that go into sustaining order, much like the ceaseless efforts of estate gardeners taming the wild by maintaining the edges of the formal garden adjacent to the ha-ha11. As Stephanie Snape and Pat Taylor (2004) remind us in relation to HSC:

 Many boundaries have been created over decades and are reworked daily through myths and stereotypes and are not going to be changed lightly. Boundaries are where power is exercised by control of budgets, professional practices, eligibility criteria and access to services (140).

11 A ha-ha is a landscape design element in the form of a wall that is set in a ditch to preserve an uninterrupted view of the landscape beyond (www.oed.com, accessed 13/01/2019).
My aim then is to reframe seemingly disparate practices of collaboration, through melding an adaptation of Law’s ordering (1994), as discussed earlier; understanding b/ordering as performed through organisational practices. Departing from the concept of boundary work undertaken by managers, to an understanding of b/ordering as a verb, a doing in which managers and others, in assemblages with materials and discourses, holds the potential for sustaining, modifying or dissolving b/Orders; sites at and through, which practices constitute and represent differences in space and time.

2.10.1 Sutured Relations

To capture mobile acts in the seam, I employ the concept of tacking, fusing Yrjö Engeström’s theory of knotworking\(^{12}\), Annemarie Mol’s tinkering\(^{13}\) (Mol, Moser, and Pols 2010), Star’s articulation work\(^{14}\), and Karl Weick and Karlene Robert’s heedful interrelating\(^{15}\) (Weick and Roberts 1993, 366). In my pastiche conceptualisation of this notion, I was enticed by the idea of tinkering, defined in relation to care as a ‘persistent tinkering in a world full of complex ambivalence and shifting tensions’ (Mol, Moser, and Pols 2010, 14).

Tacking\(^{16}\) has a number of meanings in English, one being a series of moves made when sailing to enable a vessel to keep moving in a specific direction when encountering winds that would take it off course. A second meaning, is a stitch used to connect pieces of fabric along its seams to hold the fabrics together before additional stitches are made to strengthen the connection. Extra meanings allude to a capacity to attach, or join together. In altering tinkering to tacking, away from the ‘frontlines’ of care and intra-organising, to a ‘backstage’ of interorganising, to a ‘backstage’ of interorganising, to a ‘backstage’ of interorganising, I suggest tacking ‘require[es] localized attunements and an uncomfortable, vulnerable, affective state of dwelling with actors in a way management,

\(^{12}\) Knotworking is ‘negotiated communicative engagement with runaway objects in knots and mycorrhizae’ (Engeströöm 2008, 231), ‘where new forms of collective initiative and agency are mobilized; the old hierarchies are put in question or exceeded … [enabling study of] power as emerging forms of actions or distributed agencies rather than as fixed hierarchical structures (Engestrom 2008, 323)(English translation).

\(^{13}\) The logic of care is ‘people willing to adapt their tools to a specific situation while adapting the situation to the tools, on and on, endlessly tinkering (Mol, Moser, and Pols 2010, 14-5).

\(^{14}\) Articulation work is ‘work that gets things back ‘on track’ in the face of the unexpected, and modifies action to accommodate unanticipated contingencies. … it is invisible to rationalized models of work’ (Star and Strauss 1999, 10).

\(^{15}\) Weick and Robert’s heedful interrelating is when the ‘Collective mind is manifest when individuals construct mutually shared fields. The collective mind that emerges during the interrelating of an activity system is more developed and more capable of intelligent action the more heedfully that interrelating is done’ (1993, 365).

\(^{16}\) A range of definitions (www.oed.com, accessed 20 December, 2019).
control, and precision eschew’ (Teston 2017, 170), in interstitial b/orders of organising, perpetually fine-tuned, producing varying degrees of stability and connection.

2.11 Tacking as Metis

From a practice perspective, all action is situated within, produces and (re)produces the dynamics of its wider context. By observing actor’s activities at the b/orders of different practice arrangements, e.g., the NHS and Council, we can ascertain how actions situated within multiple logics, construct ambidexterity (Jarzabkowski et al. 2013; Parmigiani and Howard-Grenville 2011). Organisations are not ambidextrous; rather, people tack, or are ambidextrous in their everyday actions as they work as transversal elements in multiple practices.

A practice sensibility sheds light on how actors perform organisational ambidexterity; enacting contradictory ways ‘to go on’, and cope with the resultant tensions in practical ways, performing the paradox of working within and between multiple practices, in this case HSCI. Thus, organisational complexity like that of the wider carescape, is experienced as part of ordinary, everyday work, rather than exceptional. While practical understandings of routines are embodied in actors’ acts (Schatzki 2002, 77-8), they encompass the collective practice within which actors tacitly have a ‘feel for’ how to perform; the practical efforts to find ways around obstacles to getting the job done in institutionally complex environments. This situated improvising may potentially broaden a practitioners’ zone of competence and consolidate in an expanded practice repertoire (Smets and Jarzabkowski 2013).

Managers in these circumstances might be said to be in a position of intensifying relations, despite the edges of organising never completely dissolving. Collaboration-as-practice in which managers are enveloped, is shared by public organisings; held together via regulatory infrastructures, bursting with materials that interface the seams, in the attempts to patch across organisings. As such, it is necessary to recognise,

While collaboration offers the promise of working across boundaries, its enactment constitutes new boundaries ... [Resulting] at least in part from the affective impact of collaboration ... imbued with its emotional legacies, which continue to circulate between and amongst collaborating actors and institutions (Dickinson and Sullivan 2014, 170).
Even with holes, or thin, porous margins, notwithstanding having to work where delimited actors holding deep technical knowledge are venerated, there is eliding of the praxis of piecing, relational, horizontal-knowing across fragmented systems; recalling the diminished recognition of metis.

In a world of movement, of multiplicity and of ambiguity. Metis bears on fluid situations which are constantly changing and which at every moment combine contrary features and forces that are opposed to each other. In order to seize the fleeting kairós, métis had to make itself even swifter than the latter. ... a state of vigilant premeditation (Cocker 2017, 139).

Despite the standing of James C. Scott’s, Seeing Like a State, his elevation of metis (1998, 311-4) as situated knowing encompassing ‘a wide array of practical skills and acquired intelligence in responding to a constantly changing natural and human environment’, remains relatively underutilised amongst the more well-known ancient Greek knowledges, including techne and phronesis. Similarly, communications scholar, Robert Johnson described metis as the ‘ability to act quickly, effectively, and prudently within ever-changing contexts (1998, 53). He noted the Greek legend about the goddess Metis being swallowed by Zeus might be interpreted as a metaphor for the domination of particular knowledge, suppressing situated localised knowledge, becoming a feminist matter of concern (54). He connected metis to Star’s articulation work, ‘a knowledge that can only be captured through observations of users in their everyday environments’, that often ‘fails to surface in the written texts themselves’(132). Sociomaterially, metis could be described as the craft of forging something ‘practical’ out of possibilities; ‘a physical, performative knowledge ... employed in a material context, ... an immersive or performed “intelligent ability” of those who perform a range of techniques in response to specific situations’ (Pflugfelder 2017, 106-7). Pflugfelder (2018) identifies at least three different but interrelated definitions of metis: the logic of the unexpected event, cunning knowledge, and bodily knowledge (Pflugfelder 2018, 203).

Metis is discussed further in Chapter 6, but I work from Pflugfelder’s (2018) position that metis is an intelligence resulting from assemblages, incorporating externalised cognition and hybrid agential blending (199). The array of things filling our spatial relations, enables us to offload much of our cognition. Intelligent surroundings intermingled in our decision-making results in a diffusion of agency and cognition throughout the material world (200). Pflugfelder claims we are ‘always part of and coordinated with nonhumans in
our immediate environment ... hybridity - our always-existing posthuman identity ... [in] a world of hybrid quasi-subjects and quasi-objects’ (201).

The concept of metis as a situated form of knowledge derived through praxis, provides a useful counter-point to more generic, externally legitimated, encapsulation of knowledge and practice into competences. I think both care work and work in interorganising, can be understood as forms of metis; tacking through b/orders, agential relatings within and outwith organisings, simultaneously, is metis exemplified.

2.12 Seamfulness

While metis is associated with embodied, materialised and practised knowing, in actor’s initial encounters with novel, material affordances of unfamiliar b/orders, the notion of seamfulness illuminates the ‘trial and error’ that occurs to enable things to go on. Research by Chalmers and Galani (2004) chose to celebrate what they termed the seamfulness of contemporary digital infrastructures, by making infrastructural incompatibilities and limitations core to user-experience (243). They observed when people encounter the affordances of a new technology and begin to use it, ‘they also appropriate it to suit the practices and priorities of their own contexts and communities of use’; and over time through use, the novelty becomes mundane, whereby ‘the most profound technologies are those that disappear. They weave themselves into the fabric of everyday life until they are indistinguishable from it’ (2004, 244).

They define seamfulness, as ‘seamful systems whose underlying infrastructural mechanisms are “literally visible, effectively invisible”, in daily doings not noticed. This term facilitates a ‘fuller account of heterogeneity, seamfulness and the social and asynchronous aspects of context’, when it comes to understanding what and how, work is accomplished within and across multi-infrastructure contexts, or practice bundles (Chalmers and Galani 2004, 251). Vertesi (2014) extends seamfulness, exploring how in overlapping folds amid infrastructures, actors work creatively within and across seams, artfully aligning ‘them in ways concordant with membership and how this produces both consequences for their work and opportunities for analysis’(266).

To make sense of the contested nature of the b/orders separating organisings, Vertesi’s (2014, 268) metaphor of seams brings to mind how I’ve conceptualised b/orders. Vertesi’s seams represent the untidy, often hidden or unarticulated ways of patching together multiple infrastructures and systems. In Vertesi’s meaning, seams imply a less
stable and clear-cut interface than boundaries. They are contingent on the work of people, in conjunction with materials and technologies, to align and make sense of multiple contexts. The strand of interorganising I call b/ordering, in an initial phase of connection like implementation, might be ‘less a question of boundary work as ... a kind of ad hoc patchwork’ (269). Although novel praxis, like tacking, may become routinised and rendered mundane. As Vertesi explains, actors use seams to construct temporary boundaries via various exclusions and inclusions, achieved through technological and social means. This produces bounded sub-spaces of ‘different types of work, people, and interactions’ (2014, 276), in which more localised and constrained activity can be managed. Vertesi suggests as infrastructures assemble into what might be treated as a networked, stable whole, there is also noncoherence, indicative of what gets foregrounded and backgrounded in everyday activity (2014, 266-7). If we consider how the work of actors is, ‘infrastructured’ (such as, in organisations) when infrastructures are multiple (making up carescapes), then we need

not only to develop a conceptual vocabulary that describes this situation of infrastructural heterogeneity, but at the same time places our analytical focus squarely on actors and their practices at the local level as they encounter and manipulate so many infrastructures in deployment (2014, 267).

She insists we think through the constraints of infrastructures, at the same time observing how actors suture alignment transversally across constellations of practices, i.e., ‘not fitting distinct pieces together into a stable whole, but producing fleeting moments of alignment suited to particular tasks with materials ready-to-hand’ (268). She also proposes when actors fail to knot their systems together successfully, when material elements of practice become foregrounded in moments of rupture as interfacing17 across infrastructures breaks down, these moments can be analytically useful for elucidating otherwise obscured elements essential to the task at hand, surfacing sociomaterial orders and tacit social relations (Vertesi 2014, 276).

Where the work of seamlessness ‘actively disguises the moments of transition and boundary crossing ... in order to present a solid and seemingly coherent interface’ (Ratto 2007, 21), seamfulness reveals the instability and multiplicity of systems in complex

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17 Interfacing is an extra layer applied inside sewn items to add stiffness, mould, and support fabric. It is also used to stabilise parts that otherwise hang loosely (The Sewing Directory, accessed 20/02/2021).
settings. Inconsistency and noncoherence are highlighted in ‘the fleeting, local, or ephemeral nature of actors’ infrastructural patchwork’ (Vertesi 2014, 278).

In seeking to ‘circumvent the smoothing over or ignoring of multiplicity’ and expose the entanglements of different systems and settings, Donna Rooney and colleagues’ (2018, 54) research on higher education simulations, show a striking resemblance to the idea of seamfulness. Both perspectives seek to understand how material spaces, such as those used in simulations, work together in human activities to bring about emergent forms of knowing. Rooney et al.’s (2015) concept of ‘agility’, describes practitioners who not only react appropriately to activity ‘as it unfolds’, but are ‘open to, and able to seek out, opportunities to learn (and relearn)’ (270). They adopt a position, which

*troubles the normative accounts evident in the bulk of simulation literature and renders “visible the heterogeneous entanglements”’ (Rooney and Nyström 2018, 54).

Rooney et al (2015) utilise the concept of emergence, i.e. ‘the idea that stability and change can co-occur, as practices do not unfold in isolation, but in dynamic webs, in which preservation of particular doings and sayings may, e.g., require new forms of relationships’ (273). Given we cannot articulate in advance what knowledge will be required by a practitioner to act as a participant in particular practices (especially in interorganising), they indicate there is a need to rethink what it means to prepare actors for the unknown. Thus we have to consider ‘attributes’ that prepare practitioners for the ‘patterned yet unpredictable, routine yet also changing practices of work [and how] experienced practitioners ‘think on their feet’ in messy unpredictable world/s of work, as well as how knowledge is not just ‘put to use’, but is relearned with each instance of practice’ (274).

Practitioners navigate within a nexus of practices, necessitating active response to ‘rapid shifts in expectations of conduct, the forms of knowledge required, and ways of interacting with other people and equipment’(Rooney et al. 2015, 280). This agility ‘may be a key form of what others have called phronesis (Kemmis 2005), ‘practical reasoning’ (Hager 2011), and ‘formativeness’ (Gherardi and Perrotta 2014)’ (281), or possibly the underused idea of metis (Pflugfelder 2018).
2.13 The Organisings of the State

This section moves away from practice to consider the manifold manifestations of the polycentric organisings of governance (Savage and Dang 2020), embedded in a history shaped by the fields of political science, public administration and organisational studies. In terms of the theoretical and normative positions that address organisings of the state, scholars stress the ‘unique publicness perspective or a focus on the public aspects of organizations grounded in public law, political authority, and public values’ (Nesbit et al. 2011, i14). Traditional public administration, especially Anglo-American (Farmer 2010, 19), evokes images of ossified, permanent features in the form of government departments, contributing to ‘grand’ policy ambitions of governments - an archetypal ‘modernist pursuit’ (Needham 2016, 339). Although interpretive scholars ‘have opened up bureaucracy and exposed its myths, rituals, and symbols’ (348) and explained ‘the relationships [and] practices … that constitute the state in action’ (343).

In an oversimplified summary, historically Anglo-American and European Public Administration (Lynn 2006) traditions arose out of distinctive histories, described as the Wilsonian, Westminster and Westphalian traditions (Ongaro and Van Thiel 2018), based on the application of idealised, consistent and impersonal rules; with defined roles for government agencies, namely the design and implementation of policies and programmes in response to politically defined objectives; administrators implementing policy on the basis of public service ethical principles, e.g. impartiality, predictability, accessibility and probity; all held to account through bureaucratic and political oversight (De Vries and Kim 2011; Jun and Sherwood 2006; O’Flynn, Blackman, and Halligan 2014).

Although much has been written about the agential effects of ‘street-level’ bureaucrats (Bartels 2018; Lipsky 1980; Zacka 2017), the work of the ‘classic’ public administrator who follows rules and appropriate procedures, is responsive to elected officials and clients, is mostly unseen. Wagenaar (2004) suggests the key element in the consistent neglect of administrative work is its taken-for-granted nature. He argues,

‘[a]s competent members of large and complex organisations, we exclude, … the unthinking routines … they are an inevitable part of work, but they are noise to the “signal” of real work: the decision made, the report written, the negotiation completed, the rule applied. We literally don’t perceive the everyday experiences of [administrators] as being part of work in the formal sense because they seem only fleeting events to the invariants of legal rule,'
organizational structure, bureaucratic procedure, and political accountability (644).

The vehicles of public administration, the organising forms, are also backgrounded by terms such as ‘the state’ or ‘the government’. Where form is emphasised it is related to perception of structures, referred to as agencies or departments; organisings that become distinctive within the state through their defence of budgets and priorities, this is despite public administration also encompassing ‘the study of ‘Organization and management practices in collective or public settings” (Needham 2016, 338). The other distinction in terms of government, which general organisational theories do not address is the separation of politics and administration, while not as dichotomous as idealised, nonetheless has normative principles embedded (Bryson, Crosby, and Bloomberg 2014, 447).

Government is defined as an entity associated with the nation-state that has ‘exclusive authority over legitimate force in a specific territory’, and a distinctive ‘capacity to impose legally binding constraints and sanctions over given jurisdictions’ (Kourula et al. 2019). The past 30 years in response to increased fragmentation, and emergence of other forms of organising, has seen public administration move ‘toward theories of cooperation, networking, governance, and institution building and maintenance’ (Frederickson 1999, 702). The advent of governance has been described as an expansive direction, whereby the business of government is progressively enacted through other modes involving markets and networks of various kinds. Gary Stoker (2019) describes governance as broader than government, with an emphasis on steering, ‘[i]n contrast to formal instruments of law-making and governmental control the focus is on interactive governance and the way that multiple actors – notwithstanding differences of interest and values – work together to produce policy and implementation outcomes’ (4). And yet, organising appears underdeveloped in this theorising.

In recent decades different forms of governance of organisational conduct have arisen, including intergovernmental agreements, networked multi-stakeholder negotiated rules, market-based standards and self-governance processes. Governments have arguably remained involved, or have even stepped back in to reassert authority. However, this has happened in ways that are different from what characterised earlier forms of government intervention (see Wood and Wright 2015).

Johannes Koppenjan and Erik-Hans Klijn (2004) assert that public administration is a
rationalist attempt to remove complexity and uncertainty from decision-making through standardised responses with predictable outputs; and although the world is complex, and its problems of great magnitude, they can be understood and resolved through the organisational form of bureaucracy (97). When it comes to public organisations, the forms they take as argued above, appear to be understood predominately through theorising about ‘the state’ or ‘governance’, despite the archetypal form of organising in both private and public sectors, materialising through the template of the bureaucratic imagination (Hughes 2017b; Lodge and Wegrich 2012; Newman and Clarke 2009). Perhaps it is the ‘taken-for-granted-ness’ of this classic type of organising in organisational studies that makes the organising of public administration less of an ‘object’ of interest (Charbonneau, Bromberg, and Henderson 2020, 74-5). Nonetheless, in public administration’s shifting paradigms there remains an overreliance

on a reified notion of structure, meaning that the state is seen as ‘a material object, a structure, or a social form’ (Bevir and Rhodes, 2011: p. 208): it is something that is seen to exist in a real, ontological sense. Government departments, local authorities, markets and networks are all treated as fixed structures that are possible to manage given the right tools (Dickinson 2014, 20-1).

According to Jonathon Koppell (2010), the inclusion of other theoretical approaches in public administration transcends the parameters that traditionally define the study of the discipline (S46). Given what has occurred, he asserts the need for a more capacious characterisation of public administration, ‘one that is empirically and historically grounded ... [but] a broader conception of our field (whether it is called governance or something else) and eagerly revel in all the messiness lying beyond the borders’ (S53). However, public administration of care in the U.K. is a case whereby historical approaches are struggling to respond to changed circumstances, as well as the development of other ideas about public administration practices. As Hudson (2012a) points out, with

the history of highly centralized and hierarchical management of health policy in the U.K., the cultural orientation has been towards uniformity and consistency. Localization, on the other hand, implies and acceptance of diversity and creativity which public service traditionalists may find hard to accept (323).

Whilst I share Koppell’s views and support engagement with contemporary organisational theorising, which has moved from rigid understandings of organisational
structure and function, I do not want to slip back to reify organisation. Rather I want to see enlivened encounters between these fields, as I expand upon below.

Notwithstanding the dominance of Weberian perspectives that assume bureaucracy as an organisational form, is technically superior as a way of organising (Ongaro and Van Thiel 2018), contemporary organisational theorising and contemporary theorising on public administration appear cut off from each other (Andrews and Esteve 2015). Consequently, I attempt to move beyond binary conceptions of the state and organisation, the constructs that anchor the sub-fields of public administration and organisational studies.

Finally, although analytically the notions government and governance are understood as distinguishable or as fluctuating phases of public administration, the delineations are becoming increasingly flexible, given governments now rely on various kinds of governance interventions. In contemporary forms of governance, governments are rethinking their role(s) in the provision of public goods (Arellano-Gault et al. 2013; Bevir and Rhodes 2007; Wood and Wright 2015). The space between government and governance is questionable as clear distinctions have been subsequently critiqued, with empirical studies showing these modes, ‘have not simply replaced each other but have accumulated over time, or ‘sedimented’, producing a complex mix’ (Jones 2017, 30). Given these dynamics, public administration as normative doings or as the object of research, should be seen praxeologically as ‘Government in action’ (Toonen 1998, 234).

My interest in public service organisational life has been driven by an understanding that organisations, instead of being coherent bounded entities, embody partly converging, partly conflicting, viscous configurations of interests, aims, and perceptions of meaning. Practices of governing, enacted administratively and organisationally, therefore, generate situated, shaping repertoires that move in response to action at a distance – a centralising but distributed dimension of contemporary governance.

Having delineated the conceptual and onto-epistemological underpinnings of this thesis; considered the contributions of various scholars across different fields, I introduced concepts of seamfulness, b/orders and tacking, which are threaded throughout the remainder of the thesis. The next chapter takes the reader through the practicalities of this empirical undertaking; the methodological expedition and the consequences for an ethnographic rookie putting these concepts to the test.
Chapter 3. Piecework – Making Ethnography

Ethnography as a method is particularly unruly, particularly undisciplined, particularly celebratory of improvisation, bricolage, and serendipity, and particularly attuned to the possibilities of surprise, inversion, and subversion in ways that other methods simply are not (Timothy Pachirat in Wedeen 2010, 256).

3.1 Patchwork Representations

This chapter details the methodological accomplishments and limitations associated with undertaking ethnographic research. Writing this chapter provides an accounting of my approach to, and production of, ethnography. It is a way to make my research endeavours evident, outworkings if you will, because ‘[w]ithout theory there is nothing but description, and without methodology there is no transformation of theory into analysis’ (Hansen 2006, 1). I explain the research design and the methodological texture of this study, plied to inquire into how diverse actors from different settings perform integration work together in the company of various actants. To ‘get at’ partnering practices, seemed to me only amenable through ethnography, or what Gherardi (2019) calls (referencing Mol), praxiography, ‘a method to stubbornly take notice of the techniques that make things visible, audible, tangible, knowable’ (202).

I chronicle the ethnographic venture I took, my ‘impressionist tale’ (Van Maanen 2011b), where interorganising in Kintra and my piece-work come together. Norman Denzin and Yvonna Lincoln’s (2011, 4) description of the qualitative researcher as bricoleur best exemplifies my efforts to create a representation from multiple fragments, stitching pieces together; ethnographic insights created through fieldwork, deskwork, and headwork (Watson 2012); albeit I also unpick my productions.

In my thinking about interorganising over time, there are questions I always return to: What is going on in the work of partnerships? How are actors doing partnership? These questions came into stark relief when I moved to Scotland and worked in situations I felt collaborated in more institutionalised ways. My praxis history unavoidably shaped my curiosities and, unsurprisingly, fashioned my research question; speaking to being there and being with; looking, discussing, listening, moving, feeling, reading; and then thinking about what I generate in my representations as I inscribe them in a way that doesn’t attempt to be a ‘true copy of reality’ (Gherardi 2019, 202).
Other research designs could feasibly address these curiosities, but ethnography felt most appropriate. I recognise other approaches may well advance understanding, but I’m not aware of others in relation to collaboration, where I could

_observe in real time fight and struggle, cooperation and compromise, misunderstanding and shared meaning-making between actors occupying different positions in a field. ... confusing, frustrating, and complex interactions, the workings of a translocal institution ... made visible ... settings where worlds collided ... zones of awkward engagement ... of cultural friction (Desmond 2014, 555)._

The implementation of HSCI in Scotland provided the terrain through which to consider collaboration-as-practice. With the ‘Scottish approach’ to HSCI and my interests in partnership-working (Mitchell 2015; Scottish Parliament 2014b), undertaking an enquiry to surface partnership practices in localised settings was timely. So I enthusiastically, but tentatively sought to try my hand at a multi-sited, interorganisational ethnography, an eager novice in the ‘familiar’ world of HSCI.

Through a process of negotiation detailed below, I was ‘placed’ with a new team (comprised of NHS and Council managers) authorised to implement the Kintra IA that went ‘live’ on April 1st, 2016. My research design was developed through discussions with Julia, the CO of Kintra HSCP, who understood the inherent flexibility of an ethnographic approach. My research sought to determine how collaboration-as-practice was enacted through the incipient HSCI management team; and how their b/order work may, or may not, be understood as collaborative.

I’ve not sought to unearth unique properties of HSCI, or ‘find the key to unlock [the] mysteries’ of partnership (Cerwonka and Malkki 2007, 86). I show what might be learned about re/ordering of b/orders across public sector care configurations, ‘the elusive knowledges kept in a practice and ... how certain changes – for instance technological or institutional changes – impact on existing practices and with what consequences’ (Gherardi 2019, 204). I didn’t try to find the ‘truth’ about relations between the NHS and the Council rather, I was interested in being able to say something about the practices entailed in b/ordering.
3.2 Why Ethnography? Piecing Worlds of Care

with the limited research on the agential role, strategies and interventions, particularly in public sector partnerships research ... research needs to be more innovative methodologically to generate more in-depth and nuanced agency centred accounts ... through qualitative research methods – ethnographic, case study and action research (Williams 2012, 152).

Ethnography doesn’t readily submit to a neat definition however, although not precluding quantitative methods, is chiefly associated with qualitative research. As an approach, it has been variously described as a research method, a mode of writing, and a sensibility that shapes the questions and design of research, generated in field settings, and as writing up (Yanow 2009, 282). It involves experience-near noticing of a phenomenon, as well as embedding oneself wherever the research unfolds, specifically participant observation (Stepputat and Larsen 2015, 5-7). Like other qualitative approaches seeking to generate knowledge and understanding, ethnography can be positioned based on its ontological and epistemological commitments (Madden 2010).

I adopted a particular onto-epistemological and theoretical orientation (Blaikie 2010), which is tangled up with my areas of interest. I did not start out with a posthuman practice orientation. I was also not confident I’d be able to do ethnography. In the beginning, I felt overwhelmed by the theoretical and methodological ‘buffet’ on offer. I had an extensive, heterogeneous theoretical palette, I could draw from. Broadly, I was interested in actors’ praxis related to management and professionalism, in the context of interorganisational relations and the implications for policy implementation and public administration. I had a sense of the possibilities for examining artefacts that actors create and/or use in collaborative practices, but was unsure how to locate this within my formative thinking. My aim was for a granular depiction of collaborative practices enacted in HSCI.

In hindsight, I would say I began my studies from a critical realist position (Archer et al. 2013), given my experiences with evaluation. Over the course of fieldwork and analysis, I moved to an interpretive orientation through to a now posthuman stance. These gradual shifts meant I moved towards something like Sedlačko’s ‘rough’ minimum principles of practice sensibility for ethnography, which focusses on

what people actually do (and the materials they ‘converse’ with) [paying attention to:]
• ... interactions (sequences and conversations) as opposed to single actions or statements
• ... matter (bodies, spaces and material artefacts) in these interactions,
• ... sites and situatedness of practice
• ... the aspects of social reality taken for granted by the practitioners, [and]
• problematising the accounts used by participants to make sense of the situation (Sedlačko 2017, 54-5).

3.3 Unpicking the Stitches of My Fabrications

When undertaking research, ‘reflexivity is not for the marginalia of ethnography … [and] properly confronting the influence of the ethnographer on research and representation is an unavoidable precondition of a reliable ethnographic account’ (Madden 2010, 23). Given this, my positionality within the research process necessitates examination (Garsten and Nyqvist 2014, 15). The specificities of my standpoint are intended to expose my approach as critical for assessing the ‘world-making’ (Coleman and Ringrose 2013, 1) representations I co-created through the acts of researching, analysing and writing (Finlay 2002, 225).

Given I determined what I researched and am entwined in the project, is not a problem in itself, rather it is an inextricable part of ethnography. I was not apart from the research object and what I generated are my interpretations and representations. In becoming a researcher it wasn’t possible to make sense of what was happening without some means by which to understand it. In this case, pre-conceived schema were drawn together with my values, fieldwork experiences and personal history; ‘an ongoing creative process of co-construction’(Hultin 2019, 92).

Consequently, my role as researcher was critical to the quality of the work undertaken. While I tried to minimise my presence and perceived myself as having limited influence, as an active participant in the creation of shared understandings I need to scrutinise how my biography, thoughts, feelings and intentions, influenced what and how data was created, accounting for my data generation, and analytical insights (Reynolds et al. 2011, 43). Developing this understanding enables me to make explicit: the links between my work history and the means for entry to fieldwork; the decisions I made in response to potential lines of inquiry; my actions when shadowing managers or observing meetings; and the sequencing of interviews and my conduct during interviews. And, although I shifted away from being a public manager, this does not necessarily mean it was effortless, given
embarking on reflexivity is akin to entering uncertain terrain where solid ground can all too easily give way to swamp and mire. The challenge is to negotiate a path through this complicated landscape — one that exposes the traveller to interesting discoveries while ensuring a route out the other side. ... [You] can all too easily fall into the mire of the infinite regress of excessive self-analysis and deconstructions at the expense of focusing on ... developing understanding (Finlay 2002, 212).

This wasn’t an exercise in which I erased myself (Cerwonka and Malkki 2007, 23). Rather, with my experience as a HSC manager I had to concentrate on how this might threaten reflexivity, whereby I didn’t render ‘the familiar strange’, given I was studying the ‘already known’ (Falzon 2009, 183). I’ve considered my insider-outsider-ness, deliberating over the different embodied and affective dimensions of ethnography (Cerwonka and Malkki 2007; Hopwood 2013; Madden 2010) and how I managed myself during fieldwork; especially as I used my biography to access the field. I drew on what it means to be ‘professional’ in my interactions, e.g. while frustrated about delays to shadowing managers, I decided to not verbalise this. I was conscious in shadowing very busy managers, having been a manager I knew I was not their priority. However, I also used my familiarity to build connections with these same managers through sharing experiences to elicit understanding of their situation.

I overtly used my professional background to gain further legitimacy with other managers, directors and ‘governors’, beyond those I shadowed. As part of entry to Kintra, and to support Julia’s rationale for my presence, I had to evidence familiarity with HSCI. I did this verbally and by creating a one-page career summary. While this felt demanding at the time, it was also satisfying when I could confidently use the same ‘language’ and share experiences of being in similar roles and organisations. Given sensitivities surrounding HSCI, I knew it was important to ‘play the game’ to be seen as credible, as a researcher and a professional, who had worked in the NHS and Local Authorities.

The analogous features in fieldwork to work did have an impact, but not always in a helpful way. There were occasions when I experienced boredom, especially in dull meetings that felt too much like work and I was unconvinced there was much to learn about partnership-working. I had to quickly adjust my reactions and reframe these situations and look for the strange in the familiar; which then led to consideration about what it meant to be an insider (Gerrish 2003; Simmons 2007) and the benefits of having experience in the topic, including meetings being tedious. Feelings of boredom, e.g., were useful to examine
what was revealed in repeated routines in meetings, and my own involvement in the reproduction of monotonous meetings.

Moments in fieldwork also triggered recollections of past experiences and how I too had been part of these kinds of practices. I experienced sudden, vivid flashbacks and I realised how long and diverse my career has been. I knew lots of details about programmes, service, policies, concepts, professional languages, service types, roles from front-line practice to executive management.

As someone undertaking fieldwork in a ‘sector’ I had experience with, I could ‘code-switch’ in the languages of the clinical, social work, current policy initiatives, and management. However, with communication’s centrality in organisation it was hard to step back and consider the doings of sayings. Even so, I was at ease talking to managers about community care interventions and the actions of care professionals, to discussing budgets, or engage in conversations about the strengths and weaknesses of a particular policy. Fluency in professional languages was a handy skill to have for ethnography, it certainly saved time familiarising myself with the technical and generalist ways of communicating in HSC settings. Nevertheless, despite having a range of short-cuts to get into details, what needs recognising is that I was implicated in speech acts as performative enactments and embodied understanding; and, I had to try to withdraw and think about what was being said, how was it being said, or written. My discursive familiarity risked taken-for-granted assumptions remaining unexamined.

One element remained unclear and that was being identified as Australian (and people not knowing my history), and how that shaped any interchange. I suspected it influenced some responses as some people made an effort to explain things, or on occasion disclose sensitive concerns. But then it was also the case I used my ‘not from around here’ status to ask ‘daft lassie’ questions to get actors to share information.

I was, as previously discussed, a hybrid outsider/insider having had professional and managerial experiences in Scotland and Australia. Nevertheless, despite no prior direct working relationship with the actors involved, I carried my professional life into the research, i.e. as an ex-public servant turned novice ethnographer, who felt her way through multi-sited ethnography with a group of managers implementing a mandated collaboration.

Having arrived late to ethnography, I did wonder was it too late? Did trying to do ethnography mean I ‘shed my skin’, my 25-year work history in the domain in which I observed. Honestly no. I do not think this was realisable, I brought too much to this
undertaking to be in any way objective and I struggled to bracket my baggage. I didn’t fit Rod Rhodes description of the ‘professional stranger’ (Rhodes and Noordegraaf 2007). Whereas Nick Hopwood’s observation that ‘ethnography … is about standing among and standing apart, of being an intimate outsider’ (2013, 239-41), partly corresponded. But then what generative insights might be gained from insider-ness? Or the implications of what some refer to as ‘at home’ ethnography (Madden 2010). Having worked in two Scottish local councils and a national NHS board, I could be seen to be part of the ‘network’ (Riles 2001). This status did concern me, especially the implications for my analysis. With a lengthy practitioner career I could not,

appreciate the idiosyncrasies and illogicality of everyday organizational life [by] … preserving a newcomer’s capacity for wonderment and in developing a habitus of surprise, to understand and describe the field from the inside out [is only possible] if we approach it … from the outside in (Ybema et al. 2009, 107).

What also troubled me was coming to terms with ethnographic writing styles. Writing in a way that brings to life the story of HSCI in Kintra has been an exercise in awkwardness, as I drifted back and forth from professional writing, formal third person detached observer writing to first person creative ways of writing. The textwork (Van Maanen 2011a) of ethnography was vexing for someone who arrived so late.

3.4 Ethnography’s Articulations

As a way of doing research, ethnography is performed in countless ways. In not presupposing methods, what Elias Mellander and Andréa Wiszmeg (2016) call ‘a mode, or
perhaps a mood, of being with what we research’ (2), as I set out to apply ethnography I encountered these possibilities, which shaped my efforts.

When it comes to organisations, ethnography has been said to enable proximity to ‘the complexities of the everyday in organizational settings’ (Ybema et al. 2009, 1). Organisational ethnography has typically been ‘done in a specific site, within the boundaries of an organization selected as the unit of observation’ (van der Waal 2009, 40). However, multi-sited organisational research has made associations between organisations and their relations, which can be followed locally to globally (Hirsch and Gellner 2001, 11). Nicolini (2009b) has also argued ‘new organizational forms that do not fit the traditional, anthropologically derived model of a single, bounded field setting’ (12) warrants adaptation in ethnography. Now

organizational ethnographers seem increasingly oriented toward following the person or a specific organizational practice or an object or ‘fact’. This ‘following’ can take place at any level of the organizational hierarchy ... or across departmental and organizational boundaries; ... or in more fragmented, diffuse and even ‘virtual’ organizations (Ybema et al. 2009, 5).

Multi-sited ethnography, as it is termed in anthropology, entails ‘the objective following of a known conventional process, or an unconventional process’ (Marcus 2012, 12), as a critical response to the ‘problems of defining, finding and delineating a field ... [in] what constitutes an adequate field for a given research question’ (Nadai and Maeder 2005, 1-2). A further conceptualisation of ethnography as ‘studying through’ webs and relations (Rhodes 2011, 9), resonated in particular with my ideas about actors being embedded in the practices of collaboration. Building on Nicolini’s appeal and following Marcus’ notion of multi-sited ethnography, I’ve applied within an episode of interorganising the

impulse ... to see subjects as differently constituted, ... to see them in development—displaced, recombined, hybrid ... alternatively imagined. Such research pushes beyond the situated subject of ethnography towards the system of relations which define them (Marcus 2012, 19).

However, being new to ethnography and practice approaches, I found myself in an unenviable position of retrospectively hoping my data generation and subsequent analysis was satisfactory for elucidating collaboration-as-practice. I appreciate now, a focus on practices greatly ‘governs methodological choices and orients towards specific forms of
inquiry’ (Nicolini 2017, p32), but I had read little on practice approaches, other than two thought-provoking articles by Nicolini (2009c). Nevertheless, I envisaged I would be able to position myself ‘in the midst of the scene of action’ (Nicolini 2017, 29), notwithstanding my limited awareness of sensitising concepts to frame a praxiography. Despite my lack of theoretical and methodological knowledge, I was optimistic an ethnographic sensibility would generate insights into the complexities inherent to everyday interorganising (Van Hulst et al., 2017) whilst attending to the ostensibly ordinary, which detract from policy prescription and official narratives (Mosse 2011, 22). I felt in depicting the particularity of HSCI through ethnography I could show how concealed, seemingly banal doings matter, while simultaneously enabling them speak to wider issues (Geertz 1973).

When it came practices, I was convinced fieldwork’s lengthier focus and reliance on observation better allowed for studying actors as elements. The immersive character of ethnography reveals what people do, rather than what they say they do; and how object relations structure effects in obscured mundane activities. And so regardless of my ignorance, ethnography scaffolded my efforts, assisting me to ‘draw close enough to observe the precariousness of such processes, stay long enough to see change occurring, and [was] contextually sensitive enough to understand the twists and turns that are part of organizational life’ (Van Hulst, Ybema, and Yanow 2017, 223).

Nicolini’s strategy of zooming in and out (Nicolini 2009c) did provide a starting point, with his contention that to grasp practices we have to zoom in on the specificities of a practice’s performance in situ to make sense of its local accomplishment, alternating with zooming out to follow the trails of connections between practices and their effects. When zooming out, sensitizing concepts attend to mediators of practice, i.e. ‘people, things, and discourses’, which carry the practice elsewhere. These ‘relationships through which practices are weaved together’ can be traced to show ‘how different practices are performed in different places and under different conditions’, enmeshed in localised historicity and power dynamics, through which variations of similar practices are (re)produced (Nicolini 2009b, 130). This iterative process shows ‘how that which is local ... contributes to the generation of broader effects’ (Nicolini 2009b, 121). A practice theory/method package thus accords with multi-sited ethnography; sharing the strategy of following the practice assists an ethnographer’s observations to be directed, as well as furnish conceptual resources for further theorising. Sedlačko’s (2017) practice sensibility also provides a schema for tapering (but not obstructing) the field of vision in ethnographic
fieldwork. Although, he counsels classifying a practice itself is insufficient for explaining how different elements and their interconnections are upheld when they are contested, deteriorate, and rely on other practices (55).

When it comes to designing partnership research, Mikkel Flyverbom (2010) and Olivier Berthod, Michael Grothe-Hammer and Jörg Sydow (2016) have pursued adaptations of ethnographic research, with Berthod et al proposing a design called Network Ethnography. I didn’t do this, however their approach to practice highlights what can be derived ‘about the techniques and translations through which objects, subjects and modes of governance are constructed, reconstructed, negotiated and ordered’ (Flyverbom 2010, 440). They describe an ethnographic focus on practice as being immersed in,

the site of knowing and relationships, [where] one could observe how interorganizationality is produced and maintained by such practices and how these practices create meaning and allegiance to the broader network or its brokers (Berthod, Grothe-Hammer, and Sydow 2016, 5).

I share an interest then in the potentiality of ‘research work [that] enables connectivity given the trans-situatedness of the phenomena of practices’ and the need to adopt a curious ‘cross-eyed vision’ (Hirsch and Gellner 2001, 4-8). Alongside developments in ethnography, reflecting what is referred to as a ‘poaching license’ (the borrowing of concepts from other disciplines) (Cerwonka and Malkki 2007, 163), I encountered thought-provoking anthropologies of the state (Scott 1998), bureaucracy (Hoag 2011), public sector (MacClancy 2017), policy (Shore 2012), development (Mosse 2005), and recently infrastructures (Anand, Gupta, and Appel 2018).

There has been acknowledgement of limited ethnography in the domains of public administration/management, and consequently there are increased calls for ethnographic research in public sector organisations on the part of interpretive scholars (Boll and Rhodes 2015; Cappellaro 2016; Gains 2011). I have sought therefore, to bring together the application of an organisational and multi-sited praxiographic approach, to a public sector interorganisational setting.
3.4.1 A Word or Three About My Questions

Ethnography [is] ... a process where the research question is constantly being renegotiated in response to what is encountered in the field. ... There is no formula to resolve this tension ... it’s an inherent part of living “among wolves” (Pachirat 2017, 94).

How do managers, who work across organisational boundaries, make sense of, adapt to, and practice collaboration in the context of Health and Social Care integration in Scotland? What is the consequence of ‘mandated collaboration’ for partnership structures and how it therefore shapes the field of action?

As explained, the questions this thesis contemplates emerged out of personal puzzling about the ways partnership-working is enacted in practice. The questions are centred on how actor’s doings and relatings could be understood as collaborative, drawing upon situational, contingent HSCI implementation as a site for analysing these matters of concern. My questions have endured to a degree, although there have been nuanced shifts; initially centred on human agency, now enveloping agential relations with non-humans in assemblage (Gherardi 2016). The sub-question and its structural accent receded slightly, with the mandatory aspect shaping collaborative practice captured to some extent in the primary question, given the Scottish context; whereby HSCI as an ‘Act’ regulated action. Nonetheless, it serves to show how HSCI materialised via regulatory instruments.

The following sections outline in response to these questions how my insights developed through field, desk and textwork.

3.5 Texturing ‘Kintra’

My fieldwork took place in the Kintra\(^{18}\) local authority area, one of 31 areas implementing an option one HSCP, and delegating to an IJB (Scottish Parliament 2014b). I describe Kintra in more detail in Chapter 4, but briefly it is primarily rural with a population over 100,000 people and is ageing faster than other parts of Scotland (Kintra Strategic Assessment 2016).

\[\text{On day one, I found myself sitting at a small, round table, at Kintra Council headquarters, on the first floor in an open plan office near the Chief Officer's desk, along with other Council executives and their personal assistants (PA).}\]

\(^{18}\) Kintra is Scots for country, rurality (www.dsl.ac.uk, accessed 28/11/2020).
The table was in an informal meeting space, with other small tables covered by newspapers, newsletters and trade journals for casual reading. This table was to be my desk for about six weeks. One of the PAs got me a cup of tea to thaw out. I set up my laptop, and started making a file for de-identified names for locations. It was fairly quiet, with the occasional conversation between individuals and others on phones, and the added whirring sound of the photocopier in the background. I sat here until the CO came over to take me to the first of four meetings that day (December 1, 2016).

This placement aided the assembling of pieces of, or cuts to (Strathern 1996), the field and for thinking through my early apprehensions about researching partnership. I subsequently shadowed six managers, attending meetings or ‘hanging out’ at Council headquarters, the Haith Royal Infirmary (HRI) and other NHS or Council facilities. This amounted to 127 meetings across eight sites, in five towns in the area. I travelled to and from Kintra by public transport. Transport was a difficult feature of fieldwork, as the organisations involved had a presence across many towns. I had to arrange lifts with various people to pick me up or drop me off at various locations. Over the course of the fieldwork I gathered (and was given) a large number of hard copy and digital documents. I ended-up following the creation of what I call the ‘Commissioning Plan’. As fieldwork wound down, I interviewed 20 people, including those I shadowed, and others involved in HSCI (see Section 3.13).

3.6 Entering ‘the Field’ – Picking Up Threads

Gaining entrée in one community or group is hard enough; doing so in multiple communities and groups is that much more trying. Harder still is that which is demanded by relational ethnography: gaining access to an interconnected web
of people, many of whom are bound in relationships of antagonism (Desmond 2014, 569).

In April 2015, during a coffee break at a WWS event, I ended up chatting to an associate from the then JIT in the Scottish Government. I knew Chris from my evaluation role at NHS Health Scotland. He asked what I was doing and I told him I’d started a PhD on HSCI. As a member of a key Scottish Government unit involved in HSCI policy, he looked keen to know more. I told him I wanted to do an ethnographic study but wasn’t sure how to ‘get in’, to find a ‘partnership’ that would be interested. He suggested contacting Margaret, head of the JIT, as she was working with newly appointed COs. Chris explained how they were meeting, supported by the Scottish Government, and she’d be happy to assist me. I was delighted I had a means to get to critical gatekeepers.

I was cognisant I needed to obtain access to a partnership via a senior manager, who would inevitably scrutinise my research proposal and authorise my presence. Despite my research being about collaboration, hierarchy still counted. I also knew I would have to provide information, not just about the research, but about ethnography. Although people working in the public sector are familiar with doctoral students who do interviews, surveys, and even case studies, there remains limited understanding of ethnographic research.

What followed from April 2015 over four months were a series of emails between Margaret, members of the COs Group and myself. I provided them a two-page overview, outlining my aims, intended approach and what I expected to get out of the research. Although waiting was frustrating, by mid-July Julia, the CO of Kintra got in touch and we discussed issues like, ethics, logistics, the management team and travel. She arranged for me to meet with managers at Kintra Council, after summer holidays in mid-August.

On August 11, I went to talk to the newly formed HSCP management team. Given Kintra Council’s location, I caught a bus, a trip taking nearly two hours. On arrival, I entered a modernist building, characteristic of those constructed in the 1960s. I walked into reception to find I was expected, with an administration officer escorting me upstairs to a large meeting room for the ‘informal’ management team meeting. I learnt later this meeting was held every week, except on this day it was just three out of about six managers. I found it difficult to discern who was meant to be part of the team, why some were not there, and how many of them there were in total. I later discovered the membership changed and actually whether it was ever a team was questionable. Julia wasn’t there as she was busy elsewhere, nevertheless I felt comfortable talking about what
I wanted to do and gauge their reactions. Thankfully they appeared relaxed with what I was proposing.

The sense of relief I felt was palpable, but I also knew I had to get ethics finalised, not just the university self-assessment process, but the NHS ethics application. A bonus from meeting these managers was one of them had previously managed the research governance unit in NHS Kintra. He had his laptop, so emailed the relevant officer while we were chatting. Making this connection with the Research Officer was one of these serendipitous moments that facilitated my ethics application. NHS ethics have a formidable reputation as ‘over the top’ and time consuming. Having a sense of this did somewhat deflate my excitement, as I didn’t know how long it would take, nor what it involved.

It was mid-October before I met Julia face-to-face to discuss my research and issues associated with HSCI within Kintra. She was friendly and spoke knowledgeably about HSC, expressing particular views about how integration should progress. She recommended ideas for where to start, who to shadow and what to read, and indicated she’d also discuss my research with the unions. Ethical approval came through the next day, so I let Julia know I could start anytime. She responded saying she had to inform both CEOs, other senior managers, and the ‘shadow’ IJB; check upcoming time commitments; and organise building access, given I would initially be with her at Council headquarters.

After over seven months, on December 1, 2015, I started fieldwork. This drawn-out phase is conceivably suggestive of public organisational practices, especially for ethnography, with concerns about a researcher’s lengthy presence, convoluted processes and the time needed to fit into congested diaries. My excitement was tempered by the need to be patient as people did not respond to me quickly (a reminder of my position perchance). The requirements of an additional ethical mechanism also raised questions regarding different ethical frames in different organisational settings, and the implications for an ethics for interorganising.
To gain entrée it helped to have worked with key Scottish Government actors supporting COs of HSCPs. This provided me with a direct contact route. My historical roles and the networks I’ve been part of, made it easier to find a way in, and this advantage needs to be acknowledged as critical to the ethnographic process.

I was also mindful of the CO being gatekeeper, benefactor, informant, and critical audience, all at the same time. The question of relationships with interlocutors more generally gave rise to nervousness on my part about relationships between managers and myself, whether managers would try to influence my research. I did encounter senior medics who questioned the evidence base for HSCI and expected me to respond. Christina Garsten and Anette Nyqvist (2014) make the point in organisational ethnography, 

**interlocutors are often well-educated, highly skilled professionals (sometimes with advanced academic degrees) who challenge or engage the skills of the ethnographer in ways that differ from the conventional perceptions of what it is like to ‘engage with the locals’ (2).**

Another dimension of power relations I monitored, were reactions to having secured my presence with the permission of the CO. I was alert to the possible effect on other managers, practitioners in both organisations, and what this might mean for their engagement with me. My concerns in this regard were assuaged by most people’s curiosity.

While I describe here my entry to a ‘field’, I was aware I did not commence fieldwork in a place where HSCI was novel. There was a history of relations when it came to HSCI long predating my presence, and consequently I accept with ‘the always-becoming nature of the world, researchers can never enter into linear investigations ‘at the beginning of things’’(Davies and Riach 2018, 10).

### 3.7 Being Ethical

**[I]n terms of the distributed, de-territorialized, multi-sited, and not-so-easily bounded field ... In these complex relations and distributed sites, fieldwork ‘is not what it used to be’... Novel ways of conducting research in unfamiliar locations collide head on with the demand for open and transparent methodologies which begin with the requirement that research be objectively assessed for its ‘ethical’ probity (Simpson 2011, 382).**

Encountering ethics in the course of a doctorate is inextricably part of becoming a
researcher. Undertaking ethnographic research broadly shares with other qualitative research, understandings of how ethics are enacted. While at all stages of research ethical dilemmas are present, ethnographically, ethics is framed as an ongoing, negotiated process; and ethnographic researchers specifically confront challenging ethical issues (Ferdinand et al. 2007). For my circumstances, ethics review had temporal precedence over my research. I wasn’t able to start fieldwork without going through two ethics procedures.

Oddly, I couldn’t commence research on interorganising because of the NHS ethics review mechanism, despite a Council and potentially not-for-profit organisations being involved. I learnt later ‘in Scotland there is no standardised procedure for the approval of research focusing on social care’ (IRISS 2014, 6). I found this unbalanced approach to ethics intriguing.

I sought ethics approval from the School of Social and Political Science through an online self-assessment. It was signed off as low risk, so my proposal did not go to the research ethics committee. However, as my research was to include NHS employees and being on NHS premises, I had to apply to the NHS Integrated Research Application System, supposedly the sole route for applying to undertake health and social care research for all the U.K. (inclusive of Scotland, despite the NHS being a devolved matter).

I found a dedicated university resource which assists doctoral students navigate NHS ethics, but was surprised to learn the advisor hadn’t heard about ethnography. The final decision regarding ethics rested with the local NHS board, with university ethics not sufficient to undertake research with NHS managers. Nevertheless, I completed the complicated application, and although NHS ethics was problematic on several levels it did make me consider more fully the ethical dimensions of my proposed research. I report on my efforts to be ethical across the remainder of this chapter, but in essence I always: introduced myself as a researcher; took notes overtly; agreed to anonymise Kintra and research participants; briefed managers about my ethical obligations on a regular basis; ensured I had informed consent for interviews; and maintained a neutral stance in relation to both organisations.

I found out afterward bewilderingly, the Council required nothing. I felt this was unsatisfactory. In order to been seen as treating both organisations with the same regard, I copied the NHS form and created an ethics document for Council, which I gave it to Julia. Fumbling through this particular phase revealed distinctive ethical practices linked to the NHS. In hindsight, this was a sign of how dense NHS practices sustain not only its ‘national-
ness’, but it’s conceptualisation of ethics governance when compared with local government (Hopwood 2013).

3.8 Cuts in the Cloth - Constituting the Field

*the world of multi-sitedness is woven of a single, many stranded cloth (albeit with its knots and rips and tears).* … [*The ethnographic field ... has to be labouriously constructed, prised apart from all the other possibilities for contextualisation* (Matei Candea in Falzon 2009, 29).

*The tension between the epistemological openness that is one of the chief virtues of ethnography as a ‘non-linear dynamic system’ (Agar 2004) and the requirement to somehow ‘cut the network’ in such a way to make ethnographic research practically feasible and relevant to matters of both theoretical and policy concerns. ... cannot be wholly resolved* (Huby, Harries, and Grant 2011, 219-20).

After Julia’s authorisation I began to think about how to constitute ‘the field’ I was entering. I could’ve simply drawn on the legislation, which was clear about geographical boundaries, i.e. Kintra Council’s spatial boundaries. Likewise, the Scheme of Integration (hereafter referred to as ‘the Scheme’) specifying what was ‘in’ the HSCP and what was ‘out’, was a possible guide. The contours of the field were not clear, but having managers as a focus meant at least I had somewhere to start. I learnt about the density of connections of those I was intending to shadow to actors in national organisations, such as, the Scottish Government, National NHS boards, and Inspectorates. They also had associations to other NHS territorial boards, local authorities and various third sector/independent organisations that operated across multiple geographies. These same managers also worked with other managers, teams and practitioners in various localities within Kintra. It took a few weeks to work out how I was going to progress within such a complicated environment of densely interwoven relations, even as smaller rural organisations.

The foremost way I was able to ‘cut the field’ pragmatically was to start by following six managers connected to the management team. After two months, I also began tracking certain processes and objects, artefacts deployed for ‘making’ the IJB (Huby, Harries, and Grant 2011, 219-20) including, national regulations and the founding suite of documents. As a portfolio of interrelated texts each had different start and finish times in relation to the duration of fieldwork, so I decided to follow specifically the invoking, drafting and approval
of a commissioning plan (see Chapters 5, 6 and 7).

The ‘object’ of research was collaboration-as-practice in a ‘mandated’ partnership of two statutory organisations, but as a sole researcher it was not easy to apply ethnography to a geographically dispersed and multi-sited ‘authority’ (treated as not ‘real’ for most of the time), involving multiple actors with shifting roles and levels of responsibility. I was also affected by limited public transport, security restrictions on building access, and having limited participation. Furthermore, despite my managerial background, as a non-employee/researcher, having a managerial job was not feasible. As Garsten and Nyqvist (2014) acknowledge, ‘studying up’ using participant observation ‘does not travel well up the social structure’ (16).

There were other ways I could have constituted the field, which may have even strengthened my research. Whilst I was concerned about missing things and not being there long enough, given the scale of this ethnography, as a beginner I think I made appropriate judgements. I would have enjoyed being part of a team of ethnographers, however, I believe with the complexities associated with HSCI I did enough.

3.9 Threading, Stitching and Knotting – Ethnographic Improvising, Serendipity and Ambiguity

Emergent focal points for further interrogation were often in-the-moment reactions, reflecting the contingency of ethnography, with my questions acting as a compass needle for intuiting a direction to follow. Someone else would have noticed, heard, felt and thought about different things. In this way my ethnography is a partial, incomplete story of integrating (Czarniawska 2007, 85). By means of illustration, I had a lengthy conversation with an NHS manager responsible for GP and Dentist contracts. After our discussion, although they reported to Julia, I decided not to shadow them. Their work with GPs at a time when the GP contract across Scotland was being renegotiated, did not seem relevant for what I was wanting to explore. I did take up the opportunity to shadow them to one of their national meetings, which the NHS Kintra Associate Medical Director also attended. While an interesting day to observe relations (re)producing NHS-ness in its national enactments, it reaffirmed I could’ve easily moved off-course with the work of NHS-GP relations, which although important, would not have ‘spoken’ to my research questions.
Similarly, I didn’t shadow the Chief Financial Officer (CFO). Their appointment was not confirmed until February, three months after I’d started and there were tensions around whether the position should be part-time or full-time. Soon after their appointment they were absorbed in preparing the first accounts for the IJB and negotiating budgets. This technical process would have been fascinating to observe, to learn how accountancy interprets finances for new interorganisational entities. At the time, I wasn’t confident to be able to incorporate their work. He did, however, agree to a lengthy interview, during which I came to appreciate the difficulties he experienced. In hindsight it might’ve been feasible to do some shadowing, however, there was conflict regarding the IJB accounts, ostensibly linked to poor relations between the Finance Director at Kintra Council and the Finance Director at NHS Kintra. NHS Kintra’s anxieties about financial control implications for so many NHS services being in the Scheme made it doubly tense. Even so, it was an invaluable interview and he shared many thought-provoking anecdotes.

Another possible line of inquiry was following specific processes associated with the Integrated Care Fund (ICF). These resources were extra, recurrent, ‘ring-fenced’ funds provided by the Scottish Government to ‘kick-start’ integration work and facilitate ‘doing different things’. I shadowed Julia to one ICF meeting and went to other ones by myself to learn more. I was overwhelmed by them and struggled to get a handle on what they were doing, the links with strategic planning and the governance of the IJB. It was all very baffling and funding decisions appeared to take a long time. I found out ICF evolved from an earlier fund, but the budget came through a year before the IJB was operational. The ICF’s asynchronous workings, increasing financial controls exerted by both CEOs, and ongoing debates about third sector accountability felt like a distraction, a ‘rabbit hole’ I could enter but would not address on my questions.

Lastly, something I did do. I’d overheard Julia and others talk in passing about a commissioning plan. In my ignorance I thought it was part of the strategic plan they were finalising because of the interchangeability of words inscribed in the Act’s guidance, and how people talked about the documents they were trying to complete before April 1. After a few weeks it became apparent (something I expand upon in subsequent chapters) this was a distinct document Julia said they had to produce. Given my timings and where other documents were in relation to their production, I felt this was an opportune artefact to attempt to follow.
There were countless, fortuitous opportunities amidst feelings of confusion over the seven months, that also played a part. Having managers and others take me to various places, made for productive time to build connections and trust, and talk about things not necessarily shared in front of others. Cars mobilised relations in what was a form of private space into which work could intrude, but on the driver’s terms. It became a vehicle, in both senses of the word, to learn about the person and Kintra, chat about shared experiences, listen to their versions of events, and discuss what was going on. I wanted to get more proactively involved in the daily work of those around me, but that was not feasible with managers. However, going with my inquisitiveness about the unwritten commissioning plan led me to sit in on a meeting where I was asked to proof-read the final draft of the strategic plan, and from that arose a way to follow the commissioning plan as it was bought into being – a generative strand of experience that has become core to my analysis.

My main struggle was with what felt like interminable ambiguity about what was happening, it seemed like pervasive inaction. Inertia gripped the work of integrating and no-one seemed to know why, nor provide clear explanations. Yet, I enjoyed fieldwork and ‘went with the flow’ when it came to acting on hunches. However, the mix of confusion and feeling overwhelmed flowed through to subsequent stages of research. If I was a manager, confusion and being overwhelmed would be something I would feel confident to address, but not when it came to ethnographic analysis. How was I going to make sense of the utter muddle I felt about what HSCI in Kintra was all about, and where in the volumes of data I generated would I find it?

3.10 Fieldnotes

Fieldnote writing is the lifeblood of ethnography ... what fieldnotes “are” has been a longstanding topic of debate in anthropology. Some say there are inscriptions. Others say transcriptions. Still others, translations. And others, narrations. And still others say they are textualizations (Pachirat 2017, 113 - 5).

Note-taking is something I have lengthy experience of, especially minute-taking in meetings, a task central to many jobs I’ve had. There were aspects to fieldnotes I felt quite competent in doing, I have fast typing and handwriting, although not the same speed as speech. I thought taking fieldnotes would be reminiscent of this kind of activity. Predictably it wasn’t. I’d had little exposure to ethnographic notetaking. I made the decision I’d
handwrite my notes in small, brightly coloured notebooks, enabling me to write at speed, but also draw and doodle.

As I was less participative and surrounded by others taking notes on laptops or in notebooks all the time, I felt comfortable writing notes in an overt way. Despite having the option to use a laptop, I felt I had an ethical obligation to be open about my role, and the colourful notebooks helped me to be more obvious as a researcher in any group I was in (aside from public events).

Timothy Pachirat’s (2017) contention that ‘[i]t’s not possible to conduct good ethnographic research without taking the time to write good fieldnotes’ (116) was not an issue for me, I could take notes most of the time. However, it can be the case that your presence becomes less noticeable, which happened to me to some extent as interlocutors being on their ‘best behaviour’ becomes difficult to sustain, so a researcher will be ignored eventually (Czarniawska 2007, 28). Yet, my explicit notetaking did generate attention. I was asked what I was writing about, with insinuations made I’d have very interesting records. Some managers would occasionally ask me what happened at various meetings as they knew I was there and assumed I would have extensive details of what went on. I experienced what might be the ‘illusion of acceptance’ as people sought my opinions (Czarniawska 2007, 31). Even though no-one asked to read my notes, in these situations I would broadly and honestly describe what I was writing. I was not doing a covert ethnography and I didn’t want to give the impression I was gathering ‘dirt’ on people.

What I did not appreciate, in my vain attempts to write as much and quickly as I could, was I never felt completely sure what I should be writing about. I started writing much in the style of minutes, recording as though I was following an agenda of discussion points, but then I found myself writing about spaces, environmental features, and what people who weren’t speaking were doing, smells and sounds, the more sensory elements of
day-to-day work. I also wasn’t sure what to write about when I was not in meetings. Trying to capture this level of detail in pen or pencil was physically impossible. I could not keep up with the talking and the extra details I wanted to add. I had also not accounted for not having handwritten for a while and by the end of each day my fingers, hand and left arm would be sore. Similar discomfort arose when I sat at my desk to do transcriptions and writing up, as Barbara Kamler and Pat Thompson (2014), stress: ‘[w]riting is physical, emotional and aesthetic labour. Sitting at a keyboard for hours on end is hard on nerves and bodies. Many scholars carry their scholarship deep in their psyche, bones and muscles’ (3).

I was also hesitant to write descriptions of people, e.g., what they looked like, or how they acted. I attribute this to my background of trying not being judgemental of people’s appearances; to write in an overly descriptive way felt inappropriate, a transgressive act. Nevertheless, I recognise as Pachirat (2017) points out, that ‘[w]e rely so heavily on sight, and to some extent also on hearing, that we often neglect our other senses: smell, touch, taste’ (117). Writing in a sensory or even affective manner is unacce
tetable when you are a public manager, it is regarded as unprofessional, hence learning to incorporate the sensory was testing.

I was never sure my notes were that good and I worried when I got to analysis I would be unable to bring HSCI in Kintra ‘to life’. I also encountered an odd sensation as I settled into meeting routines, whereby I had intrusive thoughts about what was being discussed. I was, for all intents and purposes, very familiar with topics discussed in meetings, but I found memories of similar experiences kept recurring, and I would catch myself internally criticising what people were saying. For example, when managers were discussing the Scottish national performance framework and indicators for HSCI, I was staggered with what I thought was manager’s ignorance of outcomes. My reaction was directly related to having had a role in an NHS evaluation team where I trained practitioners and managers in outcomes-focused planning. These intrusive thoughts became disruptive and I realised I had to proactively manage them, as I’d lose track of what was happening in meetings. I decided to record the intrusive thoughts, no matter how judgmental they were, in my notes, but put brackets [ ] around the thought to distinguish it from the rest of the notes. This strategy worked, as soon as I’d inscribed a thought, I’d stop thinking about it, and quickly refocus on whatever I was notetaking on. Over time the intrusive thoughts waned, until I no longer experienced them.
I kept reflections in the same notebooks. These were often recorded in the morning or afternoon on the bus, or train. I also relied heavily on my iPhone notes function. I found it easier to record notes on the mobile, and then email them to myself to insert into my notes later. When you are on the move between sites and on public transport, this kind of technology made life easier. I would then write up my notes and jottings from my notebooks into a Microsoft word file everyday, until I had a single large word file containing all my fieldnotes, reflections and intrusive thoughts in one document. Pachirat (2017) says that writing fieldnotes, ‘entails so many choices … [and] the more explicitly aware I am of my writing choices, the higher the quality of my fieldnotes’ (119). In hindsight, I wish I had had some practical, heuristic devices, that may have eased my anxieties about the quality of my fieldnotes.

Lastly, I was struck by the physicality of fieldwork and how tired I felt. As I was never completely sure what to write about, I felt hyper-vigilant and tried to avoid backgrounding anything – I was exhausted for weeks – I did come to realise the impossibility of writing like this and became more attuned as a result (Czarniawska 2007, 57). Yet, I also recognise note-taking is a personal way of generating data and you develop your own style over time. If I had my time over, I’d try different things (dependent on permissions), especially the use of images, drawings, voice recorders, or even cameras.

3.11 Participant Observation

I went into fieldwork with a naive assumption that I would be more participatory than what transpired. Given my background, I can only guess in my enthusiasm I neglected to consider that hanging around with managers would mean more observation than participation. Gillian Evans (2012) describes participant observation as ‘an embodied, visceral journey into the socially and culturally distinctive way of life of a particular group of people in order to know what it is to inhabit their environment’ (98). However, she also allows ‘that a “proper” ethnography is possible [with] orientation to the insider perspective
and the development of rapport … makes possible a meaningful “alongside” engagement … without having to literally join in the activity’ (Evans 2012, 100). This comment and it’s differentiating of an insider perspective was not so simple for me, not only because of my hybrid outsider-insider position, but I was already similar to those I spent time with. For the most part I trailed actors, chatted when it was appropriate, but silently observed meetings (an unfamiliar experience for me). However, Czarniawska (2007) reminded me that all observations are participatory, as ‘one’s physical presence and human decency requires participation’(55), and this is an ethical, as much as methodological choice. Tim Ingold (2014) likewise maintains that

*there can be no observation without participation—that is, without an intimate coupling, in perception and action, of observer and observed. ... [He] calls upon the novice anthropologist to attend: to attend to what others are doing or saying and to what is going on around and about (387-9).*

I opted to use shadowing, which Czarniawska (2007) argues is beneficial given the ‘peculiarities of modern practices, such as organizing’(17) and ‘because participation in complex, professional activities would be impossible’(55), and therefore easier, given you do not have to simultaneously act and observe. Despite my frustrations in shadowing managers, I did get to various places and meetings of all kinds – from the banal to the conflictual. It was through the mix of shadowing, following and observing various meetings, I was able to offer to do a task, which propitiously led to following the making of the commissioning plan.

Regardless of my limited participation, I nonetheless tried to be easy-going, polite and unobtrusive. I wanted to cultivate the impression of being a person someone would want to spend time with, not manipulating the situation, rather making the experience comfortable for anyone giving me time and information (Czarniawska 2007, 40). As a hybrid outsider-insider, I had a repertoire of skills to do this. For example, I was shadowing Samuel, General Manager of Primary Care, when he’d been given an urgent task from the NHS CEO to prepare an expression of interest to the Scottish Government regarding a project based on the Buurtzorg model. I watched as he sat at his computer typing up some ideas, with a seconded GP sitting next to him feeding him fashionable phrases to make the submission look good. He asked me if I could look over his draft and give him

feedback. I agreed and at the end of day gave him written and verbal feedback, with
suggestions for improvement. He appeared pleased with the feedback and indicated it was
useful. A few weeks later, when I was in the mezzanine shadowing another of his
colleagues, he came up to me and thanked me for my suggestions. He’d heard back from
someone at the Scottish Government, who apparently told him it was the best and clearest
expression of interest they received and would be looking favourably on funding the
project. Agreeing to this little request strengthened my relations with Samuel and he
became increasingly frank with me regarding HSCI.

I believe I accomplished something akin to Czarniawska’s (2007) intentions for a
‘mobile ethnology’, to grasp contemporary organising albeit in the context of studying-up
and being an outside-insider, as I expand upon below.

3.12 Shadowing

When I first conceived of doing partnership research, my motivator was the notion of
bringing actors back in, boundary spanners connecting across organisations. Although I
have shifted theoretically, it always seemed sensible to me that I needed to begin where
the actors were at. In organisational ethnography, Czarniawska (2007) advocates for
shadowing as a technique which can contend with the complexity of managerial and
professional work (2007, 65); and I felt shadowing would conceivably generate insights into
how actors and organisational activities contribute to, or constrain collaborative action.
Although from a sociomaterial perspective, I acknowledge ‘there is a risk of losing sight of
the specific ways in which these actors are already performatively configured to think and

Bearing this in mind, I did start with the managers. However, I needed to work out
which actors, why them and not others? What trade-offs did I have to make and what
would the consequences be? I was steered by advice from Julia to spend time with people
in the HSCI management team, managers employed by the NHS and the Council who were
Associate Directors, General Managers, or Managers of teams. However, I met people who
I thought were on the management team but were not, others who reported to the CO but
never attended management team meetings, and then others who were not sure whether
they were on the team or not. There were also people appointed to particular roles months
after I started, who became part of the management team. I also met managers, and other
officers, who attended the ‘formal’ management team meetings to report on items, but were not part of the team.

Out of this assortment, I identified six individuals (including Julia as CO) who were regular attendees of the weekly ‘informal’ management meeting; a meeting (alternating between HRI and Council) with no set agenda, for managers to discuss any issues or just whinge about what was happening that week. They were responsible for most services within the Scheme, covering primary care, dental health, sexual health, physical disabilities, lifestyle advisory services, adult social care, allied health professionals, learning disabilities and mental health. Of the six, two were employees of the Council, the remainder employees of the NHS, although three were joint appointments being equally accountable to both Council and the NHS.

I began by shadowing Julia over a six-week period, however, this included attending meetings for orientation purposes without her and just hanging out in shared spaces like receptions and cafeterias. In between meetings, I sat at the small table, doing reading and attempting to figure out what next. During this time, I was supported by Julia’s PA, Cate, who gave me access to diaries and various documents to familiarise myself with the context. I had intended to shadow the other five managers for the equivalent of two weeks each. I quickly realised this wasn’t going to be feasible as their diaries were always full, particularly with one-to-one staff supervision. I was excluded from these meetings, as Managers’ felt my presence was inappropriate given confidential issues related to staffing and service users. I did however, get permissions to observe Julia’s ‘one-to-one’s’ with managers reporting to her.

When shadowing managers I experienced an intriguing repeated reaction on their part, whereby they expressed if they were doing deskwork it was not going to be useful for my research. Deskwork seemed to be regarded as too passive and supposedly not interesting, even though it was integral to their daily activities. Notwithstanding their claims, managers described their relish at being able to get back to their desks, having ‘desk-time’, even when their laptops took over ten minutes to ‘sync’ with their organisation’s server. This pause in their flow of sequenced appointments was important to them, but apparently not to me, as demonstrated by the following interaction between two managers I shadowed. Samuel was working on the expression of interest discussed above, and I was sitting at an empty desk next to him. Stuart was sitting directly behind him, their chairs back to back:
He [Samuel] asks if I’m ok with him doing this and I say ‘that’s fine’, to which Stuart leans back over and says “I’d feel guilty if she was shadowing me and I was doing deskwork” to which he quickly pushes back on his chair, turning around to Stuart and says [sarcastically] “it’s not desk work, I’m working on a proposal to develop a transformational blueprint that will solve the problems of unscheduled care across Kintra, Scotland and possibly the world”. Laughing, Stuart says “get her, Samuel that’s what I’ve been directed to do” (April 5, 2016).

Managers appeared to expect I’d only want to be with them when they had meetings. I had to reassure them their deskwork was important to observe, but given their discomfort I would open up my laptop and write up fieldnotes. Unsurprisingly, being closely watched seemed to unnerve them and they often asked if I was alright just sitting there (Czarniawska 2007, 41-2). Perhaps the association with observation as a monitoring activity of managers, watching and noticing how staff perform in an organisation, was ‘too close to the bone.’ A further complication was, all bar one, managers had PAs, and it was these women who monitored my email requests and arranged time in the manager’s diary. This process of engaging with a third person to sort out days when they were not in supervision or doing ‘deskwork’, extended the time taken to make arrangements, and consequently reduced shadowing to five days each and not necessarily in sequence. What resulted was a couple of days with one manager, then other days with another. There were days in between where I took the opportunity to observe formal public meetings or planning meetings, as well as arrange other activity. I was frequently frustrated, especially when managers didn’t get back to me or when they forgot me, leaving me in reception. I felt peripheral to their day-to-day concerns, which in most respects I was. Nevertheless, I was able to piece together shadowing of all six managers I wanted to spend time with.

Despite the hitches, shadowing enabled me to gain understanding of the dynamic flow in a manager’s daily work, even when they were initially uncomfortable with my
The awkwardness dissipated the longer I spent with individual managers, especially when I’d share my own experiences of their respective service types. Travelling by car was a very effective way to build the relationship as it provided time to talk about non-work related matters, like children, pets, music tastes and holidays (Czarniawska 2007, 30). Shadowing six different people apparently from the same team also revealed the ‘multiple realities’ of HSCI in Kintra, and how what was normal for them was (re)produced (Czarniawska 2007, 35).

As I go on to establish, HSCI managers were working the edges in what were conceivably uncomfortable spaces (Sydow, Schüßler, and Müller-Seitz 2015, 21); acting in territories of the interorganisational, where some b/orders were permeable, but contested in the carescape – (re)purposing, (re)inscripting and repairing, to hold together and create collaborative routines.

3.13 Interviews

Although ethnography entails lots of talking with people, I wanted to discuss in a more focused manner, issues I was inquisitive about. Interviews are a staple method in qualitative research and I always anticipated using them. I also had questions (having developed an appreciation of local dynamics) that I knew people were unlikely to discuss in meetings, or in front of others. Travelling in cars provided opportunities for interesting talk, but I also wanted to talk to others I’d not spent much time with, so in the last month I arranged to do interviews.

The data co-created from these interviews amounts to 20 semi-structured face-to-face, one-off in-depth interviews (see Table 2. below). Six of the interviews were with the managers I shadowed, and the remaining 14 were people I invited to participate. I sought these other interviews to gather additional insights from actors who variously occupied roles linked to HSCI, including, project management, administration, planning, analytics, integrated service delivery, finance, discharge planning, public health, and community care. I knew all 14 interviewees, having spent time with them mainly in meetings. They were directly supervised by, or directed to work on activities by, one of the six managers I shadowed, except for two who worked for other organisations. Most of them also worked with others outwith their organisation.
In seeking participation I emailed 16 people I knew were involved in the activities described above and 14 responded. One person did not respond, and the remaining person was either on leave or attending all-day appointments elsewhere and unavailable. Whilst there were others I could have approached, I made the decision that 20 interviews were sufficient to cover the range of issues I wanted to explore. The number 20 isn’t specifically relevant, rather I needed to weigh up who would be potential interviewees given my research questions, and being in a rural area I ran the risk ‘the sample’ would drift towards frontline practitioners and executives/governors, which I wanted to minimise.

I developed an interview topic guide (see Appendix 1) designed to guide the discussion (and aid my memory), informed by both my research questions and puzzles that emerged through fieldwork, but open to other issues depending on the direction of the conversation. At the outset, I asked socio-demographic questions to get a sense of the biography of each interviewee, relationship to the area, their employers, and other actors (if they wanted to divulge this). This information enabled me to learn about each actor’s connections, their professional orientation, and how this might inflect their responses. I then asked questions intended to elicit views on HSCI, understandings of partnership-working, and how interviewees saw themselves in relation to this. I used prompts from the topic guide to shape the discussion and sustain a focus, given the possibility for interesting but overly tangential conversations (which invariably occurred). Most interviews took place in meeting rooms or the cafeteria at HRI or Kintra Council. The interviews felt informal and conversational, given I knew most of the interviewees, and they were aware of my presence over the previous seven months.

When it came to the managers, I wanted to probe more specifically how they enacted collaboration. So inspired by Nicolini’s (2009a) ‘interview to the double’, I included a scenario based on this (see Appendix 1). The technique recognises practitioners can struggle to articulate work (203) and can be used to ‘get (partial) access to the normative and moral texture of the local practice’ (204). The scenario I posed asked them to describe
what they’d say to a clone standing in for them, about how to act collaboratively on a day involving working with others across organisational b/orders.

As I was not ethnomethodological, with managers often hurriedly moving place to place on a daily basis, I thought ‘interview to the double’ might be a way to elicit fine-grained elaborations about the minutiae of actions and relations in collaboration-as-practice. Lamentably, it didn’t produce what I imagined it might. Managers liked the scenario, but they talked in idealised ways about partnership-working, e.g., how important it is to listen. Given their non-circumscribed roles in distributed locations across the carescape, with responsibility across a multiplicity of functions and domains, they struggled to express in micro-detail ways of enacting partnership-working. Two of the managers turned the scenario on its head and told me they’d create clones to enable them to get more work done. A clone could go to all the collaborative meetings and they would do deskwork to catch up on outstanding work – distinguishing collaboration through meetings from work they regarded as obligatory. Needless to say, I was not expecting the responses they came up with and, unfortunately, I didn’t have time to revisit the technique nor adapt it.

Finally, even though ethics in fieldwork is an ongoing negotiated process, given NHS ethics requirements I sought informed consent prior to the start of each interview, which was collected in writing (see Appendix 1). All discussions were digitally recorded for subsequent transcription. I assured those interviewed that all interviews were confidential and anonymised, and each interviewee was invited to give themselves another name. All interviewees were offered a copy of their interview transcript, only three of whom requested a copy.
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Total number of interview hours transcribed – 27 hours, 40 minutes

### 3.14 Following Objects

From a posthuman practice standpoint, when it comes to methods, Sophie Woodward declares that ‘[a]ll methods are material in the sense that people and things
interact in particular contexts to produce knowledge (Woodward 2019, 2). When it came to incorporating ‘things’ ethnographically, it was my observation that integrating surfaced through artefacts like documents, money, tables, and bodies, not to mention spaces like buildings, meeting rooms and open plan offices. I became attuned to objects in their ordinary, taken-for-granted materiality, and ostensible insignificance (Woodward 2019, 12). Little attention was paid to the significance of things that were not neutral in their effects, and yet furnished clues to collaboration-as-practice (Woodward 2019, 15). Attending to artefacts ‘enabled me to develop a better sense of how everyday mundane sociomaterial practices mattered and matter in the conditioning of possibilities for subject and object positions to become (re)produced’ (Hultin 2019, 97).

The same inconspicuousness applied to information technologies. I perceived managers as part of a continuous communications mesh administering action, in which they had to demonstrate immediacy in response to countless and miscellaneous issues that were not without problems of connectivity. Technologies were both central to the aspirations of HSCI, as well as obstructive.

I had vague notions of doing something with documents. What I’d not grasped was the (re)appearance of these ‘missing masses’ and how their relations were entangled in intra- and interorganisational doings. The relatings of objects altered my attention, slowly transforming my analysis into a part ‘ethnography of non-humans’ (Gherardi 2019, 211), (re)figuring documents as core to collaboration, amongst other things. Whilst HSCI had ‘multiple material manifestations’ (Woodward 2019, 16), I did not concentrate for long on other objects, instead I foregrounded documents, prosaic artefacts that in their making and use had numerous effects. While this thesis centres documents, other materials could also be followed and used to explore how interorganising is choreographed through inter-objectivity. For example, b/order permeability was detectable through: rooms, as sites of inclusion and exclusion; magnetic entry tags allowing movement around buildings; and bodies in jointly-appointed positions.

I encountered many interesting everyday artefacts, too many to mention, but one merits a little consideration: tables – invoking the relational, aesthetic and spatial organising of people; and supporting pieces of paper ordering people’s interactions. These objects coalesced in quotidian events, like meetings, occasions where I thought clues to how collaboration-as-practice might be identified and enacted through the ‘particular culture of action’ as the ‘right thing to do’ (Caronia and Mortari 2015, 409-11).
Tables, occupy an essential role in organisational life and the activity of meetings, although not all tables are the same, and the relationship of size and shape of a table to a room can differ, they nonetheless ‘set constraints and create possibilities which work in favour of the genesis of certain meanings and courses of action rather than others’ (Caronia and Mortari 2015, 403). I argue the common representation of partnership as a formal meeting of multi-organisational decision-makers around a table is an insufficient way to understand how actors go about collaboration; nevertheless, tables, provide a material stage for many enactments of interorganising. Meeting spaces filled by large tables, whilst enveloped within the bricks and mortar of singular organisations, are key sites for interorganising action. This and other objectual perceptions provided a means for determining how material arrangements hung together and shaped collaboration-as-practice in Kintra.

3.14.1 Paper Trails

In centring the work of documents for interorganising, following Sarah Ahmed (2007), I start with the assumption they are artefacts, that

\textit{circulate alongside other things ... which in turn shapes the boundaries or edges of organizations [and] ... are what shape or even make organizations. ... The document brings organizations ... into existence. ... So if documents help to create organizations, their work does not stop there: we can also analyse what documents do within organizations, considering where they do (or do not) go, and how they do (or do not) get taken up} (591).

Throughout fieldwork, I picked up many documents. Most of the paper documents were supplied to me by managers, Cate, or the HSCI Programme Manager. A project administrator gave me access to Kintra Council’s SharePoint, where I could read and download any document in the HSCI programme. The majority of the over 500 documents (in electronic and hard copy form) were papers related to meetings, e.g. minutes, agendas, action trackers, reports. This doesn’t include emails, texts, calendars and website materials I also obtained. As artefacts of organising, I hoped to make sense of their doings in relation to HSCI, although a number of documents were intra-organisational and there was no identifiable link to HSCI.

I read a number of documents as part of familiarising myself with how HSCI was being discursively framed, but no content analysis or discourse analysis was undertaken.
My intention was to understand the life of documents and the particular ways they worked in relation to implementing HSCI, as objects of mediation (Sedláčko 2018); and, in their assemblages the work of ordering, b/ordering and constituting realities.

Documents created as local productions were often in response to other documents, in particular, legislation, regulations and guidance. At the time, this amounted to 21 national documents in response to which eight formal Kintra HSCI documents were created. By formal, I am referring to documents containing graphic signs which adhere to particular conventions associated with templates and in-built default styles, with logos prominently placed at the top, all of which enable the reader to discern its purpose. These documents can be grouped into genres (Hull 2016, 14-5).

There were also administrative and procedural documents accompanying public documents, made visible when a document is officially authorised, e.g., agendas and covering papers.

My intention was to find a specific document I could follow from inception to approval and the response to it – a yet-to-be document enacted by the Act. My fieldwork timing meant my intentions were ‘out of sync’ in terms of the temporal requirements surrounding the IJB’s inception. The documents I thought might be candidates for following were close to completion, or delayed in starting.

There were documents I didn’t see, but were discussed as significant in shaping action, including email correspondence from Scottish Government Health Directorate officials, and reports from internal auditors. I was able to observe the public approval of one document inducing the creation of another, a curious affair which had incongruous effects. Chapters 5, 6 and 7 address in detail the story of this odd document, the commissioning plan, how I traced it’s becoming and its role in the making of Kintra HSCI.
3.15 How it Ended

It feels a wee bit like leaving a job but one I wasn’t too established in. I felt I was able to build good rapport with people, although I didn’t get very close and did no socialising outside work hours - keeping it professional! Do I think I’ve delved deep enough or uncovered anything much? I’m not sure, my brain is overwhelmed with lots of stuff about what this whole thing is about? I’m also a tad intimidated by the amount of data. … On a cognitive level I knew I’d be in a wonderful position of having lots of data, nevertheless it feels daunting knowing what’s ahead in terms of analysis and engaging with the messiness of the next phase. I love the hanging out, talking and interviewing, it feels comfortable, like it fits who I am as a person, my disposition. The next solitary stage will test me. …. I’ll hand back my visitors pass today, at a point when I wander around Council as though I work there, and people recognise me and say hi. I’m still left with doubts. Is it good enough, substantive enough? At least I feel like the experience has been positive, although I do envy Anthropology student’s long-term fieldwork immersion. I’ll miss my bus and train trips, as I love the beauty of the area and it’s been good to be out of a totally urban setting. It brought back lots of memories of what I loved about living in north-east Victoria, although the not so good things also re-emerge, like everyone knowing you and your ‘business’ (June 22, 2016).

The day of departure was a day which bought home to me my irrelevance, it was a non-event, well a non-event for everyone else. So although it was a day of mixed emotions, they were more about me and what I was going to do next. I didn’t feel I needed to go around and say goodbye. I did a number of interviews and attended one last informal managers meeting where a man was present I hadn’t met before. I found out from Annie, he was acting as interim for Joanna in Adult Social Care. Only one of the managers I had shadowed was there. The group did not feel the same. The daily flow of organisings was moving on. I didn’t feel especially close to anyone. I hadn’t made friends as others might in fieldwork. As I said goodbye to Chrissie, she mentioned Stuart had announced he was leaving to move to a managerial position in another NHS territorial board. I was taken aback but I didn’t want to hold anyone up, so I said to Chrissie to pass on my thanks to everyone. I went downstairs to reception, handed back my visitors pass and walked out to catch the next bus to Edinburgh.

Since then I’ve had limited contact with a couple of individuals, although I contacted those who wanted a copy of their transcripts to see if they still wanted it. I had coffee a couple of times with Chrissie and Cate. They, like a few others, left NHS Kintra or Kintra
Council. From their comments it appeared HSCI in Kintra continued to be a troubled undertaking.

![Image](image1.jpg)

**Figure 16. Beginning - During- Ending Fieldwork.**

### 3.16 Sewing My Analytical Seams – Thinking With Data and Theory

... promiscuously plucking out fibers in clotted and dense events and practices, I try to follow the threads where they lead in order to track them and find their tangles and patterns crucial for staying with the trouble in real and particular places and times (Haraway 2016, 3).

After fieldwork, I set about the labour intensive effort of typing up fieldnotes and transcribing 20 interviews. My voice recorder converts into a USB, so I uploaded the digital interview recordings with ease onto my laptop. Transcribing interviews myself, I thought I’d use Dragon Speech Recognition software to help speed up the process. I can touch type, but thought it wouldn’t hurt to use this kind of technology to reduce the labour involved. You can calibrate the software so it adapts to your voice, but unfortunately, unless the interviewee had an English accent it failed to adapt to Scottish accents. I had to double check all the electronically transcribed files and do the Scottish interviewees without Dragon. So much for a labour-saving device, it took over 100 hours to transcribe, made all the harder given the interview spaces. Workplace lunch rooms and the hospital cafeteria were poor choices in terms of the wide-ranging sounds the excellent microphone on my voice recorder picked up. Yet regardless of the snags, transcribing was beneficial.

When interviewing I make notes, but in transcribing I picked up other insights I hadn’t noticed during the interviews. As I was typing the interviews were being transformed into another form – a textual, analogue version of a conversation – but I was processing data in parallel, having gained temporal and geographic distance from fieldwork. After completing transcribing, I uploaded the fieldnotes, jottings, drawings, photographs and documents into NVivo 11 qualitative data analysis software. This was not as intensive as transcribing, but I had to familiarise myself with NVivo, take photographs of all the paper documents, and convert them to pdfs.
I was then ready to do the analysis ‘bit’, not really appreciating how much I’d analysed from the beginning of fieldwork. I was still overwhelmed by how much data I had, compounded by not really knowing where to begin, an experience Cerwonka and Malkki (2007) describe as creating ‘a sense of vertigo’ (80). I started my analysis steered by Alan Bryman’s four stages of coding to elicit themes, incorporating reading, memoing, annotating the texts, and then creating codes to aid interpreting and theorising (2016, 581). The result was a 44-page summary of data derived from over 400 hundred pages of fieldwork notes, the transcribed interviews, photographs taken, and documents collected. This summary provided the basis for a coding structure that generated 106 codes.

<table>
<thead>
<tr>
<th>No.</th>
<th>Theme/Category</th>
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<tr>
<td>1</td>
<td>Actors</td>
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<td>1.1</td>
<td>Actors Roles</td>
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<td>1.2</td>
<td>Team</td>
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<td>2</td>
<td>Collaboration</td>
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<td>2.1</td>
<td>Meanings</td>
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<td>2.2</td>
<td>Integration</td>
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<td>2.3</td>
<td>Boundaries</td>
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<tr>
<td>3</td>
<td>Practices – Relational</td>
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<tr>
<td>3.1</td>
<td>Communicative</td>
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<tr>
<td>3.2</td>
<td>Embodied</td>
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<td>3.3</td>
<td>Discursive</td>
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<td>3.4</td>
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<td>3.6</td>
<td>Temporal</td>
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<td>3.7</td>
<td>Emotional</td>
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<td>3.8</td>
<td>Managerial</td>
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<td>3.10</td>
<td>Resistance</td>
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<td>3.11</td>
<td>Improvisational</td>
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<td>3.12</td>
<td>Performative</td>
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<td>4</td>
<td>Scottish</td>
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<td>4.1</td>
<td>Government</td>
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<td>4.2</td>
<td>National Bodies</td>
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<td>4.3</td>
<td>Policy/Legislation/Regulation</td>
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<tr>
<td>4.4</td>
<td>Demography</td>
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<tr>
<td>5</td>
<td>Health &amp; Social Care</td>
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<td>5.1</td>
<td>Local</td>
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<td>5.2</td>
<td>History</td>
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<td>5.3</td>
<td>Context</td>
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<tr>
<td>5.4</td>
<td>NHS</td>
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<tr>
<td>5.5</td>
<td>Council</td>
</tr>
<tr>
<td>6</td>
<td>Repository/Other</td>
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</tbody>
</table>

Even though I coded all the interviews and fieldnotes, I found coding limited my analysis (Coleman and Ringrose 2013, 168-70). It felt unbearable given the volume of data,
as I found myself with an unwieldy number of sub-codes and struggled to derive anything meaningful. Hopwood (2018) confessed to this type of impasse, asking:

*How do you analyse qualitative data? You code it, right? Not always. And even if you do, chances are coding has only taken you a few steps in the long journey to your most important analytical insights. ... I’m not dismissing coding altogether. ... But there are times when coding doesn’t work, or when it doesn’t make sense to code at all (1).*

He asserts ‘we can feel compelled into ‘technique-led’ analysis, avoiding anything that might feel ‘dodgy’. [Being cautious with what] brings us into the deliciously messy and murky realms where standard techniques might go out of the window’ (Hopwood 2018, 1). So I proceeded with an ongoing ‘soaking and poking’ (Fenno 1978) through immersion, extracting data using key word searches and coding overlaps, mapping themes in PowerPoint, as well as doing drawings and playing with absurd story lines on a whiteboard to explore associations, all of which generated my analysis. My analytical and theoretical work ‘of revisiting and defamiliarizing [the data, was my attempt to] maximize the possibilities of abduction’ (Timmermans and Tavory 2012, 177).

![Figure 17. Whiteboard analytical musings.](image-url)
Sometimes it was small clue, a photo of an object or a line in a fieldnote from a meeting, that led to a new route to search - ‘chance bits, like object trouves’ (Cerwonka and Malkki 2007, 76). It was slow and demanding at times. I frequently felt stuck, a continuance of inertia from fieldwork, but this time embodied in me. Tony Watson (2012) suggests learning in (and out) of the field is uneven ... and rests more on a logic of discovery and happenstance than a logic of verification and plan. ... The unbearable slowness of ethnography – from 'getting in' to 'getting out' to 'writing it up' – is an enduring feature of the work (222).

It felt like incessant spiralling of ‘revisiting the data [whereby] additional questions emerge, new connections are unearthed, and more complex formulations develop’ (Berkowitz 1997, 4-2). Or, what Cerwonka and Malkki describe as ‘back and forth! – not a matter of the gradual accumulation of “data” into a stable structure but of moments of puzzlement and sudden realization, of making and unmaking’ (2007, 175).

This analysis differs from grounded theory approaches and whether a researcher can bracket, or suspend theoretical dispositions prior to undertaking research. Prachi Srivastava and Nick Hopwood (2009) point out in qualitative analysis, patterns, themes, and categories do not emerge on their own. They are driven by what the inquirer wants to know and how the inquirer interprets what the data are telling her or him according to subscribed theoretical frameworks,
subjective perspectives, ontological and epistemological positions, and intuitive field understandings (77).

The process of ethnographic writing itself, also shaped my interpretations. I found in continual revisiting of data through the ethnographic phases of fieldwork, deskwork and headwork (Watson 2012), an interpreting, objectifying, and textualising emerged in the writing (Mosse 2006). I eventually applied Srivastava and Hopwood’s (2009) practical framework, devised to engage with the data analysis process. This framework has three key questions;

Q1: What are the data telling me? (Explicitly engaging with theoretical, subjective, ontological, epistemological, and field understandings)
Q2: What is it I want to know? (According to research objectives, questions, and theoretical points of interest)
Q3: What is the dialectical relationship between what the data are telling me and what I want to know? (Refining the focus and linking back to research questions) (Srivastava and Hopwood 2009, 78)

I used these questions to navigate through what the data exposed about the actors, objects, organisings and interorganisings in Kintra. My analysis is partial, but exposes interorganising practices in plain sight, so mundane as to fade away and consequently their role in holding HSCI together was ignored.

3.17 Limitations

The thing entire is beyond the reach of any single ethnographic study. But the goal of our explanations, ... is “not to give a ‘complete’ account ... but to get the main connections right.” (Desmond 2014, 559).

My research, as described was time-bound, contingent, and filled with limitations. Given this, it shouldn’t be judged by conventional measures of generalisability, or inferences made about whether what was happening in Kintra was common across IJBs in Scotland. On the other hand, theoretical generalisations, the propositions emerging from my data analysis, maybe of wider applicability and contribute to theories of practice in public sector interorganising. It is important nevertheless, to establish what the limitations are, and the trustworthiness of my research. The key issues I think warrant noting are the length of fieldwork, consideration of the methods used, and the field as a bounded object.
Firstly, I speculated whether longer fieldwork would have enhanced my data generation. From a temporal perspective, I didn’t extend fieldwork over the summer. This may have yielded insights into work that takes place when regularly scheduled meetings have a recess. Pachirat recommends, ‘[p]ersuasive ethnographies tell their readers not only how the fieldsite was defined, but also about the date, time and duration of the researcher’s access and how this might matter to the researcher’s interpretations’ (2017, 89). I made the decision to exit at the beginning of the summer holidays as I knew I had lots of data. I also sensed my presence was becoming burdensome. People were very gracious in making time and resources available to me, transporting me from place to place, however, there were increasing pressures on managers and practitioners, and stresses of reducing budgets. Not having a useful role meant I was getting in the way, and ethically I was mindful of not adding to their daily work stresses.

I’ve outlined the methods used during fieldwork and the extent of contingency and improvisation. I could have tried other methods. I seriously considered using diaries as a means for those I shadowed to generate their own data, or as additional information about work patterns. But I was aware of demands on manager’s time and their work diaries were created by their PA’s, so this was not feasible. I could’ve also negotiated improved access to the digital relations entailed in emails, mobile texts and messaging apps; so there are gaps, as I was unable to see managers’ digital communications with each other, or anyone else for that matter. Thus, following was sometimes more difficult than generally accounted for in methodological texts, especially when I lost sight of performances, given it was impossible to be at the right place at the right time when there were simultaneous sites of action.

However, what was feasible is that I could have shadowed others like the CFO, the Strategic Planning Director, the Project Administrator, or follow other artefacts, e.g. the new procedure for accounting for aids and equipment, or the renegotiation of the partnership agreement for mental health services integration.

One dimension of my research that would’ve benefited from more analysis, were the practices associated with meetings. As an inescapable phenomenon of organisational life, meetings are not just containers, they are implicated in the circulation, making and ordering of organising where ideas, documents, power, resistance/acceptance and decision-making circulates, performs and transforms action. I generated a large amount of data on meetings and although I do not diminish their significance, I examined instead how
documents (as material elements shared in overlapping practices) flowed through meetings.

Another aspect worth considering is embodiment, given we can easily overlook how knowledge is embodied, something critical to intimate care in interprofessional practices (Bratteteig and Eide 2017; Cleeve 2020a; Gherardi 2017). The implication of not including other lines of analysis is an absence and weakness that I concede.

It is clear my constituting the field was not an exercise in obtaining a totalising, ‘god’s eye’ view of how HSCI was being collaboratively enacted in Kintra. The scale of HSCI as a reform project is vast and it was not physically possible, nor appropriate to even attempt an overly ambitious examination of HSCI for doctoral research. Whilst I gained access into very interesting meetings and had intriguing discussions, I could not be everywhere, especially without a car, or even expect to get an ‘in the round’ picture of everything that was going on. I had mixed feelings about this, on the one hand, I was grateful for ‘getting in’, but dissatisfied about not getting into certain activities, like Executive Management Team meetings. While there are other quality and creative ways of researching HSCI, as an ethnographic beginner, I made pragmatic decisions and I accomplished ample research, which I hope will be insightful.

Raymond Madden claims that in terms of quality what ‘ethnography needs to work towards is: i) validity, reliability and veracity built upon the construction of thoughtful and appropriate methodologies; ii) the systematic gathering of data; iii) the systematic interrogation of that data; and iv) the thoughtful, indeed artful, presentation of the material as an ethnographic story’ (2010, 25). When it comes to these criteria, I believe I was:

• Transparent with regards to my qualifications and position as a doctoral researcher, the research purpose and approach, with actors I encountered. I obtained consent throughout fieldwork.
• As participants began to overlook my presence, I endeavoured to remain apparent in my role and attuned to how my presence might affect the actions of those I spent time with.
• To that end, I acknowledge my influence on the data generated, whilst rigorous, was co-produced. It was also various, in that I used an assortment of methods and data sources to provide breadth and depth.
Throughout the research process all data was handled ethically, with confidentiality and anonymity in mind. Digital recordings of interviews were transcribed to include expressive noises and colloquial speech (e.g. um, er, Scottish pronunciation), pauses and other noises (e.g. laughing, vacuuming in the background). I checked transcripts for accuracy against the audio recording. The data generated (e.g., digital audio recordings, transcripts, printed documents and field notes) have been stored securely, with digital data on a password protected personal computer. To enable the organisation and analysis of the dataset, digital files were uploaded to an NVivo 11 database with data security measures, all of which are backed-up in a data-store on an encrypted university server.

I’ve shared my analysis as it has progressed in several fora, including doctoral workshops, conference development paper sessions, contributed to a book chapter on practice-based research and provided advice to academic colleagues from the University of Eastern Finland. I have spoken with practitioners and other actors, involved in HSCI, e.g., I was asked to speak to staff in Audit Scotland prior to commencement of the second scheduled progress report on HSCI implementation. I also keep up-to-date with research, policy and media reports on HSCI in Scotland and the rest of the U.K.

There is a gap in relation to quality in what is referred to member validation. Although I wanted to return to Kintra to discuss my analysis with those involved, to ensure my representations were fair, the resignation of the CO as the gatekeeper and resignations of three other managers I shadowed, within one year of finishing fieldwork, made this difficult. I met with other interlocutors who told me about resignations, redundancies and retirements of a number of those I spent time with. This quick turnover in people, whilst not unexpected during a time of public sector retraction was nonetheless surprising, and as a consequence I’ve not discussed my findings in the way I anticipated.

Whether the findings of my research are relevant and transferable outwith the study remains to be seen. I have not yet been in the position to disseminate my findings to wider academic, policy or practitioner audiences.

3.18 Gathering it Up

Ethnography ... is a messy, fuzzy, tough and accident-prone line of business .... We have to stick around and listen, observe and participate, one awkward step at a time. ... Ethnography is research on the slow boil – something that’s
getting harder to justify at a time when our public debate increasingly favours the quick flash in the pan (Andersson 2015).

When I look back on what I accomplished, trying out an approach that was novel to me, but one I wanted to ‘have a go’ at, the wholly inadequate word that comes to mind is privileged. In one meaning of the word, as the opportunity to do something special, I felt privileged to get ‘in’ given access to public sector organisations can be convoluted, and that managers in Kintra let me spend time with them. But I was also privileged in another sense of the word, I had advantages accrued linked to my career connections, being part of ‘the network’. However, I certainly do not take this for granted. It was not an easy methodological choice and there were times when I wondered what on earth I was doing. I was perpetually worried I was not generating appropriate data because I was ‘too close’ to HSCI. I’m also aware my text-work is not so linear and neat. I’ve been consumed by moments of doubt and obsessed with things that don’t work, but I genuinely hope this research has been able to shine a light on the unspoken, unseen, unasked and intangible. In my getting lost and fermenting in my data, I tried to ‘slow the quick jump to representational thinking and evaluative critique long enough to find ways of approaching the complex and uncertain objects that fascinate because they literally hit us or exert a pull on us’ (Stewart 2007, 4). Even so, it felt like it was an approach to research I developed affinity with. It made sense to me the questions I had might not be sufficiently explored by other research designs. Someone could undoubtedly challenge this position, nevertheless, I’m personally convinced about ethnography’s merits. I was, and remain, animated by the possibilities of exploring the conceptual puzzle of collaboration-as-practice and ethnography’s capacity to offer close, intense depictions of the conditions of everyday doings. My feelings resonate with Cerwonka and Malkki’s point that,

wanting to know, or doing ethnographic research is also about answering questions that engage us. And those questions are often deeply personal, as well as theoretical. Therefore, our engagement in fieldwork is often a combination of credentialing ourselves, intellectual journey, personal commitment, and improvised encounter (2007, 95).

The analysis outlined in the following chapters make ‘no presumption of closure, [they are] only successive provisional resting points along the way where [I lay] out thoughts for further dialogic probing’ (Scott 2017, 16). In both exposures of the ‘wrong sides’ of my makings of ethnography and the makings of HSCI in Kintra, I hope to show how,
through ethnography, entities are continually made, remade or transformed through reciprocal relations, exposing the world and all its constitutive entities as hybrids, emergent through ‘imperfect stitching’ (Davies and Riach 2018, 4).

So now let’s take a trip to Kintra, and learn a bit more about the people, programmes, and places that were implementing HSCI.
Chapter 4. Tweeling the Maud

A multi-sited ethnography can be understood as taking place ‘there, there and there’ (Hannerz 2003), a somewhere with connections to somewhere else (Marcus 2013). How then do I convey this in a way that does not reduce the multiple ‘there’s’ as simply a backcloth, inconsequential stage sets bearing no relation to the phenomenon being explored? This chapter sketches the circumstances within which fieldwork was constituted, a mesh of practices simultaneously enacted across multiple sites, within the part of Scotland I’ve called Kintra. The purpose of this chapter is to depict the knotted people, places and objects I encountered. It situates my research with imbricated descriptions of sites of action – a con-text-ure interspersed with vignettes of the managers I shadowed. Recognising the risk of rendering the settings static, I want to convey processuality, with the multiplicity of interconnections across configurations of care that manifest in Kintra – it’s trans-situatedness (Nicolini and Monteiro 2016, 13).

4.1 Trans-situatedness

One of the challenges in representing situated organisings, is the limitations of the English language inscribing actions and processes as nouns. English in everyday use tends to entify, creating the impression of permanence (Czarniawska 2013, 14-5). I will outline particular features of organisings and interorganisings, and the location of the research, so nouns as they occur in day-to-day talk will be used.

Additionally, it is important to realise that carescapes are embedded in wider public service constellations, e.g., local authority responsibilities for education, or the work of Fire and Emergency. As infrastructures, they shape the organising of work; the scripts governing the possibilities of alternative ways of working; future ways of problem solving; the reform of extant arrangements; and plans for further transformation (Ciborra 2002, 69-70).

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20 ‘Tweeling’ is the Scottish word for twilling, the weaving associated with tweed (Dictionary of the Scots Language). ‘Maud’ refers to checked plaid, the traditional garb of shepherds from the South of Scotland (Dictionary of the Scots Language, accessed 4/1/2021).
21 “Con, from the Latin “with,” a milieu. Text and texture, like a haptic inscription or entangled epistemology. Etymologically, context means weaving together; ... [attuning] to the ordinary to notice what is at stake: to capture scenes of emergence, to reckon with contours and limits (of ... experience, the possible, the knowable, the sensible, and the otherwise)” (con-text-ure, accessed 18/10/2019).
22 To protect manager’s anonymity, these vignettes are creatively modified representations.
The setting for my inquiry is centred on the workings of health services and social care services. I focus specifically on post-2014 mandated interorganising between NHS territorial boards and Local Governments, as a principal intervention addressing matters of care (Scottish Parliament, 2013), specifically, localised implementation of the Act. The emphasis in this (re)ordering emerges through overlapping and coupled ties with national organising, manifest in the effects of the Act’s encounters with the routines of organising in Kintra Council and NHS Kintra.

How then to describe entangled interorganisational actions that materialise within and between stabilised organisings, as local enactments of national actions? Where historical assemblages were not just backdrops to scenes of action, but critical to the accomplishments associated with HSCI. What follows could be regarded as a poorly constructed zoetrope\(^{23}\), whereby a series of images are spaced in a way that animation - the processual - is impossible to achieve in the written form.

One way to approach this is to consider entry points, connections with actors and Kintra. In my case, this came via actors I knew from a then Scottish Government unit in Edinburgh. The manager of this unit linked me to a person who became the gatekeeper, Julia the CO, and it was through her I got entrée. Her authorisation gave me to access to Kintra HSCP and the specific spaces where I was able to establish links with the managers involved. These actors had access to other spaces and people, all of which aided my construction of the situatedness of HSCI in Kintra.

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### Julia

Julia was a quietly spoken woman in her late 50s, with a slightly shy manner. She’d had a lengthy career as an NHS manager, over 34 years, from Birmingham to Kintra. She worked in primary care prior to becoming Chief Officer in July 2014. Her desk was located at Council in the Corporate Management Area on the first floor. She was smaller than I imagined (although I am not sure why I had any height expectations), and always wore plain but smart dresses, or skirts and blouses. She was never ‘suited’ in the manner I’ve observed of other women in senior management positions. Her bob haircut made her look slightly old-fashioned, as though the style of her professional ‘uniform’ was fixed in the early nineties. She initially struck me as a serious person, but her dry sense of humour became apparent with occasional funny asides in meetings, such as, the ‘money coming reminds me of the movie ‘Brig a Doon’ with Gene Kelly and Syd Cerise and when things disappear and re-

\(^{23}\) A Zoetrope is a wheel-like drum mechanism with slits cut in the sides, producing the illusion of movement using a rapid succession of static pictures (www.oed.com, accessed 11/12/19).
Her manner was warm and self-deprecating. I found her considerate, patient and she listened intently as people spoke. I did not see her get very angry or loud, but when frustrated she would mutter under her breath or just sigh. Julia spoke knowledgeably about integration and passionately about the importance of care in the community. I noticed in meetings she didn’t talk a lot, but she’d speak to me on a one-to-one basis, detailing her concerns, reactions to daily events, and ambitions for HSCI. I watched her struggle with the lack of I.T. connectivity between Council and NHS, and at times she appeared unsure about what meeting she was going to, its agenda, or even where upcoming meetings were.

4.2 ‘The map is not the thing mapped.’

My first encounter with the territory for my ethnography was a brief visit four months before starting. Julia invited me to discuss my research at an informal managers meeting at Council offices. Obviously, what struck me first in terms of ‘the field’ did not remain the same over the course of fieldwork. My impressions adjusted during the time I was there. There were shifting levels of granularity, commencing in a very sensory way, which got more delimited. I noticed shapes and colours of the natural and built environment, spaces, sounds and smells at the beginning. After a while these faded, as I focussed on particular people and things in specific spaces, even though I appreciate the sensory was part of the data created by my sensemaking about the field. These sensations switched back on occasionally when I noticed changes, e.g., seasonal shifts or visiting buildings I’d never been in, when material features would again grab my attention.

For most organisations, you can find profiles or contextual summaries, in strategic or business plans. When I searched online for information about HSCI, I found wide-ranging social, economic and geographic details that compose Kintra. In amongst the representations of ‘facts’, I found out Kintra was a large rural area with a population over 100,000, 30% percent of whom were aged over 60. As a point of comparison, the life expectancy for women was 82.5 years compared to 81.1 years across Scotland, depicting the ageing of people. Parts of Kintra are sparsely populated, with close to 50% living in a rural area. The ethnicity of the area was described as 80% White-Scottish. In 2014-15, nearly £630,000,000 was spent on public services, 53% of that was on Kintra Council, and 37% was on NHS Kintra (Kintra Strategic Assessment 2016). These enumerated particulars, however, were limited in the work they could do. They served other purposes that were

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24 Eric Temple Bell’s epigram, in Numerology, Williams & Wilkins, 1933.
inadequate when trying to convey a sense of place ethnographically. So how would I describe Kintra, well the place I first ventured into?

Given where Council headquarters are, I caught the bus, giving me over an hour and a half to deal with my nerves, and rehearse how I was going to ‘sell’ the research, and engage them with the idea of my ‘hanging out’ on a daily basis. I distracted my overthinking by gazing at the countryside, the greenery and hills. I found myself experiencing a mix of awe given the beauty of the countryside, as well as frustration with the bus being stuck behind a tractor laden with hay, and having limited Wi-Fi connection. I wasn’t familiar with this route, and had never been to Dorchmuir before. By the time I arrived I was feeling nauseous from the twisty roads. As the bus came off the highway into the town, I noticed the red brick housing and the hanging flower basket arrangements dispersed along the road. After getting off, I found myself looking up to a saltire fluttering in the breeze above a large, grey concrete building, with an odd tall tower which reminded me of a fire station tower, where they hang long hoses to dry. I headed into a strange pastiche of a brutalist building, with an eighties extension that had a glass brick interior and exposed white metal railings, which looked out of place from the surrounding town. The main building also contrasted with the block of ugly, mission brown brick, freezing public toilets that stood out the front. They had no lighting, and were spray-painted a bizarre metallic silver on the inside; and, I had the misfortune to need when I got off the bus (August 11, 2016).

The visual assault by greenery and my response to the countryside remained a common theme in my fieldnotes, as I recorded aspects of geography and weather. I felt I was acknowledging being away from urban centres of governance and policy. I travelled
each day from the capital, to a place where the work of national laws and policies were being translated; not just any policy, but particular legislation that was attempting to realise a longstanding ambition of the Scottish Government.

Cold and still, with vitamin D streaming through the bus windows passing sodden muddy fields - hazy rolling hills go off into the distance. Beauty visible as the dreich conditions dissipate for who knows how long. It's a long windy journey marking a separation of the urban from the country, from density to spread. Despite the distance, the separation from the capital, the centripetal forces of performance pull effort towards the centre, as people dance to the demands of an acute systems orientation that feels as though it's reaching breaking point, as resources are stretched threadbare but appearances must be maintained. The semblance of control and authoritative interventions pervades the everyday workings of those responding. The weather wreaks havoc in this wee corner of Scotland. Even though it's a place of wonder, the becalmed respite of this day belies the turmoil that is being suppressed and managed by those expected to manage. The contrast of the rural idyll with the messiness of service systems stretched to the max is remarkable. Those who make up the response continue striving in their efforts, although I sometimes wonder who for, as I observe the push-pull of a multiplicity of expectations. The blether about ever reducing money is woven through conversations, but still they rail against the discourse of austerity. Perhaps the angry weather is a portent of things to come, as the sacred cows of the welfare state fall apart for its children, whose lives long-lived, lean on it in the only way they know how (February 3, 2017).

While I cringe at my creative prose, an early musing about what I thought was happening with HSCI, this jotting was also an attempt to capture a sense of distance. I got to Kintra via public transport, but with services positioned across the area, I organised to be picked up or dropped off, by managers or others. These multiple sites of service delivery reflected a ‘tenet’ of the area that might be conceptualised as ‘town-centric’, or what I was told was parochialism.

Stuart talked about the cultural differences between towns, such as, Strathmuirit and Gowka’irt, and the apocryphal stories about people not travelling outside their communities. He distinguished between organisational memory and community memory, the length of which, as a manager, was important to understand. He stated in relation to future organising of service...
delivery, there was a short space between change as a result of localities, identifying with a place, and not going native in relation to parochialism. He also talked about staff not wanting to travel and worried about the effect of this attitude on his staff in the acute setting, as he had strong views about wanting professionals to be located in community settings (January 12, 2017).

Robert, a Council service planner like others who’d lived in Edinburgh, also reflected that part of the uniqueness of Kintra was,

a kind of ... I’m not going to say inward, but parochial view of, you know, everything should be in my town. ... people are proud of their towns, and don’t really want to see anything delivered outwith of it. I mention that because that’s always a challenge, in my line of work, when you’re talkin about changes, and service delivery (Robert, June 22, 2016).

The foregrounding of towns revealed the active way in which localities’ weighty histories were ‘scrim’25 to service delivery. Towns mattered and balancing demands from people in specific communities, with requirements to spread resources equitably across Kintra, was an enduring, thorny dilemma for managers.

Despite being ‘teuchtar-land’ (according to Cate, Julia’s P.A.), cut off via topographic barriers, there were still connections beyond Kintra with other councils, NHS territorial boards and national boards, national peak agencies, and the Scottish Government. These connections were sustained by technological territories of affiliative objects (Gherardi 2012b, 82-7) including, legislation, guidance, policies, plans, emails, websites, databases and people. Geographic distance between the area and Edinburgh as the home of the Scottish Government, was regarded as a good thing. I was told Kintra wouldn’t attract the Government’s attention as much as closer organisations, and therefore they could do their own thing.

The scattered settlements influenced the actions of managers as they worked on HSCI plans. The spread of the workforce of both organisations across the various communities also impacted on how manager’s managed and how they worked with other organisations, with a car being an essential tool. The weather also had a direct impact, as Kintra is prone to flooding and snow, often randomly. There may be severe flooding in one

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25 Scrim is a fabric made from cotton, jute, or linen used with upholstery, bookbinding, theatre, etc., as lining or for reinforcing something (www.oed.com, accessed 12/01/2021).
town, but nothing in another. During winter managers were often required to put emergency measures in place.

**Stuart**
I met Stuart when I first visited Kintra and he provided a short cut for my NHS ethics application, with his connection to the officer who processed them. Stuart was middle-aged, chatty, with a casual appearance and a liking for boots. He enjoyed the occasional cigarette (albeit very discretely), something I found intriguing for an NHS employee. He came across as reflective, someone who had a sense of history. His demeanour was informal and engaging. A Kintra local, who had over 25 year’s experience, having also worked in Kintra Council, and the voluntary sector. He had worked for 20 years with NHS Kintra in various roles. Stuart was the only manager who could recall much earlier attempts at HSCI, specifically, Joint Future (policy from the early 2000s). He expressed a fondness for ideas from organisational development and leadership literature, and tended to use metaphors in the way he spoke. I got the impression he knew many people, as I observed him greeting staff and members of the public in hospital corridors, and was always asking after people, checking how they were. He described juggling the managerial, the professional, and the issues for service users as a challenge. I thought he was someone who could think about issues across organisations, from matters of frontline care interventions through to the implications of national policy. He also presented as an optimist and framed things in a positive way when talking to team leaders, or other staff.

4.3 National Policy Nexus

My fieldwork transpired during the formalising of what the Act calls the ‘Integration Authority’ (IA) (Scottish Parliament 2014b). The various injunctions of the Act formed the backend of a series of national policy prescriptions and a sequence of additional national funding (Taylor 2015, 4-5). Notwithstanding some improvements, these cumulative efforts were regarded as insufficient (Taylor 2015, 4-5). As highlighted, the Christie Commission recommended enhanced integration of HSC services. In February 2014, the Scottish Parliament unanimously passed primary legislation that mandated HSCI would address:

- Inconsistencies in the quality of care and support provided for people and their carers;
- People being delayed in hospital when they have been deemed ready for discharge by clinicians; and,
- Lack of available services to support people to safely stay at home leading to undesirable and avoidable hospital admissions (Scottish Government 2012, 12).

So how was I able to ‘see’ the effects of this national policy undertaking bought into being at ‘a particular moment in time, space, and history’ (Nicolini and Monteiro 2016, 5), and what was revealed? In my anxiety about not missing anything, I had written in early fieldnotes - traces in a ‘frontstage’ and ‘backstage’ account - how emergent action was
trans-situated. HSCI, as a distributed doing, was taking place simultaneously over a vast action net (Czarniawska 2004), comprising actors and artefacts across Scotland; but I’d begun to detect traces of how it was locally unfolding in Kintra (Nicolini and Monteiro 2016, 13).

Julia returned from an NHS executive meeting to pick me up. We were going to a consultation on the second draft of the Kintra HSCP Strategic Plan, a document and a process that was a requirement of the Act. This specific event was the last, after many months of consultation, at Kintra College in Strathmuirit with students studying to become care workers. I walked with Julia to her car, and as it was day one I felt it was a good time to have a casual chat. As Chief Officer she had a parking space, although someone else had taken it, so she’d parked in someone else’s spot. She remarked to me that she’d never had this before and thought it was reflective of hierarchy at Kintra Council. On the way, Julia described getting to know the area, as she actually lived in central Scotland and rented a flat in Yellaeburgh, returning home on the weekends. She also spoke about getting to know the various, dispersed towns. The trip to the College took 20 minutes, as Julia was ably assisted by a GPS. When we arrived I was introduced to Kirstie, the partnership’s communications officer, who helped with development of publications and events, so everything was set up and ready to go. She was handing out the draft plan from a box at the front. The lecture theatre filled with students from three courses, plus lecturers. I noticed there were very few men, which I felt reflected the gendered dimensions of the care workforce.

Julia was doing the presentation and started with her own career in the NHS. She described her passion for care in the community and explained she started as Chief Officer in 2015. She briefly outlined information about the legislation before moving onto specifics about Kintra, its smaller population size compared to places like Glasgow, and explained the budget was approximately £130 million. Julia said HSCI was the biggest change since 1948 (the NHS founding). She highlighted the new logo developed as part of creating a new identity, symbolising HSCP as part of other organisations, but distinct. She indicated there were already integrated teams in learning disability and mental health, and went on to share local history of some things being partially joined-up, but not others, and how this was dependent on personalities. She spoke about her own personal experiences with her mother’s care situation and what she’d like to see happening for her. She then moved to discussing local cross-party support for the new arrangements, asserting that the HSCP was not just about the NHS and Council, but inclusive of the voluntary and independent sectors, and also about partnership with professions and clinicians. She then talked about the need to plan for the future using available resources, pointing at a diagram (from the draft plan) on the PowerPoint looming large behind her on the enormous lecture screen, illustrating the Kintra case for change.

Throughout the presentation, Julia used the word ‘change’ and referred to ‘culture’. She mentioned people saying ‘we’ve tried this before’ and ‘this is the way things are done’ and varied perceptions of what the organisations each do. She recognised the differing accountabilities between Council and the
NHS, but said ‘it was time for cultures to change’ referring to ‘high falutin’ outcomes in the strategic plan, which are required for the Scottish Government and the IJB to sign off. She also mentioned they got £6 million from the Scottish Government for three years to ‘lever’ the change required. She then referred to the preventative approach the partnership wanted to take and the importance of investing in training, transport and developing services with the third sector; focussed on loneliness, as well as transitions (when people move from children’s to adult services, or adult to older people’s services). Julia finished her presentation stressing that the consultation ends on December 11, with the plan to be finalised by February 2016 for implementation on April 1st, 2016, although it would be refreshed annually (December 1, 2016).

The next day I sat in on one-to-one supervision between Julia and John, the Director of Strategy, a part-time senior manager responsible for strategic planning associated with implementing HSCI. Unlike the day before, where Julia’s speech was about painting a picture with a mix of personal and broad brushstrokes, this small meeting gave me my first glimpse into the difficulties they were experiencing in their efforts to realise the Act’s intentions. Their conversation gave me the impression particular actors were affecting the pace of implementation.

Julia remarked that it was ‘a major victory that people in Council were recognising and using the language of Health and Social Care rather than saying Adult Social Care’, to which John responded ‘we’ve got to do it’. He then commented on the need for joint work to address the key indicator around emergency admissions, to ‘grasp the nettle’ by linking data around delayed discharge and emergency admissions and engaging with NHS Acute services around planning work he was involved with. He expressed concern about the slow pace, and opinions within the NHS about various integration activities. He then listed the documents they were required to produce. ... When it came to the financial statement, he declared he was ‘not convinced people will play by the rules’ in terms of the detail. In reply, Julia assured him by saying ‘we are required to do this’ and that ‘it will happen’.

After thinking about Johns’ concerns, she suggested there should be a finance planning group and a performance group, to which John replied ‘the NHS is very possessive’, but then drifted into talking about being ‘unsure where we’re going with the Organisational Development plan’. He’d provided feedback on the draft, but wondered about the parent bodies understanding of the HSCP, especially around things like logos and the independent nature of the partnership. Julia said this was about the ‘creation of a separate organisation’ and there are tensions around creating this identity (the notion of the HSCP as an organisation).

The conversation moved to Julia talking about using the communications position to sell the partnership internally. She then stated that ‘A’ doesn’t use process (I interpreted this remark as referring to the NHS CEO) and made a side comment to me about needing to ‘manage up’ and the lack of clarity about decision-making in the NHS Board. Reacting to
this, John pronounced that people believe they know, but the reality is different. As the discussion wound down, John expressed disappointment with the NHS Scotland Chief Executive (a Scottish Government civil servant) and the absence of HSCI in his recent paper. He was also concerned with regards to implementation, about timings, lack of pace and putting things back, which Julia responded to as being an insight into the ‘general inertia’. Apparently there had been a recent Scottish Government email prompt to Kintra, addressed to the two CEOs and herself, reminding them about the need for the scheme to be completed (December 2, 2016).

These contrasting extracts from the beginning of fieldwork allude to connections between the past, present and future, with specific actors, certain kinds of objects, e.g., the legislation, and various discourses associated with change management, knotted in a particular place. The place where actions were unfolding brought a certain flavour to the HSCI endeavour, whereby characteristics mattered, such that what was happening in Kintra had a particularity that may or may not, be shared with the other 31 sites of action across Scotland.

**Joanna**

I met Joanna before fieldwork started, a tall and confident woman in her mid-fifties, who’d been a nurse, but was managing Adult Social Care (primarily Social Workers, and Occupational Therapists) at Kintra Council. She had worked in health and aged care for over 36 years and was at Council for over eight years, on top of extensive experience in the NHS and independent sector. Joanna was always neatly attired in what could be described as office wear, primarily jackets and skirts with light coloured blouses. She came across as polite and friendly, but with a controlled demeanour. She had also studied law, had a master’s qualification in dementia, and was completing a PhD in Nursing with a focus on dementia. Joanna had a tendency to talk quickly in a very detailed way about existing services, the costs and pressures facing care. She had strong opinions about what practitioners were doing, what communities needs were, and was keen to support changing service delivery. She was matter of fact and vocal about existing strengths and capacity in the community and the dominance of NHS acute services over community services. She believed there were too many layers of management in the NHS, but regarded herself as being a good manager who had understanding of the issues for both social work and the NHS, and consequently, thought she was pragmatic. At times she was quite directive and had strong views about how HSCI should be done. Joanna was particularly interested in the care of older people, especially those with dementia. She indicated that being responsible for all the social work sites across Kintra meant that if she travelled to all of them she wouldn’t get any work done, so she organised for people to come to her, and limited travel to between the HRI and Council headquarters. She appeared to exert considerable authority with the detailed knowledge she articulated. I observed Joanna at a very complex and emotionally charged family group meeting and felt she facilitated it with sensitivity, and looked amazingly calm given the grim circumstances.
4.4 Enacting the Act - the Organisings of Collaborative Public Bodies

Having worked for local government and the NHS, I believed I could create a picture for myself of how things were organised in Kintra. My starting point was Council and NHS websites. I searched for plans and profiles to find the names of actors, and how both organisations framed their work, inclusive of HSCI. These artefacts were only partially informative, as it is what was left out that I wanted to find out about.

It was access to the Scheme document outlining what was ‘in’ the IA and what was ‘out’, which provided an initial schema for the organising of HSCI. I retrieved the ‘in’ list, i.e., those services that would be the responsibility of the HSCP. However, the Scheme, didn’t necessarily align with the responsibilities of managers in the HSCP management team. Nor did the Scheme acknowledge Council services were operating through a recently established arm’s length external organisation (ALEO). ‘Kintra Cares’ had limited involvement, notwithstanding they provided home care, care homes, day support, and independent living services. Also absent from the ‘in’ list were the voluntary and independent sector organisations commissioned by the Council and/or the NHS, as the Act did not prescribe their inclusion in the Scheme. The other interesting feature of the list, was that certain services appeared to not be ‘in’, specifically sexual health services and lifestyle advice services, even though they were. It was unclear why particular language was used to describe these services and what crossover there was with services that were ‘out’, e.g.,

![Figure 22. Draft Kintra HSCI Scheme, 2015.](image-url)

public health. Consequently, the Scheme was only attending to part of the carescape, but a sizeable part nonetheless.

The artefacts I used to gauge the contours of organising in Kintra therefore had
limited use, even manager’s familiarity with what was ‘in’ was incomplete. The presence of an ALEO was also surprising. I sensed there was tension between Council and the NHS regarding the timing of, and rationale for, creating such an organising mechanism and the effects of this on HSCI. One of the managers gave me organisational charts, which although showing the CO and those who reported to her, were unclear as they appeared out of date and inconsistent. The charts showed different people reporting to her, depending on the organisation, even though there was supposed to be an integrated management team.

I struggled to understand the differences between contradictory charts, unclear texts, and not knowing who was part of HSCI or not, and then finding out about another strand of organising I was unaware of. I identified six broad strands of organising that were tightly or loosely interwoven with HSCI – the NHS, commissioned services in the Third and Independent sectors, the ALEO, Council, specific Council/NHS Integrated teams, and temporary HSCI project management and planning work, that together encompassed most of the extant carescape.

I also observed distinctive organising unrelated to HSCI, which had sizeable effects. This organising was the emergency management response to the effects of weather, impacting on routine organising and HSCI, given the risks of flooding and snow for people living and working in Kintra.

... there is a lot of snow on the hills. ... Council had to react to severe unexpected snow and flooding, and an emergency response was set up overnight, so the offices are quiet today. It appears a lot of people are in ‘the bunker’, the emergency management room in the basement. They are moving to a 24-hour emergency footing until Monday given the ongoing and worsening weather conditions (December 4, 2016).

... they re-opened the bunker as there has been more flooding and there are still flood warnings in place. Julia worked over the holiday period and they had to evacuate a care home in ‘Reidtoun’ because of flooding on the ground floor. Fortunately, another place was available as it is about to undergo maintenance. Cate was talking about how interesting it was working in ‘the bunker’ and how she had to do a couple of 12 hour overnight shifts (January 5, 2017).

The meeting was interrupted with news of traffic problems related to snow, and so I needed to make an abrupt departure given the potential for road closures. I got a lift with the Lead for Children and Young People, as she didn’t want to risk the snow gates being closed and getting stuck in Dorchmuir. She was nervous driving without snow tyres, but once she got beyond the heavily
People in Kintra were accustomed to wintery conditions, except predicting the impact was not possible. There were other winter patterns that were regarded as more amenable to control, namely, through the annual NHS Winter Plan, although this was unconnected to the emergency response to critical events and HSCI efforts. Its emphasis was on the impacts of illness, especially the flu, and flow-on effects to hospital functioning. There were annualised routines known as ‘business resilience continuity’, which began in the summer and were associated with controlling unscheduled care and ‘patient flow’ in this highly pressurised time for the NHS. I observed heightened temporal urgency over the period just before Christmas and after Hogmanay, when performance data was being sent to the Scottish government three times a day, seven days a week, in line with the Winter Plan.

My observing of emergency management bought to the fore considerations about the temporality of organising. I was shocked at the frequency and level of detailed data that could be observed on large live screens in various staffing areas throughout the hospital. The temporal logic and application of project management methods were a part of the rhythms produced in relation to performance data manufacture; what I felt were attempts to know more and more, at increasing frequency in minutiae. This generated varied reactions, depending on whether you were hospital-based or providing community care (Ylijoki 2016). These temporal dynamics emerged as a feature of work in Kintra in ways that felt paradoxical. The bustling activity in demanding daily work, the ceaselessness of having to get more and more done was in distinction to the apparent inertia accorded to HSCI. The experience of hectic doings contrasted with a sense of things not happening; so even though things were hurried, some things were accomplished, other things were not. There was obviously work entailed in creating inertia.

so people up there, are not talking to people further down the chain. And everybody’s so busy, they’re running around, people are supposed to be meeting with other people and they’re not because they’re so busy, so they don’t turn up. ... so there's that disintegration (Jan, June 16, 2016).

they do want the change, to see the benefit of it. I mean they took their time out for the engagement event last year, they took their time out of their very, very busy schedules, they are under a lot of pressure these people, frontline staff, to come to speak to us (Michelle, June 21, 2016).
I think there’s a real risk in Kintra, because it’s very busy, and the numbers of people are small that either, one, something gets missed, or people just get totally burned out, because they’re trying to ... well they have to be really busy because they’re busy doing all the stuff they need to do (Sharon, June 21, 2016).

Stuart expressed his frustration about not being able to give extra support to Julia strategically, given his experience in performance management, quality and corporate activities, but operational issues were taking up his time. ... He was also thinking the issues associated with management and people’s perception of integration not being ‘a thing’ is feeding inaction, or denial there will be any change, or as what’s told to him ‘nothing will change’. (Stuart, Jan, 13, 2016).

it’s difficult, it’s challenging, it’s slow, it’s iterative, it’s not a series of quick fixes ... So we’re not talking about easy change, we’re not talking about quick change necessarily, this is complex long-term change, but one feels there are so many things about the culture, if the culture of the organisations were ... no, organisational cultures are slow to change (Helena, June 20, 2016).

Midway through fieldwork I was trying to ‘get my head’ around the semblances of slowness and hurriedness, grappling as well with different temporalities.

The leaves are finally breaking through and there is more colour in the landscape as plants are flowering. It looks like there have been lots of lambs born and fields ploughed for summer crops. Gazing through the bus windows at the seasonal change, I start to think about time and different temporal states, like the seasons over the course of my fieldwork, but also links to historical timing, such as the Ridings, an over 500-year-old localised practice now promoted as reflective of the ‘culture’ of this region. Then there is calendar time with planned regular timing of budgets, the winter plan, business planning cycles - yearly, quarterly and monthly for performance management reporting. I am also aware of one-off time, like April 1st— the ‘go live’ date for integration and there is the timing of an acute hospital setting, and how real-time data is generated when compared to Council data production (April 18, 2017).

In all of these timings, people responded to temporal shifting of gears every day. What was the effect of discordant temporal rhythms on the NHS and Council? How did what felt like a centripetal acceleration shape organising practices? I reflected on the ‘nurses walk’, an enacted movement I learnt nurses apparently adopt, an embodied modus operando from acute settings that penetrates praxis especially around the hospital, even when someone is in a non-acute role, being both a magnet and an accelerator. Was it
something to do with task-time orientation in nursing? But then I speculated about the different temporal mind-set in social work. I observed managers rush when in a hospital setting but look less hurried at Council, and wondered what affect did this have on what is expected, or perceptions of each other’s work? Does a manager’s desire to be across lots of activity affect their time for standing back or getting involved in other things, e.g., strategic planning? I came to view operational activities as dominating the work of managers. Even the language used in the hospital expressed hurriedness - a squeeze on time - such as, huddle, safety brief, surge capacity and discharge flow.

I contemplated whether a bed-based congregate care model of delivery framed how some saw the temporality of their actions, conceptualising care as throughput or pathway, accomplished through linear sequential movements. Whereas social care could be conceptualised relationally, e.g., ageing in place, emplacement in community. I am aware though community-based care also has a contested task-time orientation (Rubery et al. 2015), but applied in an in-out way. Further differences in temporal frames emerged later when practitioners described differing attitudes to work. Work in the NHS is associated with shift work and weekend work, given the 24/7 model of operating, whereas aspersions were made about Council staff finishing early on Fridays, and the effect on practitioner availability at night and on weekends.

Much of my time felt like I was chasing after managers as they responded to operational demands. They were unsure what management structure was going to be put in place, but were inhibited in relation to strategic activities like joint planning, service redesign, and even budgeting. Dipping in, out and across the daily activity of different services, without being completely absorbed, is what I noticed some managers do, tacking across, to and fro. These kinds of actions were repeated at various intervals with fluctuating frequency, connected to other actions through technologies, e.g., mobile phones or tablets.

The interorganisational work I observed was enmeshed in the flow of everyday doings, often resembling ‘typical’ corporate coordinating, management and service domain activity. Some actions called partnership-working involved: meetings with actors from two organisations; communications enacted via phone and email; decision-making processes that create a juncture between organisations; embodied roles (e.g., the Joint Manager for Learning Disability and Mental Health); affective performances involving listening, managing conflict, or expressing normatively, support for care issues.
Nonetheless, I am proposing these actions were a praxis that built knotted relations for furthering integrative work, although it was inconsistent across the HSCI management team; their traces were dependent on the fabric of relations they were enmeshed in. Their tacking could also be seen as a form of repair in which managers adjust to the logics, or scripts (Nicolini et al. 2016, 229) governing other’s actions; as they recognise the interdependence between activities governed by divergent logics (e.g. different professions in integrated teams) and so they tacked in various ways, and to varying degrees. Ciborra (2002) intimates in his description regarding modes of operating that tacking operates alongside other modes. Sensibly, tacking across organisational b/orders enables managers to maintain what might otherwise be considered inconsistent modes of action. Consequently, the complexities of the carescape, form a part of everyday praxis that could also be understood as unremarkable and banal.

These patterns were a way of working some managers had done for some time. So were the legislative requirements generating a shift in modes of organising, a moving of relational territories ‘across the way’ within the management team? As I will go on to show, this was resisted.

Annie

I didn’t meet Annie until day one at the informal management meeting, where she asked who I was and what I was doing? She struck me as being less conventional when seated next to her peers, as she always had unusual outfits and wore bold, colourful jewellery (of which I was secretly envious). She was very direct and asked me why I was doing a PhD? What I hoped to get out of it? And, what I wanted to get out of my time with them? She was the only manager who asked these kinds of questions. Annie was 60, a nurse, but she also had a degree in community learning and development. She had a mixed work history in the NHS and local government, starting as a nurse in the NHS, then after having children, started in youth work, followed by community education work in England. She began working in Kintra around eight years ago, commencing with Dental Health, then Sexual Health and Lifestyle Advice Services. She’d been a manager for 25 years and no longer maintained her nursing registration. Her weeks were shorter than others as she worked compressed hours, starting just after 7am, allowing her a day off a week to care for her grandchild. Annie, would always explain things to me to ensure I understood what was going on and engaged me in conversation, sometimes asking for my thoughts. I found Annie was concerned with doing the right thing, she seemed to have a sense of duty, was straightforward and often serious. She would walk at a fast pace around the hospital and across car parks with urgency and intent. I felt she wanted to be seen as a constructive problem solver. She proactively asked staff how to identify solutions, continually probing what they were doing and how they were tackling issues, as well as directing action and making decisions. Annie seemed very focused on performance improvement. She told me she liked to be well informed, kept up-to-date, and concentrated on being across what all her areas of responsibility were doing. She always made time to attend team meetings and
do one-to-one supervision. She talked about the priority she placed on knowledge obtained in these meetings for 'nipping things in the bud'. In the team meetings she was responsible for, she spoke loudly, on occasion over others, which contrasted with her almost silence in other groups. She expressed she had a difficult job managing three very dissimilar service areas.

4.5 Tangled Things

I became increasingly intrigued by the artefacts entangled in daily work (Lee and Amjadi 2014). Observing day-to-day integrating in aggregate, appeared to me as policy made material, primarily through documents, money and information technology. I came to the realisation these things were so unexceptional they were overlooked, albeit their affordances and constraints had consequences, which were ignored or downplayed.

I’ve made, read, and responded to countless documents in various jobs, and reflected on their fleeting or enduring materiality, and centrality to organising; whether documents serve as moments of stability and certainty, or for making the ideational real. What I hadn’t given credence to, was the notion of documents as actants and the life of documents actively shaping organiseings and the actions of actors.

![Image](Figure 23. The Act’s instructions.)

I began to appreciate the importance of documents to HSCI when Cate supplied me with a few to read, mainly Scottish Government guidance and the final draft of the Scheme. I started with the Scottish Government’s HSCI communications toolkit, then read the draft Scheme. I was aware this particular document was significant and connected to the legislation (see sections 1(3)(f), 1(15), 20 and 69(1) of the Act) and it needed to be signed and returned to the Scottish Government well before April 1, 2016. I read it in early December 2015, but given the pressing deadlines I’d been told about I wondered what was
happening, especially given the Scottish Government had issued a polite, but direct, message to get it finalised.

This one artefact had a direct relation to two others, the Act to authorise, and the regulations to instruct; with the Scheme created locally in response. But this local artefact was unfinished and the actions around it were contentious. On December 16, 2015, Julia told me about her frustration with the IJB secretary Claire not emailing the Scheme to the Scottish Government again, and how she challenged Julia over whether the CEOs had seen it, with Julia then having to sit with the Chair and CEO of the NHS to go over three minor amendments. The delay in signing the Scheme set-back Kintra’s schedule for establishing the IJB by a week.

In early January, I was informed the Scheme had been signed by the Secretary for Health and she tabled it in Parliament for reading for 28 days. Interestingly, I was told it didn’t have to be signed by the CEOs prior to submission, it was just to show the imprimatur of both organisations agreeing to the arrangements. This 27-page document provided the details of HSCI as it was intended to take shape in Kintra, after having ‘been laid before and approved by resolution of the Scottish Parliament’, gave legal status to the IA and ‘prescribe[d] matters, and information about those matters, that must be included in an integration scheme’ (Scottish Parliament, 2014, 1-10). Although a central feature of organising in general, documents were all pervasive in this venture, integrating was inseparable from the responding to, and making of, documents – something I present in the next three chapters.

Documents weren’t the only objects that caught my eye. I readily observed managers with two mobiles, tablets and laptops, when going from meeting to meeting, something I have also done, but again not paid much attention to. In many instances these objects, allowed for the mobility of documents as meeting agendas and minutes were carried in electronic form. This was not the only mediating role technology played. Mobiles mainly, but also tablets and laptops, were conduits for text messages and emails, a perpetual connectedness in a mesh of communications that channelled managers work and elicited responsiveness on their part to innumerable matters of fluctuating importance. Despite this mesh of technology entwined around managers there were holes, sometimes so immense that connectivity was immobilised. I watched Julia struggle to retrieve her NHS emails off her Council tablet, despite being an NHS employee. I listened to the amusement of members of manager’s teams, describing how their manager could not print emails from
certain locations even though they were joint general managers. Staff from ‘integrated’ teams described how they couldn’t email information to their peer sitting next to them because it contained personal service user information and they worked for a different employer. Alongside these interoperabilities in IT in-between the NHS and Council, there were sizeable disparities between incompatible data sharing systems and detailed data displayed on large live screens known as ‘Ward View’, a ‘live’ information status representation of a ‘patient’ in a ward bed.

The incongruence between what appeared to me as sophisticated and expensive technology in the hospital, when juxtaposed with senior managers not being able to ‘sync’ their laptops to get emails was puzzling. Objects of technology were an inescapable element in the daily work of a manager, but despite the interdependencies there were frustrations, blocks and ‘work-arounds’, which emerged at the core of HSCI.

Also indispensable was another object, transport in the shape of a car. Given the rurality of Kintra all the managers had cars, which they used to drive back and forth from Council to the Hospital and to other Council, or NHS, sites in the area. Whilst these things were essential for manager’s day-to-day work they were also personal spaces, given they were owned by the individual. They mobilised the manager on behalf of their organisations, but as personal objects cars operated as a permeable space of public and private that could be reached into by the latest bluetooth technology, with phone calls received through the car’s audio systems and caller id displayed on the dashboard. Conversely, the car was the space for managers to get downtime, mull over their daily experiences, smoke, eat and call people they did not want to be overheard talking to in open plan offices.

And then there was another material, something people talked about incessantly but was unseen in its cash form rather, substituted in spreadsheets, charts of accounts and monthly financial updates. One of the long-term difficulties recorded with efforts to integrate is the pooling of financial resources (Glasby and Dickinson 2014, 27). The financial management practices that shape how money is deployed in the NHS are different to the Council, and they have distinctive regulatory obligations even though local governments
and NHS boards are provided with the majority of funds from the Scottish Government, albeit in differing ways. This difference was bought to the fore at an IJB meeting when members were discussing another document, a letter from the then Finance Secretary, John Swinney, writing to the NHS about additional monies, but specifying it was for implementing the living wage and overnight shift work of carers who primarily work in social care, so it had to be transferred to the Council. The discussion at this meeting exposed a curious dynamic around relations with money. It showed the circuitous routes money took from the Scottish Government to the NHS and Councils outwith typical annual budget processes, but also what this increase of financial resources meant for apprehensive decision-making about new recurrent funds by the embryonic IJB.

Lastly, work spaces reflect the significance of stabilities and routines, such that in material form there is a perceived permanence. What I saw contradicted this notion of solidity both in relation to exteriors and interiors. The Council building was a ‘mash-up’ of three different ages of governing going back one hundred years, as was the wider Council estate. The NHS estate also reflected historical changes dating from before the NHS commenced, with the cottage hospitals run by GPs still used as community hospitals, or converted Victorian asylums turned into offices. Although the NHS centred around the campus containing the hospital, even this building had changed since it was constructed in the 1980s. To find the office space of primary care managers you had to go through the main entrance, down a long corridor, out into a courtyard to find this odd rectangular block called the mezzanine, which appeared to be added onto the back of another part of the hospital but surrounded by other wings of the building. When I first saw it I thought it appeared out of place. After
going inside I saw it was not joined by a doorway into the hospital, I knew it was a later construction. This was confirmed to me later by one of the managers.

The space is surrounded on all four sides by the acute hospital. I remarked to Stuart, that I wondered if the building was built later, and he tells me how it was constructed on the base of an old physio gym and as it was a floor added in, it’s called a mezzanine. He says it’s a horrible space, hard to get away from, and that it’s easy to understand how his peer managers get caught up in acute business or questioned when not present (Stuart, February 17, 2016).

This brief fragment from our conversation highlights how spaces matter, not just the exteriors, but the interiors as well. The move to open plan offices with clean desk policies and ‘hot-desking’ was evident in certain spaces in both the NHS and Council, but who worked in open plan and who ‘hot-desked’ was inconsistent. NHS managers who worked in the mezzanine had an assigned desk they could personalise; whereas, the HSCI project team based at Council in an open plan office used ‘hot desks’, but downstairs some Council managers in social care had their own desks. These spatial and material conceptions of open space with desks labelled as ‘hot’, exposed developments in thinking about the permanency of organising, especially of work itself (Gregg 2013).

Samuel
I met Samuel three weeks after I started fieldwork. My initial reaction was that he was friendly and easy going. He seemed to wear what could’ve been the same navy blue suit and tie whenever I saw him. He came across as diplomatic and calm, but he also liked to use humour. Samuel had been a podiatrist, starting in Edinburgh before getting a job with NHS Kintra. He was 41 and moved to Kintra over 18 years ago, 16 of those had been in managerial roles. He moved from direct service through various primary care roles to become Primary and Community Care Manager, before being promoted to Primary and Secondary Care General Manager, a position that covered both the acute hospital and community services until June 2015. After a revised management structure was put in place in light of HSCI, the role was split and he returned to a solely primary and community care post. In describing his day-to-day challenges, Samuel concentrated on delayed discharge and administration, but he indicated strategic activities had been stripped out. He would listen closely in meetings and had relaxed interactions with people. He was one of the quieter managers, softly spoken, but still asked questions. He described being ‘in the
middle of the sandwich between supporting what’s happening at HRI but also actual management in the community’. He was very familiar with primary care issues and was pulled ‘offline’ by the NHS CEO to work on delayed discharge. He expressed commitment to the ambitions of HSCI, but had lots of frustrations, especially associated with data production and the resultant waste of energy when new daily data would arrive about the number of beds available, and the ill-informed responses based on what he felt was inaccurate data. He regarded himself as approachable and open to criticism, preferring talking and calling rather than emails. He shared with me how he used to work 55 - 60 hours a week when he had to manage the HRI and ended up having two months off to recover. He doesn’t do that now. Given his diplomatic style he acted tactically in his use of language. I observed Samuel being supportive of staff and acknowledging others expertise. He felt he was thoughtful, aware of the context, the various actors within it and the need for what he described as ‘relationship management’. Given his employment within the NHS, he had a good grasp of the issues, processes, budgets, personalities and politics.

4.6 What is HSCI?

What the Act meant in Kintra was not always clear. I came across multiple meanings of HSCI expressed by managers and other actors. For those involved in direct service delivery, HSCI made sense as a process within programme areas, e.g., a Learning Disability Nurse working with a Social Worker within an Integrated Learning Disability team. This understanding appeared not to translate easily across the totality of services, such as integrating across older people, mental health, learning disability and primary care. HSCI didn’t encompass corporate administrative practices, with managers describing duplicate action in HR, finances and occupational health and safety, even though some managers hoped this would happen, especially in relation to pooling budgets.

Added to this, contradictory interpretations by executives permeated daily activities, creating confusion about the regulatory implications as they applied to the NHS and Council. There were doubts about appropriate action, with an unmet expectation for the Scottish Government to provide further clarity, despite the publication of over 21 national documents. This expectation was also evident amongst GPs, who although independent contractors were going to be affected by HSCI at localised levels.

In a Primary Care meeting, one of the GPs present is talking about the need to get the message of understanding the stresses of the workloads of GPs, and things like problems with data-sharing. He thinks ‘integration’ is the big elephant stomping in the room! We won’t know until ‘someone in Edinburgh puts pen to paper’ and getting ideas for the kinds of models of care that prevents people from going to hospital (April 5, 2016).
It became obvious the arrangements HSCI was weaving through Council and the NHS were complicated by interpretive contestations around HSCI as process, or HSCI as entity. Concerns were voiced that in taking on more structural properties, additional b/orders would be created between an IA, the NHS and Council, and so it felt like there were limitations placed on the authorising affordances of the CO. At a ‘shadow’ IJB meeting, the Chairperson stated,

*the NHS and Council have agreed to appoint an interim CFO. She then said that they were ‘not creating another organisation’, in relation to the statutory appointments for the IJB, and that they’d be getting other staff working on IJB matters (February 1, 2016).*

This debate about the parameters of HSCI also emerged in another meeting called the Executive Management Team (EMT), made up of the CEOs and the CO, with Managers attending as requested. Chrissie the programme manager, occasionally attended the meeting and alluded to me about this apparent tension.

*She regaled me with the story of the ‘row she got from the CEO’ at an EMT meeting, when she was giving an update on workshops around business model and service redesign. The NHS CEO told her she wasn’t aware of these workshops, but she had had negative feedback. The frequent absence of the two CEOs at EMT, Chrissie regarded as indicative of their lack of leadership on this issue. Apparently the Council CEO also said she shouldn’t be doing this, ‘nothing is going to change’. Chrissie was told by the NHS CEO, that she’d been informed Chrissie was trying to set up a third organisation, although Chrissie told me she never said that (March 2, 2016).*

The idea that HSCI might become, or be understood, as an organisation was not acceptable, and so confusion reigned about trying to distinguish between process and entity, when what managers felt would be constructive to do was entity-making, but this was a threat to the existing order of things.

As acknowledged at the outset, integration like the word partnership, is indefinite in meaning and in day-to-day settings. Reminiscent of the linguistic swamp associated with partnership, ‘the territory … is cluttered’ (Petch 2012b, 78) by the multiplicity of words used to define integration. These mixed meanings in use were evident at the start. In a conversation between Julia and Barry (a JIT Associate for HSCI), he began by describing his recent interviews of some ‘shadow’ IJB members, relaying that as he
‘talked to them they began to realise the implications and most were cagey’.
‘You could see the lights go off’ around what the implications were for the
board’s responsibilities in decision-making and budgets. ‘They hadn’t got there
at all, when they started thinking about it, that it’s got to be a functioning
board’, responding they ‘had never thought about it – the IJB is something we
need to do’. … ‘On paper we’ll have the IJB but you’ll give us the money back’,
so seen therefore as a bureaucratic exercise. … Barry also asked them about
why integration might be good for Kintra?’ The response was services being
more joined-up, but they had no suggestions and thought it was already
happening. Barry believed they thought the IJB was just a committee. He also
reported they said, ‘that it doesn’t feel real, it’s all going to become real but we
don’t know what ‘real’ is’ (January 8, 2016).

Not seeming to understand HSCI emerged in other meetings. At the Strategic
Planning Board (another required HSCI group), a Council planner raised a concern that
there was a risk of HSCI happening by virtue of ICF projects, rather than everyone being
involved, this was the perception and therefore it was important to widely communicate
what integration meant. A representative from Social Work supported this, responding that
it was a challenge for the majority of frontline staff in localities, ‘finding a way that’s
meaningful – it’s tough’. A manager from Learning Disability remarked ‘we’re ten years on
in the journey’, highlighting face-to-face delivery at the micro level and the need to
translate this experience to the high-level, to senior management decision-makers. To
which Chrissie as programme manager, pronounced it also meant ‘integration across not
just within services and captured at the locality level’ (February 23, 2016).

Stephen disclosed to me he thought the issues were ‘money and power’ and
decision-making. He thought the CFO was ‘piggy in the middle’ and there was a lack of
process for the IJB, e.g., seeking approval for spending NHS money and for spending Council
money, rather than IJB money, and that it should be the CFO and Julia who should be
approving (April 19, 2016).

This discursive slipperiness added to my own confusion about what was supposed to
be happening.

maybe for you to understand more, yes you could be more deeply embedded in
it, but those of us who are deeply embedded it are more obliged to understand
it, don’t understand it either … sorry I think it is transference, I think there is a
bit of not been clear to you because it is not clear to us. I can answer to give
you the conceptual stuff … I can talk about why it’s better to do this, but if you
asked me about the operational challenges I can tell you that as well but it’s
the bit in the middle, bridging of where we are now to where we want to be, with really tight challenging financial constraints (Stuart, June 6, 2016).

For Stephen, his focus was on his managerial responsibilities.

nothing’s changed for me really because I’m already managing integrated services, although mental health is further behind than learning disabilities, ... so I feel as though LD [learning disability] and mental health to some extent, are way ahead of the game and that’s where we should be aspiring to get to, that’s the piece, that’s the challenge ... at the moment it’s made it more complicated for me, rather than less complicated. ... here in mental health because we are further back in terms of integration, the conversations were all round health needs when I came here, so integrating the social care element into it, in everyday speaking, thinking, has been a challenge, to move away from a medical model really ... well going forward, we’ve got to integrate functions more, particularly, I mean, back-office functions, so support services. So at the moment we’re still taking a ... it’s just wherever you go, if you are trying to have an integrated approach, you face problems. I think you need one HR, you need one risk, well health and safety department, you need one finance team, that’s what you need to do, or you delegate it (Stephen, June 6, 2016).

In talking with Samuel he divulged he was experiencing difficulties, and then later I revealed to him I was struggling to make sense of what was going on.

Out in Council’s car park Samuel talked about feeling like he’s having to deal with so many people and personalities and so many different issues, and then in the car he described being immersed in so much that without the clarity of a model like Highland, ‘we’re in treacle and there are so many different interpretations of what it’s about and so people are creating their own realities’ (April 5, 2016).

I think that’s probably a fair [laughs] observation, yeah, even I wouldn’t be able to say ‘hand on heart’, with clarity and precision or without ambiguity, this is what the IJB does, this is what the health board does and the local authority does. And what it is from a governance perspective or a delivery perspective, I wouldn’t be able to say necessarily what they are, that they are responsible for doing and I have talked about operational delivery models in the past (June 6, 2016).

I asked Julia for her understanding of HSCI, who went onto reveal there was not a shared view across both organisations.

It’s to have as much flexibility as is possible, and as much freedom to be able to develop services, to facilitate the development of their service, to allow the movement of budgets, to have joint management arrangements, that protects
professional identities, but we start to think about what’s best for individuals and communities, as opposed to, from an entirely, kind of, professional view. But in order to do that, you have to build in a flexibility of approach, to just allow that to happen. ... So one of the main issues for me, is everybody talks about different culture, but it’s also the different, inherent cultures, in the way in which the organisations are established ... again it kind of stands, or falls, on whether or not people want it to work, or not, in terms of integration .... and how integration itself is seen (Julia, June 10, 2016).

I spoke to people in various roles, some directly involved, others less so, like, public health, finance, and home care, who also reflected the multiple characterisations of HSCI, suggestive of Petch’s ‘cluttered territory’ (2012b). Jan, although in public health, was assigned work on unscheduled care.

I understand intellectually what integration is about, I’m not sure I could extend that understanding to the actual processes that are going on around me. So basically, I understand integration of health and social care alongside partners is to deliver integrated services for people, right, so in the simplest of terms, I understand that. ... I know from some of the smaller versions of integration that have happened before, like learning disability services, older people services or integrated children’s services, everything takes, you know, ten times longer than you think it might and there’s the fundamental bones of the organisation, ... you know, like pay and conditions, professional supervision and there’s a number of different things which are ... so what you have is an ‘apples and pears’ situation (Jan, June 16, 2016).

Harry the CFO, as an accountant, was the only person who linked HSCI to wider reforms of public services.

I see it as being a real opportunity for public sector reform for improvement of health and social care services ... and by improvement, I mean the quality of services, the efficiency of services, outcomes for patients and clients, availability of services ... From my point of view, it’s important that services are not only affordable, in a time of increasing demand, increasing expectations and reducing resources. Uhm, but also that they are sustainable ... Then there’s a real opportunity to deliver that, ... in all of this in Kintra, because, I keep sayin it, ‘if we can’t do it, you know, if we can’t do it, then no-one can surely’ ... I can’t believe that sounded so positive a monologue from me, about integration, given the experiences I’ve had [laughing] (Harry, June 14, 2016).

Chrissie as an experienced project management consultant had quite concrete views.
If you were to start to build a health service, you wouldn't build a health service, and put social care somewhere else, you’d put them together, because it makes sense, but of course it all grew out of different things. ... but the biggest issue is the health and social care integration is just what it says is, it’s what it says on the tin, it’s about integrating health and social care and everybody tries to dig into that, ‘well what does it really mean? It means that, it means deliver in health and social care in an integrated way and I don’t know how else to say that. But they go ‘well is it really? And should we really be commissioning, or should we be delivering? Just fucking do it, do you know what I mean, sorry. I just think if this was a commercial organisation, it would be bankrupt by now (Chrissie, June 16, 2016).

Gwen a ‘Kintra Care’ manager, who had worked at Council, saw HSCI as an unfinished process, given the lack of progress in addressing wider corporate differences.

I worked in the integrated learning disability service seven years before I moved into this role. So I sat in an integrated team, and I felt there was some really good aspects of joint working in that team. I think being co-located was really helpful. I think the barriers were there due to processes, policies, and communication was not supported at all. ... So my view is, until there is political sign up to the two major bodies having the same systems, there's gonnae continue to be issues like that. How do you securely communicate if staff are working under different terms and conditions, it breeds animosity? ... I think unless you fundamentally look at out some of these issues then I don’t think it's true integration (Gwen, June 16, 2016).

Helena as a data specialist from a National NHS board, was seconded to work with Kintra HSCP.

I suppose really, what it boils down to, is if necessary, redesigning health and social care services locally, to put the people in receipt of those services, at the centre of what is done and so that services are more joined up, with respect to each other, than they have perhaps been previously. I know in pockets they are joined up with each other, but that’s not the case across the piece, but overarching all of that are set out in legislation and Scottish government guidance and all manner of communication. Of course there is the need to do things more efficiently, as public services we have to be able to do either more with the same amount of money, or more likely, more with less money, figure out more cost-effective ways to deliver equivalent levels of support to the patient ... I suppose it’s about largely about trying to modernise the way in which services are delivered, and give more responsibility and control to partnerships locally (Helena June 20, 2016).
John as the person responsible for HSCI strategic planning, normatively framed it as about both means and ends, with positive impacts for individuals, communities and organisations.

[To summarise, it's a mechanism to deliver better outcomes for individuals and communities, outcomes in terms of improved health and wellbeing, which includes, living independently at home, or in a homely setting, and, also the process of doing that, those two things, the process and the outcomes. ... in terms of making sense of it at a logical level, it's evident that organisations working together will add a value beyond working individually. The combined impact is greater than the individual impacts, in terms of the delivery of outcomes. And also there's a quality to process, that you wouldn't get otherwise, from the point of view of the experience of the client, the individual, the patient. They're being exposed to fewer people, less repetition of interventions of a range of kinds, and it should provide a more person-centred rather than organisational centric approach. (John, June 21, 2016).

Jaqueline who managed ‘frontline’ practitioners, emphasised the interprofessional and the relational, but as an extant way of working and more than just about ‘co-location’ of staff.

But, d’you know, so integration for me was just like giving a name to somethin I was already doin, and I think one of the benefits I guess now is that actually ... now for staff, if you go and speak to a social worker, they’ll say, ‘well I already work with the CPN, why do we have to be based in the same place?’ We’re already working with those clients and I guess it’s on the ground, have probably always been the way that we’ve had to work in Kintra, because we’ve got few resources, few staff, so they do know each other and they do work together anyway, quite naturally, and through necessity probably. ... I think that’s a flaw in people’s thinking, that when we co-locate people suddenly overnight, that’s integration happened, and that for me, is just the start of it. ... We cannot keep social work, health, CPN’s, psychiatrists, we can’t keep them all separate within that co-located team, we have to start building everything else into it (‘Jaqueline’, June 22, 2016).

Whereas varied meanings made it difficult to grasp any coherent sense of HSCI, given the scale of the reform, it is unsurprising actors held diverse beliefs, norms and traditions. This diversity echoes Mark Bevir and David Richard (2009), who argue that meanings in action that actors construct, like local integrating processes, are the result of ‘the emergence of a complex and continuous process of interpretation, conflict and activity that produces ever-changing patterns of rule’ (7). Although, as an entity-in-the-making, in its multiple classifications was also a nascent amalgam of practice bundles (Mol 2002, 159-79).
and therefore non-coherent (Law 2003b).

Stephen

I was actually introduced to Stephen on my first day but did not make the connection until the informal management meeting later that day. Stephen was 50, a social worker by background, and had worked in most areas of social work. He had been in Kintra for over two years. He was tall, wore glasses and always dressed in trousers or jeans, with long sleeved shirts and woollen pullovers - but no tie. He was a Joint General manager, but was an employee of the Council. He described himself as being a manager who gets involved in operations, being ‘hands on’ in relation to praxis, and how teams and services reconfigure in Kintra. Like others, Stephen adopted an easy-going, friendly manner, with a degree of informality, although I observed him ‘call out’ his peers and executives by highlighting what he thought was hypocrisy amongst senior managers at management meetings. Stephen commuted almost as long as I did and so worked a nine-day fortnight with one day working from home. His career began in England at 19 years of age he became involved when care in the community was introduced under the Tories in the 1990s, becoming a manager at 21, although he was unqualified when he first started. When he commenced his current role as general manager he was employed to manage the Integrated Learning Disability service only, but had taken on Mental Health, so was working what was two full-time jobs in one. He mainly worked two days in mental health and two days in Learning Disability and tried to have meetings arranged to reflect this, but it did not always work. He appeared relaxed around staff and like Samuel used humour in discussions. He had a tendency to frame questions around action orientation, e.g., ‘so what are we having to do?’ He also framed things as aiding his understanding, ‘remind me’, and then reflected back what he had heard. Underneath his easy-going demeanour, he was a passionate advocate for Learning Disability, and may at times have come across as a bit defensive. Stephen acknowledged that in meetings he didn’t usually talk much, but I noticed he had a habit of making a ‘humming’ sound in affirmation when listening to people speak. He always kept a notebook in front of him to record what he had agreed. Stephen was the only manager who managed already integrated services.

4.7 Discursive Manoeuvring

When you start a job with a new employer, you encounter new words, especially the use of speech shortcuts in the form of acronyms. While I appreciate words can convey technical meanings, or are common parlance, some words are neologisms, or trendy phrases that when uttered are doing other things. Although I was familiar with professional languages in HSCI, I tried hard to listen to what was being said and how. I noticed certain words, or phrases populating speech, and the documents surrounding me. Sometimes I gaped in wonder as particular actors would string a sentence together that blended clinical lexicon, financial terminology, with an extra popular phrase throw in for good measure.
‘the efficiency agenda is now meant to include, quality, safety etc. coming from the clinical service, a needs based assessment, qual & quant, about ‘pathway management’. (Des talking to Stuart about ideas for addressing problems with Stuart’s hospital team, February 17, 2016).

Or sentences just made up of acronyms.

‘The IJB from the ICF to the GP sub’ (a sentence outlining the journey of particular documents to inform stakeholders and authorise action (John, chairing the ICF steering group meeting, February 3, 2016)

Or a string of current, fashionable policy words,

‘developing collaborative capacity to deliver transformational change’ (John presenting the commissioning plan to the IJB, April 18, 2016)

I tried to pin down the logics and performative styles I was confronted with, to help shake myself out a taken-for-grantedness with the everyday speech I was so used to (Lindberg, Styhre, and Walter 2012). My list included: performance management, improvement methods, governance, management, clinical, quality, care, leadership, project management, regulation, change management, care interventions, public administration, professional, evidence-based, financial, accountability, policy, partnership-working, and the most recent popular term, co-production.

It was one thing to try to tease out from intensely knotted discourses, the variety of ideas being carried in communication both in sayings and in documents, but it was altogether different attempting to make sense of what all this was doing. Managers and others, appeared both aware and unaware of this, so certain instances lead to explicit recognition of the need to be tactical in speech and in text; whereas at other times the overtly performative faded, an enactment appeared as a default setting, drawn from daily routines.

‘I’m just being pragmatic. I want to tick the boxes around outcomes’. There was some debate about the extent of connection and distinctiveness between the two places. Julia recommended bringing in the third sector to enhance the resources and also suggested linking in with a GP representative around homecare coordination. Samuel recognised the need for framing the language appropriately and uses the metaphor of ‘a clinical bridge’, he is aware of it and describes using it tactically (December 21, 2015, Julia meeting NHS managers about an ICF project).
Performative speech acts could also mask conflict or disagreement.

I think the two chief executives have very different interpretations of the same thing, uhm, but sometimes can appear to be saying the same thing, but actually I know that they're not, if that makes sense? ... so the language they use sounds the same, but actually the intent or the meaning underneath .... because I know, the reality of how each organisation is responding (Julia, June 10, 2016).

The sayings of managers appeared to enable them to express ‘being in the know’ with the use of fashionable policy terms with a conceptual vagueness that allowed for room to manoeuvre. Dissonance and emotion was bared in unguarded moments with Manager’s (especially in cars), who after a time divulged a range of concerns with what has going on.

in the car Stuart off-loads about his structure chart and being shafted by a specific individual (February 23, 2016).

We headed to the car park talking about manager’s challenges and the differences between the NHS and Council, and her view that they (the NHS) micromanage - although she says she wouldn’t say that to them. She told me about what happened at the IJB meeting yesterday and how angry she was. She said Claire (the IJB Secretary) told the Chair to move two items on the agenda to private, items relating to the appointments of CO and CFO, and that the NHS CEO, who Chrissie then called ‘a fucking cunt’, did this. When it came to a specific point on agenda the Council CEO had left, and the Chair of the NHS Board said they needed to do this in private session, but the Chair refused and then relented on the basis that the Council CEO return (CEOs are non-voting observers). I was very surprised by this revelation ... The NHS CEO argued staff appointments shouldn’t have staff present. Nevertheless, according to Chrissie ... Julia had to leave and was very angry and expressed her disappointment to the CEOs, the IJB Chair and the vice chair. ... It was apparent that Chrissie didn’t think highly of the NHS CEO, but felt Julia needed her. I said, ‘I wonder if this was about realising the legislative implications, and Chrissie responded, ‘the NHS CEO realises they’re losing power’. I thought to myself, I really like car conversations, you learn a lot ... but I was shocked by what Chrissie told me. I feel for Julia, what a difficult job (March 8, 2016).

I went in Julia’s car to the HRI for the informal Managers meeting. She talked about today having been difficult, focused on delayed discharge, and says that it is about underlying politics, ‘blaming social work for the delayed discharge’, but she indicated the situation is more complicated (January 5, 2016).

Great conversation in the car with Samuel ... He expressed concern about a lack of operating model and not being authorised to action ideas, such as those
described by the nurse (from the GP practice). He put this down to Kintra’s history and he thinks they perpetuate it by not being clear what they’re managing. … what they are doing is an exercise in making it appear like it’s something (March 30, 2016).

Perhaps being in this jumble of perspectives is why I felt unable to ‘get a handle’ on HSCI, it felt elusive, or muddled to hide wider discomfort. I experienced a divergence between HSCI legislation/regulations and policy, understanding this in advance of fieldwork; and then entering at a specific time, experiencing a process unfolding at a scale that was rhizomatic, having to make judgements about what roots to follow, and getting myself muddled and overwhelmed.

4.8 Working in the Margins - Ordering the disordered

Although having been a public servant in Australia, it took time for me to work out how the public sector was organised in Scotland. Jobs in Scottish local government and NHS Health Scotland provided me with a better understanding of the shape of public sector organising. So I thought I knew how HSCI would be organised in Kintra, there would be patterns I would recognise and be able to relate to my own experiences. I was reasonably confident in my abilities to understand activities in which people were involved. It was at a partnership meeting, that the contours of organising and interorganising began to surface, how the consequences of practices wrought in London unfolded in Kintra, as matters of finance tie the doings of Kintra Council and NHS Kintra to the U.K. Exchequer, via the Scottish Government.

There were 12 people present in a formal council meeting room, adjacent to Council Chambers. I was struck by its blonde wood dados not the typical dark brown of other Chambers I’d been in, and I also noticed the blue green tartan carpet. The tables were pulled into an oblong shape so people could see each other. Julia was open and directly addressed the challenges of having two CEOs to report to and get agreement. She talked about finances and cost pressures on services, and budget projections until the end of the financial year. There were also challenges associated with implementing the living wage, and the flow on effects of the ‘Barnett consequentials’ in the Chancellors Autumn Statement, but no-one appeared to knows what this meant for Kintra specifically. … This group has met for many years and has service user, carer representation and a Councillor on it. (December 1, 2015)
In my initial ignorance with names, places and topics of discussion, I did not appreciate Julia was alluding to partnership difficulties disclosed within a partnership meeting. As I travelled back to Edinburgh, I realised my understanding of the situation was not going to be as comprehensible as I perhaps imagined it.

Today was pretty intense ... I'm going to generate so much data. ... there seems to be emerging differing narratives about accountabilities under the Act, total budget controls and governance arrangements. ... My brain feels as though it is draining, and I'm struggling to think (December 1, 2016).

In conventional terms, Kintra Council was organised around ‘functions’ referred to as ‘people’, ‘place’ and corporate. In detail, this meant that a Depute Chief Executive for People was responsible for Social Work, Children and Young People’s Services; another Depute Chief Executive was responsible for Neighbourhood, Regulatory, Commercial Services and Capital projects. Finance, Corporate Transformation, Strategy and Policy, Human Resources and Public Health (joint appointment) reported to the Chief Executive. NHS Kintra was organised by directorates that included Workforce and Planning; Nursing, Midwifery and Acute Services; Medical; Finance, Procurement, Estates and Facilities; Employee (Union); HSCI (Joint appointment); and Public Health (Joint appointment). All these directorates reported to the Chief Executive.

These organisings show the different purposes of these agencies, one had diverse areas of responsibility, from collecting rubbish to educating children; the other a focus on health, primarily, the treatment of illness. Both agencies shared the appointments of the Director for Public Health and the HSCP CO, although there were other joint managerial roles.

When it came to HSCI specifically, at Council the CO was responsible for Locality Services, Occupational Therapy, Learning Disability Services, Physical Disability Services, Joint Integrated Mental Health Service, Strategic Commissioning, Adult Social Work Services; whereas in the NHS structure, the CO managed not only Joint Integrated Learning Disability and Mental Health Services,
but also Allied Health Professionals, Primary and Community Services, Dental and Sexual Health and Lifestyle services, and Contracts (General Practice mostly). However, during fieldwork no formal arrangement for the HSCI management team was in place.

The management team had informal weekly meetings, and a formal monthly meeting where a wide assortment of actors would attend. Surrounding this group of managers, were other linked partnership groups, involving participants from the NHS, Council, the Independent and Third sectors. A number of these were requirements in statute e.g., the Strategic Planning Board and the Strategic Planning Group. Prior to the establishment of these groups, a group for the ICF was operating and continued to oversee approval of funding for integration projects. The whiteboard drawing below was an incomplete attempt by the Programme Manager, Chrissie, and myself, to map groups associated with, or with links to HSCI. She referred to this as ‘the spaghetti junction’ of groups and intended to use it as a basis for understanding where information circulated; and, to discuss with the Director of Strategic Planning and CO, the ‘streamlining’ of arrangements. Chrissie subsequently prepared a neatened map for her discussions (see Figure 29). These messy configurations of groups and meetings are not uncommon, and the creation of IJBs could be regarded as a form of meta-governance; a means by which to bring groups together, as well as being a part of a wider pattern with national links.

![Figure 29. My groups drawing and Programme Manager’s tidied up map.](image)

The arrangements revealed that although there were information flows across and through groups where a number of organisations come together, there were also circuits of information that flowed vertically and remained internal, but might be relevant to HSCI; the NHS Clinical Executive Group being one of these key nodal points. These meetings
permeated managers and others daily work, amongst other activities, with the majority not public. Besides the CO, the managers associated with HSCI did not attend the public meetings of the IJB, the NHS Board or Council, unless doing a presentation or speaking to an item on the agenda. The IJB, as the governance arrangement for HSCI, was the only group formally constituted by two organisations with designated representatives from the Third and Independent sectors, carers and users.

Intra-organising, coordinating within organisations was predictably a continuous feature of work in Kintra. Interorganising threaded through daily work, but in delimited ways. HSCI as a reform process was assumed to aide in reconfiguring care services, and whilst much effort focussed on planning and projects, established arrangements appeared as intransigent (although this is not to infer there were no changes).

How HSCI was unfolding felt at times disingenuous, as I was exposed to perplexing goings on in this early phase of implementation. However, activities that were apparent, seemed to be more about conveying a sense of stability, e.g. reviewing Connected Care and delayed discharge. I felt it was an exercise in propping up the NHS, rather than a shared endeavour; and particular resources were deployed by the NHS to aide this, whether it be administrative or data-related. Although responses of this sort might be understood as an attempt to manage HSCI intrusions into already stressed intra-organisings, let alone interorganising.

These efforts could also be reframed as practices of maintenance and repair; incongruously, safeguarding the b/orders of NHS and Council care services, while simultaneously attempting to collaborate, thus knowing about the effects of disintegrated care services but also maintaining organisational b/orders. This was the work to sustain functionality and relational roles, or to put broken things back together; the creative, mundane work keeping things going, especially for users of care services. Maintenance and repair can imply restoration, but can also involve improvement, innovation or transformation (Graham and Thrift 2007; Martínez and Laviolette 2019); in this case, mending an unravelling carescape via partnership-working. On a quotidian basis, repair can entail adding bits and pieces to the broken thing, and occasionally altering its purpose and functionality. While I observed ongoing modification work (e.g. improvement methods, or audit), and incremental processes (e.g. strategic planning, or project management), it was harder to see work-arounds (e.g. sharing information given I.T. interoperability).

Nevertheless, obscured forms of labour associated with repair can also be about ‘care’ (De
Laet and Mol 2000; Mol, Moser, and Pols 2010; Puig de la Bellacasa 2017), appreciating the fragility of things (Anand, Gupta, and Appel 2018; Denis and Pontille 2015) that are vital for the functioning of the wider relations they are part of.

While maintenance is continuous, instabilities do not necessarily disappear nor deliver resolution, e.g., when applied to something like the never-ending process of discharge planning. Repairing can also be piecemeal, but expose integration’s extant constraints: like the role of citrix to access Council servers for staff working in NHS buildings; or when Stephen acted as mediator between estates departments, and health and safety units, to establish new offices for Integrated Learning Disability in Blakhuil; or the improvement methods applied by the integrated team from Connected Care at HRI, to counter what they felt were unfair judgements about their work. In this sense the Act, as a large alteration, a tarlatan reinforcing to provide supplementary sturdiness when facing the tensile limits of holding things together, might be a more apposite term for the ambitions of HSCI in Kintra. But whether it supported extant repair work, or deftly managed the b/orders of Council and the NHS, could be questioned.

This chapter has illustrated scenes within which my ethnographic research was undertaken. What follows moves away from description of context to consider the story of an excessive, papery struggle to codify HSCI.

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26 Tarlatan is a cheesecloth type fabric used to wipe printing plates that can absorb a lot of ink at one time. It can help stiffen and strengthen weaker thinner fabrics, helping them stand out more, making them sturdier and durable (www.oed.com, accessed 3/07/2021).
Figure 30. Kintra exteriors.
Figure 31. Kintra interiors.
Chapter 5. Crafting the Commissioning Plan

5.1 Interfacing legitimacy - a Memoir

The artefact serves as an embodiment of practice, which makes that practice knowable by others, repeatable over time. It seems to hold things together, not least by helping us to think as well as to do; ... it serves as marker for social and political life, it serves also as a point of entry and orientation for investigation (Freeman and Maybin 2011, 165).

In what follows, I explore how texts in their ‘vita activa’ (Arendt 2013, 12), act as a form of connective matter, a reticulated mesh, fashioning and holding (Higgins et al. 2017, 33) the interfacing of the emergent Kintra HSCP. I provide a triptych of chapters, chronicling the makings of a troublesome plan. As the work of integrating approached the moment of its enlivening, a flurry of ‘papers’ in digital and fibrous forms, were being manufactured. The primary aim was to bring into being the IJB, and ensure specific functions to deliver HSCI would be agreed (Scottish Parliament 2014b, 12). Amongst baffling document manufacture and authorisation deadlines, a particular document was invoked – a commissioning plan.

Appreciating policies, plans etc., as genres of documents and as effects of practice, facilitates inquiry into how they are assembled and how they come into existence in the first instance. This recognition, in turn, supports comprehension of the central performative role of documents in organisational and interorganisational doings. Documents countless entanglements in organising practices and material arrangements (Frohmann 2012), engender effects through routines of policy-making, implementation, and service delivery.
As Ahmed (2007) points out, ‘documents are authorised by institutions ... they make claims about the institution ... and they point towards future action ... [but h]ow documents are written also affects how they might be taken up (2007, 591-3).

What at first glance appeared to be just another plan required by regulation, soon unfolded as a strange exercise of fabricating HSCI managerial team relations through co-creating document ownership (later revealed to be an added extra); and a means for shoring up the legitimacy of HSCI and the position of the CO, as an entity for (re)b/ordering relations.

5.2 Integrating as mundane materiality on paper

Artefacts have a ‘humility’ in that they are reticent about revealing their power to determine what is socially conceivable. Curiously, it is precisely their physicality which makes them at once so concrete and evident but at the same time causes them to be assimilated into unconscious and unquestioned knowledge (Miller 1994, 408).

When visualising what interorganising in HSCI might look like at the level of the prosaic, images of groups of people talking to each other in a meeting-like setting dominate. Closer scrutiny of the setting could magnify the utterances, as actors discuss and debate their relations and the purposes of their collaborating. But in attending to group dynamics and individual speech acts, we miss other presences, the spaces and ‘stuff’ that hold these relations together in time. These relatings of things and spaces with people in particular moments are relegated, bolstering the primacy of human actors’ acts. If meetings constitute relational content, the shape of those relations is also filled with various materials (Latour 1992). And, when it comes to the materials central to organising, it is documents that are core to everyday enactments (Freeman and Maybin 2011).

A way to grasp relatings produced through documentality can be found in unusual examples of processual, material and embodied connections for organising; exemplified in two unfamiliar Latin terms I encountered in fieldwork. The first word is sederunt. The Oxford English Dictionary (OED) has three meanings for this word,

a. A sitting of a deliberative or judicial body; now chiefly of an ecclesiastical assembly.

b. Book of sederunt: a minute-book. In minutes of deliberative bodies, used (in its Latin sense) to introduce the list of persons present at a meeting. Obsolete.

c. The time or occasion of such a sitting or meeting. Obsolete. (www.oed.com, accessed 13/12/2018).
Whereas the OED regards this word as obsolete, it was still in use in Kintra. This copy of a sederunt comes from a meeting in December 2015 of the ‘shadow’ IJB. A sederunt is both a document and a meeting, one cannot occur without the other, although the sederunt as document emerges at the meeting and has a life beyond (Hull 2016, 22-3). Unlike the word minutes, which distinguishes the record of the meeting from those gathered at the meeting, the sederunt is doubly material, as an artefact and embodied through a group of bodies.

The second word I did not recognise was homologate, another Latin word used in Scots law. The OED defines this as,

\[a. \text{ To ratify or render valid (a deed in itself defective or informal) by some subsequent act which expresses or implies assent to it (www.oed.com, accessed 13/12/2018).}\]

This word was used to denote that documents approved by the IJB in advance of April 1st 2016, would not have ‘real’, formal status until they were (re)presented at the first IJB meeting after April 1st. After this date, the IJB would be recognised in law as able to authorise decisions on resource allocation, planning, service redesign and commissioning.

The odd temporal and material relations that arose during this time meant the Act required two documents to be completed before April 1st, 2016, in order to make the IJB ‘real’. One document, the Scheme discussed in Chapter 4, was approved by the Scottish Government. The second document was the Kintra HSCP strategic plan. This document was approved by the ‘shadow’ IJB in January 2016, but could not actually be authorised until after April 1st, and so the decision was homologated.

The bringing into being of the IJB was enabled by documents that themselves had different statuses at different times, a recursive constituting of, and being constituted, by documents, which at the time had me very confused. The use of peculiar words, like sederunt and homologation, exposed the constitution of an emergent organising that as this triptych of chapters’ attempts to show, was hard to make sense of; and through
making of documents like the commissioning plan, revealed troubled interorganisational relations.

Not all organisings are the same, neither are documents. When considering documents in general, I work with Michael Buckland’s criteria for determining what is a document:

1. There is materiality: Physical objects and physical signs only;
2. There is intentionality: It is intended that the object be treated as evidence;
3. The objects have to be processed: They have to be made into documents; …
4. There is a phenomenological position: The object is perceived to be a document (Buckland 1997, 806).

These characteristics can be instilled into documentary practices to generate the legitimacy of any document ‘to achieve, influence or result in its intended or desired effects’ (Kosciejew 2019, 631). For HSCI, these are more likely to be the managerial and governance practices away from frontline body-work. I therefore, enquire into the labour of a specific genre of documents (Kosciejew 2017, 100) associated with implementation of policy, regulation and administration, that in their banality and perceived inconsequentiality disappear. The obscuring of mundane features of organising and interorganising has been recognised by various scholars (Finn, Srinivasan, and Veeraraghavan 2014; Hull 2016; Hunter 2008; Jacob 2007; Lowenkron and Ferreira 2014; Østerlund 2008; Riles 2006; Weisser 2014), as designating things like documents as immaterial materials, inconsequential carriers of the work of actors. Recent scholarship has explored the document as central to, and constitutive of, organising and bureaucratic practices (Hull 2016). Documents penetrate organisings, organisings create documents, which then generate more in response to the penetrations and the productions.

This memoir situates itself sociomaterially, in conceptualising documents as part of assemblages; a means to consider partnership-working through the lens of a particular document. I do not treat documents as ‘objects’ in a realist sense, or as discontinuous from the lives of actors enmeshed in interorganising. Rather, in deliberately foregrounding one document, I enquire into the texture of collaboration-as-practice. I explore how documents ‘do interorganising’ through their everyday constitution in and of practices; practices that actively construct and negotiate the seams between b/orders of organisings.

Documentality provides a scaffolding around organising, weaving ‘real’ the organising, stabilising – temporarily - processes of ongoing entification that provide
fortification (Weisser 2014, 54). Documents make what Anneliese Riles (2006) describes as ‘the paradigmatic artefacts of modernity’ (2), or what Florian Weisser (2014) suggests is ‘the lubricant for governing society, from grass-root organisations to international politics. Documents are not just ‘accessorial element[s] of social reality’ but ‘it’s condition of possibility’ (46) and therefore shouldn’t be reduced to a mere linguistic enterprise. Moreover, for every extra document, there are added assemblages generating further materialising and constituting of an entity, like HSCI. Consequently, the more HSCI is documented and the ‘more … resulting and subsequent documents are themselves subsequently documented in the same or different ways, the more [HSCI] is documentarily multiplied’, facilitating a material permanence (Kosciejew 2018, 4). Latour asserts that

*by working on papers alone, on fragile inscriptions which are immensely less than the things from which they are extracted, it is still possible to dominate all things, and all people. ... The weakest, by manipulating inscriptions of all sorts obsessively and exclusively, become the strongest* (Latour 1986, 32).

5.3 Building Durability

Steeped in fieldwork documents, I concentrated on those more intimately associated with the Act (itself a document), some of which were a dossier of interrelated documents produced by the Scottish Government, but also included requisite documents developed in response to the legislation’s stipulations. I consider how these documental relations shaped collaborative efforts, whilst surrounded by other genres of documents. I ‘zoomed in’ on a very specific document developed during fieldwork that managers and I did not realise was not required by the legislation or regulations, but was instead created in response to the situatedness of the Act’s implementation in Kintra. As the ‘go live’ date for HSCI approached, frenetic document production was underway and this document’s development was but one in the mix. In following its peculiar passage, I attempt to weave the texture of the collaborative doings in Kintra.

But what about interorganising? What might documents unveil about interorganising, in their constitutive relatings for HSCI? I want to show how the creation of a commissioning plan for Kintra HSCP was an attempt at strengthening the legitimacy of the IJB, an entity bought into existence (mobilised by papers and regulatory instruments) to authorise integrating via planning and commissioning practices. These devices of distributed governance (Gill, Singleton, and Waterton 2017, 8) were endeavouring to
reconfigure specific relations within the state, and its manifestations entailed in local
government and the NHS (Lascoumes and Le Galès 2007). This regulatory intervention, in
its ostensible durability, was explicitly introduced to transform HSC relations, perceived as
resistant and unable to change without legislative mandate.

The model of HSCI travelled in inscriptions in legislation, guidelines, the JIT,
PowerPoint presentations, and other technologies; embodying distinctive ethics and
normative values, exemplified in the principles inscribed in the Act - a programme of
change with a vision for alternate configurings of care, future-making, smooth-flowing and
without friction (Thelen, Vetters, and von Benda-Beckmann 2014; Bernstein and Mertz
2011). And so, this one document amongst a mesh of obdurate delegated materials (Law
2001), intertextually dis/re/ordering multiple logics of organising and care, was attempting
to give form to HSCI – a ‘thing’ dismissed as ‘not real’.

I consider the delegating in the Act’s materiality, consigned to different documents,
orderings of law, planning, commissioning and partnership via more paper. The obduracy
created through these documentary delegations a material durability, but in multiple - a
metastasising across organisations. These productive doings were, in the main,
performances of compliance with specified requirements of the legislation. I honed in on
the creation of the commissioning plan, as its conceptualisation and development
materialised, while other related documents were being finalised.

The commissioning plan needs to be seen as an effect of the implementation of HSCI,
except it was the only document amongst a suite of integration documents not actually
required. I followed the activity surrounding its invoking, inscribing and endorsement. As a
tense, disputed process, I illustrate the ongoing conflicts not just about document-making,
but implementation of the Act itself. The impediments to its intentions, through the work of
deferral, interpretative manoeuvring, and inertial work on the part of Council and the NHS,
all played a part. I only learnt from Julia at the end of fieldwork, the commissioning plan
was something she felt she had to do – a densifying patch over the seams of HSCI. I unpack
this process as an attempt to further materialise the legitimacy of HSCI, given authorised
documents might be regarded as legitimacy made ‘real’ (Nicolini, Reinecke, and Ismail
2020), exposing the array of actors involved, and how affect and intra-active knowledges,
shaped this particular document’s emergence. As suggested earlier, this activity was
shrouded even when the commissioning plan went ‘public’. Patrick Eisenlohr (2011)
highlights this paradox given,
media can only function as such if in the act of conveying something they are also capable of drawing attention away from their own materiality and technicality in order to redirect attention to what is being mediated .... [However, the] disappearing medium paradoxically accounts for the very creation and production of political and cultural processes and institutions (Eisenlohr 2011, 44).

What then follows is the story of that commissioning plan. In my (re)telling, I account for the potential over-determining of materials as a blunt force. In using documentary artefacts my intention is not to displace human agency, instead I echo Matthew Hull’s (2016) call ‘to analytically restore the visibility of documents, to look at rather than through them, is to treat them as mediators, things that “transform, translate, distort, and modify the meaning or the elements they are supposed to carry”’(13). I treat documents as matter, entangled with bodies and discourses as ‘expressions of the same sociomaterial world’ (Gherardi 2016, 4) and in interorganising, documents facilitate distribution of agency in the assemblages that unfold; such that ‘the situatedness of a practice being practised in a contingent space and time is linked to other sociomaterial practices that sustain and allow the situated performance of that practice’ (Gherardi 2016, 9). Document manufacture as a feature of organising is (re)produced in interorganising; a shared sensibility rooted in a documentary reality (Riles 2006).

Like Hull (2016) in his study of the materiality of Pakistani bureaucracy, I want to show that ‘stories of documents, from humble completion certificates to broad sector maps, help explain both crisis and stability’ (5). In following the plan, I present the wrong-side of the fabric, the outworkings in the plan are exposed. I show HSCI as something ambivalent, a distraction from the core business of care work configured in both Council and the NHS, revealing that far from being independent from documental practices,

bureaucratic texts are produced, used, and experienced through procedures, techniques, aesthetics, ideologies, cooperation, negotiation, and contestation (Hull 2016, 5).

5.4 The Wrong-side

This document, an addendum to the Act’s requirements was an unwelcome activity, like many other aspects of HSCI, tolerated because they have to be. I claim that the
commissioning plan is a means by which to interrogate sociomaterial dimensions of interorganising (Bjørn and Østerlund 2014; Flyverbom 2010; Hopwood 2014; Lindh Falk, Hopwood, and Abrandt Dahlgren 2016; Yi, Knudsen, and Becker 2016). I bring to the fore how routine actions associated with document-making, fabricated relations for stabilising the ‘doings’ of the Act, but remained stuck in ‘the debateable lands’ of governance.

Alongside questions that emerge about the performative role of documents, I consider whether the commissioning plan was a darning, or patch, mending the seamfulness of HSCI. I argue that HSCI documents and the commissioning plan in particular, constituted a site through which distributed interorganisational relations were being enacted (not always conducively), despite their invisibility; resembling what happens in embroideries, as the ‘right’ side faces an ordered world of signs and language. The ‘wrong’ side is covered, out of reach and hidden away. It is not explained, talked about or given a title (Shercliff 2015, 85).

In turning over documents as artefacts and exposing their stitching, documentality appears as fundamental to the work of integrating as interprofessional care practices. HSCI was constituted through materials, a multiplicity of things, via the immutable mobility of the Act (Latour 1987, 227). Publically approved versions of documents conceal organisational orderings that interpenetrate interorganising and any strife arising. Documents represented, in (re)negotiated orderings of relations a wariness of ‘the other’, that might only be tamed temporarily through materialisation.

Most studies employing documents, as Riles (2006, 14-5) puts it, locate the politics pertaining to them in their text. As indicated, I understand documents as effects of practices and material arrangements (Weisser 2014, 47). My aim then is to disassemble the commissioning plan, trace its origins from initial discussions to its authorisation. I created three, what I describe as kairotic openings in these chapters to reflect on how interorganising played out in and around the document as: palimpsest; the metis of documentality; and ‘sashiko-ing’ the seams.

The use of kairos provides a point of departure to the circumstantial activity of fieldwork, as I fumbled and puzzled through integrating as a documentary accomplishment; how documentary practices endure through autopoietic ostensive assemblages (Feldman 2003). Kairos is qualitative, it measures moments, not seconds (Honkanen 2007, 10). It refers to points of entry, openings for analysis, drawing from the act of weaving, as the shuttle shifts back and forth.
I begin with the metaphor of the palimpsest to convey the intertextual in document-making of governance that mediates relatings, documents in dialogue with their predecessors, contemporaries and derivatives, that metastasise in precarious pursuits of ordering interorganising. I consider how, in magnifying the commissioning plan as auxiliary piece-work for strengthening this (inter)ordering, the potency of the palimpsest is enacted through document-making, but also the commissioning plan’s fragility in its attempts to (re)establish the legitimacy of HSCI, is made palpable.

I move to the Ancient Greek concept of metis. Scott (1998) defines metis as forms of knowledge embedded in local experience, resistant to simplification into deductive principles, rendering formal procedures of rational decision-making as illusory (311-6). Following Pflugfelder’s (2018) notion of posthuman metis, which ‘allows for distributed cognition and results in hybrid subjectivities’ (203), I show how sociomaterial relations performed through documenting generates this form of knowing.

Lastly, in sashiko-ing the seams, I invert the document, examining the ‘wrong side’, to reveal repairing, altering, remediated knowing; relations built through the commissioning plan’s making and its connections to other texts. I see this as a (re)ordering of relations along a selvedge, a boundary negotiating artefact (Lee 2007, 314) created by another boundary object, the CO (Zdunczyk 2006, 7-9); but reminiscent of intimate body work that remains out of view, enacted by bodies and things that has consequences across a nexus of care practices.

I build these kairotic openings from three episodes, out of the time wherein I observed, and followed the becoming of the commissioning plan. These represents the diachronic way in which relatings of actors (myself included), artefacts, and discourses unfolded: firstly, the Invoke phase, signifying the episode of bringing into being of the commissioning plan through particular assemblages; secondly, the stage of Inscribe, representing the situated action of materialising integrating as commissioning; and, thirdly, the point of (In)act - demonstrating prevailing (in)action in the accomplishment of the plan and implications for HSCI.

5.5 Invoking Integrating

Documents ... serve as common denominators of practices that would otherwise remain incompatible ... in policy, the document mediates between decision makers, practitioners and their publics. The document appropriates
interests and practices in order to combine and recombine them in new forms (Freeman and Maybin 2011, 165).

One of the most common misconceptions about international legal documents is to assume that they are meant to be read and analysed for their meaning (Riles 1999, 815).

In the imaginings of HSCI there were transient voices, which I awkwardly attempted to fix in my fieldnotes. It is in these utterances and acts that episode one in the life of a commissioning plan commences, as it is educed (Brown and Duguid 1996). Through the course of fieldwork I came to realise the paramountcy of documents, influencing how HSCI was unfolding in Kintra, when Julia disclosed the Scottish Government had emailed the CEOs and her, stressing the need to finalise the Scheme, but she was having difficulties getting it signed off intensifying her sense of overall inertia.

As fieldwork progressed, it seemed as though much of the work of integrating comprised documents for meetings and meetings about documents. Documents were involved in integrating to such an extent it could be argued that the doing of documentation was the primary activity of HSCI. I identified the specific actors working on document development based on particular interpretations of the Act; translations often undertaken by John, the Director of Strategy. Aside from the CO, these actors were not the managers I shadowed (whose lack of involvement I found perplexing, given their implementation responsibilities). The work of those involved in document production, included meetings about certain documents, and meetings about other meetings that documents were needed for. These efforts generated a suite of local documents, authorised by the Kintra IJB for April 1st, 2016.

On the surface it appeared the requirements of the Act were complied with, they were in public administration terms, ‘doing the right thing’. The way ‘the problem’ (Bacchi 2012) had been constructed in the Act also inscribed particular ‘solutions’; and so documents were a way in to consider how integrating was unfolding in a specific context, distinct from other places, but nonetheless analytically important.

But this was not what was actually going on. It became apparent relatively quickly there was disquiet associated with HSCI, and the Act’s authoritative weight was questioned. It was an unwelcome guest, which unlike previous policy exhortations was going to hang around - a permanent visitor - unlike policies which change at subsequent elections. This was to be a reluctant ‘arranged marriage’ that had to take place, which is a possible
In Kintra, ‘double-doing’, while performatively complying with legislative requirements generated stasis, and reinforced the orderings of the NHS and the Council. HSCI. As a reform process presumed to aide in reconfiguring care delivery, focussed on planning and projects given the early stage, intra-organisational arrangements appeared as intransigent. This contributed to a sense of frustration, as the Act was cast as a thing to be tamed or moulded, such that the status quo could be preserved. It’s intrusions at a time of reducing budgets generated an ‘acting of the act’, despite the intentions and efforts of the six managers, who became concerned about the cogency of their partnership-working, regardless of their tacking. Yet in the inchoate phase of HSCI implementation, I began to feel those involved were taking part in a masquerade of performing ‘joint working’, cloaking underlying defensive routines.

As many others have observed, as a feature of organising in general (Freeman and Maybin 2011; Hunter 2008; Riles 2006; Weisser 2014), documents permeate policy practices. HSCI work at the time centred on responding to and making of documents. And despite these documents detailing information about services, people and budgets to be included in HSCI, even after their creation and approval, they were still debated. The paths documents took also included actors who weren’t necessarily involved in the main groups working on HSCI. The digital dispersal of documents and feedback on them remained hidden, and it was only in casual conversations where I would learn about the courses they had taken, and the reactions they provoked.

As discussed in Chapter 4, I was given many documents to read, including Scottish Government and Kintra ones. I diligently read them, taking time to go over the Scheme; the key document outlining the delegated services of the NHS and Council to be commissioned by the IJB. The Act inscribed the objective of the ‘cooperative’ creation of two other documents; as outlined in section 20. In fact the Scheme is the first item in the Act, and the first requirement of compliance.

The Scheme provided the authorising framework for the model of IA, which was determined in Kintra as the body corporate model. This first local document production required Ministerial approval. But as discussed before, the Scheme was queried and took longer to finalise, creating a brief delay in Kintra’s HSCI implementation timetable.
The second document required to ensure the IJB’s status as a legal entity was a strategic plan, which required consultation and could only be approved by the governing body of the approved model in the Scheme. Incidentally, the Act also detailed that the governing arrangements of the IJB were to be made up of five NHS Non-executive Directors (as appointees of the Secretary of Health) and five Councillors (who are democratically elected) – an arrangement of equals (apparently).

This sequence of document development and approval was tightly scheduled, in line with the necessity to have the IJB and its plan in place by April 1st, 2016. Homologating provided the means for getting the strategic plan approved before the IJB could function legally from April 1, 2016. Homologating also revealed an intricate choreography of authorising document actions, inscribed to manufacture a legal entity that couldn’t authorise documents until it was legal; a folding back, and a becoming real that could not be fully materialised – a double becoming.

5.6 An Integrated ‘Materiality’?

I had intended to scrutinise documents as part of fieldwork, especially planning ones. I learnt on day one the strategic plan had been through a lengthy, obligatory process of community consultation and (re)drafting. Given the consultation phase ended prior to Christmas, it was not feasible to ‘follow’ (Marcus 1995) this document. I was unsure of what other documents I could focus on. Nevertheless, with the various documents involved there was one apparently needing to be done, which I thought resembled a type of planning document.

The story of the passage of the commissioning plan began with bits of conversations I overheard from December onwards. I describe below my attempts to follow the doings associated with this particular text, which became a part of, but was also outwith the corpus of integration documents; and my astonishment at finding out at the end of
fieldwork, its intended purpose. I show how document manufacture is as essential for interorganising, as for intra-organising. I reveal in transversal practices, common materials shared across highly regulated organisings stand in for both legitimacy and compliance in contexts of emergence and uncertainty, i.e., imbricated practices that adapt for the purposes of collaborating across organisings.

Even though the artefact was to be a planning document, its subject matter was commissioning, something I had limited experience with. So what is commissioning? The Scottish Government’s HSCI guidance, defined it as,

*the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place* (Scottish Government 2015, 3).

I first heard explicit reference to a commissioning document on day two, in Julia’s one-to-one meeting with John. This meeting was where I first became aware of concerns about certain NHS actor’s reactions to HSCI, the inference being they were slowing things down. John spoke in an animated way about the need to comply with legislation (appealing to the mandated dimensions of the Act), before listing the range of documents needing to be completed before April 1st,

*including, the strategic plan, commissioning plan, financial statement, housing contribution statement (December 2, 2015).*

It was in this observational fragment that the agency of a document, the Act’s influence over future courses of action became noticeable. At the time, I was unfamiliar with the requirements of the legislation. I had the impression all the documents John described were mandatory. As my fieldwork timings meant following the strategic plan wasn’t feasible, but the commissioning plan hadn’t even started, I pondered over whether, out of the remaining documents, the commissioning plan might be relevant, a process more likely to involve those actors I intended to shadow.

I next heard reference to a commissioning plan three weeks later, at a meeting with Julia, Samuel and another senior NHS manager on establishing a localities approach for sub-acute care, to prevent unscheduled admissions to hospital. In response to their request for three-year funding from the ICF, Julia indicated they’d need evidence of effectiveness in
two years, but ‘anyway we need to write a commissioning plan to show how we’re going to reach the outcomes’ (December 21, 2015).

The task of creating this document was next articulated at the shadow IJB meeting on January 20, when Julia raised with board members the need for a commissioning plan, which she linked to the role of the IJB, its purpose as a mechanism for ‘syncing’ it with the parent body’s business cycle processes, and expectations for the first year of the IJB. By now I was under the impression the commissioning plan was a ‘must do’, alongside other plans and statements being prepared for April 1st. The Chairperson questioned its priority and how it was to be done, ‘what is the jigsaw that pulls together the bits?’. Julia responded, ‘this is essentially work being undertaken at the moment, but there is no guidance from the Scottish Government about the process’, noting the recent Audit Scotland report highlighting the issue of gaps in guidance, and that things weren’t moving as fast as anticipated. She exclaimed, ‘well wow these two things are connected’, implying (I thought) clarity about how to integrate was dependent on Scottish Government guidance. After this, a board member asked about locality planning and the relationship of this to a commissioning plan, ‘How are local priorities going to influence?’ Julia replied it was a ‘two-way street that will evolve over time’, with localities influencing the commissioning plan as well as in the other direction, resulting in long-term synergy.

In this moment, intertextual relations of different documents, the tying together of logics of localised planning and service reconfiguration was evoked, an expanding material inflation (Law and Mol 1995, 283) and a prefiguring of anticipatory prospects. Another board member asked when the IJB would see the commissioning plan? Julia indicated she would bring a format for the commissioning plan and the performance framework to the IJB in April. The NHS CEO then commented, saying ‘it is a little surprising that we don’t have it’ (given all the work that was being done), expressing surprise no advice had come from Scottish Government, but to ‘keep it simple – bare bones’. By this stage, I was mindful of the tensions involving executives from the NHS and wondered if this was a bit of a public ‘dig’ at Julia (January 20, 2016).

### 5.7 Looking Carefully

In my naivety, as I described in Chapter 3, I tried to find opportunities to be more ‘participatory’ (Evans 2012, 98-9). In hindsight, undertaking participant observation when you have no managerial role nor the authority that comes from such a position, wasn’t
feasible. So when the opportunity to arose to get involved in a small activity involving documents, I took it. With the IJB now aware a commissioning plan was to be created, I decided I’d attend a meeting where the work of document production would be discussed - the next strategic planning team meeting.

On February 3 at Kintra Council, the HSCI programme manager, Chrissie, and the rest of the HSCI project team, were finalising the production of the Kintra HSCI strategic plan. I’d met Chrissie earlier and she warned me it may not be worth my while since they would probably only talk about the publication of the strategic plan. Not being put off, at 4pm I made my way to Room 3, in the Corporate Management area for the meeting of a small group involved in coordinating development and publication of HSCI documents. Five women were present, Helena, the analyst; Kristie, the Communications officer; Chrissie, the Programme Manager; Michelle, the Project Officer; and Julia, the CO.

They began by talking about removing the word ‘commissioning’ from the strategic plan. I did wonder about the lack of clarity about the title of the strategic plan being the strategic commissioning plan as inscribed in the Act. Julia remarked she didn’t think any publicly available strategic plans produced by other HSCPs had the word commissioning in their titles, but are known as strategic commissioning plans given what’s in the Act. At that point I was confused, why the difference in title? Wasn’t the separate commissioning plan a part of the suite of documents required by April 1st? Julia suggested having a footnote in the strategic plan indicating the Scheme refers to a strategic commissioning plan, but the strategic plan is it in terms of intent, although she acknowledged that it’s not really. So the strategic commissioning plan as inscribed in the Act wasn’t about commissioning and therefore a separate commissioning plan had to be created? The situation didn’t make sense, but without detailed knowledge of the Act and all the guidance I didn’t want to interrupt their discussion with my questions.

Julia said she wanted an update around planning generally, so Chrissie responded saying she was reviewing Council’s corporate plan, the NHS Local Development Plan (LDP), and cross referencing. Julia quipped that in relation to plans ‘some people have concerns about being told what to do rather than them shaping it, directing it’. Julia then excused herself, explaining the discussion was too detailed for her, but suggested using the information described in the Scheme. Chrissie said they had the level of information already so could pull it all together.
The meeting conversation centred on acts of gathering, piecing documents and sections of documents, to fabricate another document – a composite stitched together for purposes I was unsure of. The group had also been authorised to prepare for publishing the strategic plan before April 1\textsuperscript{st}. As the contents had been approved by the ‘shadow’ IJB, Chrissie hinted a PhD student might like to help with proofreading prior to desktop publishing and printing. Despite my bewilderment with the various plans, I was keen to do something. I thought this would provide me with insight into how HSCI documents were being developed and who was involved. So I agreed to proofread the plan.

From the various layers of planning and what I picked up, I surmised Julia was wanting a commissioning framework for the partnership using existing information for year one, then showing how the IJB would commission in the future, an additional two-year time horizon. The timeframe as stated to the IJB was for a draft commissioning plan to be provided in mid-April (after the ‘big’ deadline). Chrissie said she wanted something sufficient, but an interim measure because initially the IJB would be commissioning the parent organisation’s existing service delivery arrangements. She stated they (project staff) were ‘trying to present a combination of progress and a pathway for further progress, taking them on that journey’ through incorporating text from current organisational plans; alluding to anticipatory action but starting with aligning the seams of the NHS and Council. At this point, Kristie flagged she wanted the remaining documents to be published at the same time, as part of the ‘same family’. So as related documents they needed to look the same, the branded ‘ducks lined-up’ including, the Equalities Impact Assessment, ‘Facts & Stats’ document, Joint Strategic Needs Assessment, the Engagement report, Finance plan, the Strategic plan, and its Easy Read\textsuperscript{27} version.

The commissioning plan as had been described, seemed to be some form of bridging document, a means for linking current activities to ‘transformed’ future activities, but the group and I remained confused about its purpose. Helena thought the timeline to get everything completed by March 31\textsuperscript{st} was very tight, especially the unclear status and timing for drafting the commissioning plan. They also seemed perplexed about Julia’s understanding of what she’s supposed to be doing and concerned that with every conversation the document’s purpose was shifting. However, they had to move on and prioritise next steps for getting the strategic plan published (February 3, 2016).

\textsuperscript{27} Easy read, is about publishing accessible information, especially for disabled people (SAIFScotland, accessed 12/01/2021).
Mid-February came around and I’d completed my proofreading, so I met Helena at Kintra Council to go over my amendments. We sat at a small table in the informal meeting area behind Social Work with a printed copy containing my tracked changes, and an open, electronic version on my laptop. Page by page we scrutinised the changes I made to spaces between words and paragraphs, grammar, commas added and my occasional comments on style and use of certain words. As we worked our way through the text, the ‘saga’ of the strategic plan’s production came up, as Helena recounted what had happened. She described the difficulties the project team had engaging various people with the process, getting feedback on draft versions, and how the text was tactically altered by others. She did not name who they had ‘issues’ with, referring to managers in general. However, she talked about John and his desire to ‘simplify’ the document, something she disagreed with.

She laughed as she went through my changes, telling me she felt my feedback affirmed her opinions about the text. She indicated though, because the ‘shadow’ IJB had approved the final draft she couldn’t accept some of my tracked changes. The rejection was on the basis that particular suggested edits were about content; only spelling, grammar and layout changes were acceptable. During our discussion about what could, and could not, be modified in the document, I learnt about the ‘story of the triangles’ and how members of the ‘shadow’ IJB loved triangles, whereas she regarded the use of them and their detail problematic. In this retelling of her experience with the use of certain semiotic signs (what could be described as a form of shorthand for understanding), I reflected on how people as readers, respond to certain visual signs and the use of colours and typography in texts. Redolent of Hull’s graphic ideologies (2016), I realised the symbol of a triangle possibly lessened the interpretive work for a reader grappling with abstract concepts, e.g., care interventions.

Helena went on to describe how hard it was to get people to participate in drafting the strategic plan, but she’d had to ‘let it go’ and let her standards for document
production not stop progress towards the April 1st deadline. She also described how frustrated her colleagues had become with the whole process. I responded by relaying my experiences with changes to documents being part of the process of constructing documents. It seemed to me, given her background as an analyst, she was unhappy with the ‘facticity’ (Latour and Woolgar 1986, 76) of the strategic plan and the process of its development. She expressed her expectation that it would be a linear process, but it was not, still she’d come to a position of acceptance. I thought this was an interesting reaction, what Schatzki might ascribe to the teleoffective dimensions of strategic planning practice and it’s orientation toward ends, the acceptable actions for enacting planning; nevertheless becoming involved in writing a strategic plan had affective effects (Schatzki 2002).

In that moment, I felt proofreading had provided an opening for getting closer to documentary practices. I tried not to be judgemental, stick to proofreading and limited editing, yet in going over my amendments with one of the document’s authors, I couldn’t avoid my assumptions about documents, nor my embodied, aesthetic knowing of professional writing and desktop publishing. As I recounted to Helena, I struggled to not react to certain subjects, such as, self-directed support (having been SDS programme manager at Edinburgh Council) and what I felt was the inaccurate use of the triangles (given my NHS Health Scotland evaluation role). These feelings alerted me to my own emotional investments in documents, especially when I think I know something about the contents. My minor participatory effort led me to realise how the story of a document’s creation could unveil the assemblage of actors, discourses, objects; a mangle of relations, responsibility, engagement and aesthetics. As someone with many years of working on the development and dissemination of documents, it felt like seeing documents anew.

During my conversation with Helena, I thought it was a suitable time as any to ask her about the creation of the commissioning plan. I told her I’d heard people talk on different occasions about the need to develop something called a commissioning plan, and that it was discussed at their recent project team meeting. So I asked her what the timelines were? As I listened to her response, I knew the commissioning plan would be a prime candidate as a document to follow and explore how managers might be enacting integrating through its creation. I felt confident following the commissioning plan would generate multiple insights into collaboration-as-practice (February 16, 2016).
5.8 Manufacturing Textual B/orders

Later that day was the monthly integrated management team meeting in Council’s Corporate Management meeting room. This meeting was more formal than the weekly gatherings, using a Council template for the agenda and accompanying papers prepared by Cate. Julia was chairing and drew people’s attention to the IJB agenda, which had had its first ‘semi-official’ meeting (as the Scheme had been approved). She outlined three key decisions with specific actions to be homologated after April 1. There was discussion between Council’s lead auditor and Julia regarding finances and the timing of certain documents given the upcoming deadline. In light of this dialogue she declared ‘we are real, but the money is virtual, the year after will be real’, then joked about being in the shadows and how it will become lighter between this financial year and next financial year. Conversely, in contrast to being ‘real’, the auditor then raised the matter of a Freedom of Information request from Scottish Parliament about performance and efficiency of the IJB, to which Julia responded ‘it doesn’t exist yet, so there isn’t any’. Kristie the Communications officer, then gave an update and made a request for positive stories, to which Julia added this was about ‘creating joint history … that everyone can share … real stories … real people’. She then added she wanted to create a commissioning plan.

As the meeting drew to a close there was lively discussion about people not being involved in reviewing draft documents. A clearly frustrated Chrissie commented on not getting feedback, with managers responding it wasn’t that this was not a priority, ‘it’s capacity’, their time was limited. Chrissie pointedly replied that she wanted them to be clear of what the impacts were of certain things not being done and if understood that’s
fine. Julia intervened by reframing the issue as an opportunity for people to give feedback, but then commented further on developing a commissioning plan. She remarked it was something she’d not thought was realistic, except the NHS were expecting it and she’d be ‘using it to be clear what we’re not going to do’. This confusing comment made me query whether Julia was being tactical in relation to the NHS, attempting to expand her room for manoeuvring between the organisations. The Auditor responded by saying the IJB can use the commissioning plan to ‘direct and control the partnership’ – an interesting hierarchical turn of phrase.

Julia highlighted what she thought were deficiencies in the NHS planning approach. With the exception of learning disability and mental health, Julia noted how far some of the services were from these exemplars. Chrissie responded by detailing how she was going to approach the commissioning plan’s production. She linked its development to the development of the integrated management team, which she described as ‘pivotal’. I thought the crafting of this document was emerging as a site of HSCI enactment via a function described as core to HSCI, commissioning, albeit through inscription.

Stuart who’d been quiet, stressed to those remaining, the gulf between the NHS LDP and an NHS employee’s Personal Development Plan, ‘so this is new territory’, to which Julia described that in business planning and transformation processes it’s much clearer. Chrissie apologised for being ‘stroppy’ but persisted with her attempts to convey to managers they needed to ‘own the commissioning plan’. In response, Stephen wanted to know what this meant for him. Jan, one of the public health representatives interrupted, seeking clarity about what this meant in relation to national outcomes, adding she felt the word ‘commissioning’ was generating intense reactions. Julia acknowledged concerns regarding budget reductions, but declared money for commissioning was an investment and would contribute to transforming what they do, as well as securing additional resources from the Scottish Government. She then pronounced ‘it’s the stormin before the normin’. By this stage I was convinced the commissioning plan’s assembly was an apposite way to explore how HSCI was being enacted through documents.

That evening I got a lift back to Edinburgh with Helena, who’d also attended the meeting. I told her I thought the meeting generated interesting interactions. She replied it was a repeat of the challenges she had had with the strategic plan, before moving onto revisit Chrissie’s unproductive efforts to engage managers in the commissioning plan’s development (February 16, 2016).
5.9 Paper Tracing

The next day I went to HRI to meet Stuart in the mezzanine. Sitting at his desk we started out chatting about what I wanted to do with my research, but ended up talking about the previous day’s management meeting. He felt Chrissie’s overly reactive comments were a repeat of the previous month and from this interpreted that things haven’t moved on. Whilst I found his views regarding Chrissie’s manner gendered - the trope of the emotional woman - I thought Chrissie embodied affective dimensions to planning. The extent of emotion she expressed (or possibly deliberately enacted), highlighted planning (and document-making) was not some neutral, rational exercise.

Stuart then changed topic, disclosing pressures he was experiencing from being directed to work on other things was restricting his capacity to get involved with the commissioning plan’s development, although he conceded he complained about a lack of engagement when drafts emerged. He started talking about HSCI more generally and relayed other’s perceptions that the IJB as a ‘commissioning body’ will be transactional only, i.e., money in/money out, hence things will stay the same, commissioning exactly what’s already in place. The idea of treating the IJB as an accounting transaction was fascinating, it amounted to reducing care configurations to concurrent credits and debits on a balance sheet. It also appeared anchored to a narrow understanding of what commissioning entails. With these tensions regarding HSCI, it was no wonder its implementation felt disconcerting, the interpretations of HSCI were proliferating (February 17, 2016).

The following week I organised to attend some HSCI partnership meetings where the commissioning plan would potentially be discussed. Chrissie said I could accompany her to any strategic planning group, so I ended up at the Strategic Planning Board, in Council’s Committee Room 2 next to Chambers. John was chairing, but in a more informal way than other meetings I’d observed him in. He went through the characteristic motions of checking minutes for accuracy and the actions actioned in the action tracker. In Helena’s absence (who was unwell), Chrissie reported on the status of the strategic plan before moving on to discuss the annual NHS LDP, drawing attention to a section on HSCI. She noted the ‘hierarchy of planning’, indicating the HSCI strategic plan was to inform the LDP, not the other way round. This was the first time I observed the overt entwining of parent body plans for simultaneous mobilising, but with the inference of greater status being accorded
to the HSCI strategic plan. I wasn’t sure executives in the NHS would necessarily agree, as the LDP was NHS Kintra’s ‘contract’ with the Scottish Government.

Chrissie’s update prompted Council’s Communications Manager to clarify the ‘connections between documents and plans, thinking about the commissioning plan’, to which a Public Health representative asked ‘what’s informed by what?’ In reply, Chrissie clarified what she meant by commissioning and explained the connections between the strategic plan and commissioning plan and what’s being done. She indicated the first part will be about year one aligning with what was currently in place, and part two will ‘take the strategic plan forward to develop in the future around commissioning’. She then described how the ‘project team’ would work with the HSCI management team, as ‘managers collectively agreed that’s what they’re doing together’ and how this built on the strategic plan (February 23, 2016).

This invoking of the purpose of the commissioning plan as enmeshed with the work of the management team, set the stage for a subsequent phase of activity that was tense. These kinds of utterances speak to wider effects of documents in organising; producing and reproducing ordering, or stabilising artefacts enabling the reification of organisings. However, when shifting to interorganising, sociomaterial orderings encounter a disordering that appears to threaten the organising as a bounded entity. To progress the commissioning plan, to materialise and become ‘real,’ speech acts needed to be confined to paper. Yet conventions in genres of organisational writing translate voice to script and script to script in specific ways, as templates for action, an ordering that moves and attempts to acquire purchase. But what gets missed is the relations emerging through making documents also draws on other actors, discourses, materials and even more documents of various genres. How then could I make sense of the material connections at the seams of organisations, which could be mobilised for transversal application? To do this I took the polysemic threads of invocation and wrote them through the ‘morphomediality’ of the palimpsest (The Multigraph Multigraph Collective 2018, 94-7).

5.10 Palimpsest – the Autopoiesis of Paper

The physical composition of artefacts, how the surfaces are ordered and physically linked to one another, may also shape the significance of the discourse they carry, for example, by determining which graphic forms can be seen together (Hull 2016, 17).
In talking about documents I want to shift positions, to stand back and think about the loom rather than the thread; how material textures in practice gave shape to HSCI. The story of HSCI in Kintra does not begin with the Act and its dossiers of guidance. Even I was aware of certain documents from my time in another Scottish local authority. Integrative efforts as I’ve outlined, have been in train for over 20 years. Nevertheless, in making a temporal cut with the regulatory requirement to integrate, I start with the Act. This legislation principally inscribes further document production, given the ‘duty’ to create two others, the Scheme and a strategic plan. The template for the strategic plan was informed by the Joint Strategic Needs Assessment (a planning document used in English local authorities). In the Act there is a reference to a strategic plan, which is written as both strategic plan and strategic commissioning plan, but means the same thing. This statutory inscription was generative of intertextual relations.

Accompanying the legislation, this progenitor of a wider family of documents, were 21 guidance documents. I understood the key local documents to be the strategic plan, commissioning plan, financial statement, housing contribution statement, and later an equalities and rights impact assessment. Surrounding them were other documents directly and indirectly, related - a portfolio of interrelated documents.

Figure 37. The Act, Section 23 – Requirement to prepare strategic plans.

Figure 38. The HSCI document interfacing in ‘Kintra’.
For example, the strategic plan was connected to: the Programme Management GANTT chart tracking publishing timelines; the IJB action tracker recorded the need for specific staff to discuss the strategic plan at these meetings; and, templates graphically branded the plan with particular logos, colours and layouts (Hull 2016, 17). Many supplementary documents were local, others national, some were confidential, and others hidden, e.g. NHS Kintra’s cultural audit on HSCI (a document I never saw), and the JIT advisor’s IJB review of governance understanding (a document Julia gave me but never shared with the IJB). This metastasising of artefacts appeared to constitute, mediate and hold the mesh for integrating, reminiscent of interfacing (Freeman and Maybin 2011, 162). This was expressed in Kintra as ‘an industry’ of document production in advance of April 1st; sequential material enactments that had consequential effects, a quotidian inscribing, enacting and substantiating HSCI (Nicolini, Reinecke, and Ismail 2020, 4-8).

For investigating the intertextual relations forging integrating, I draw upon the metaphor of the palimpsest as an affiliative object, employed to unpick documents, and expose their intertextual entanglement. In tracing the commissioning plan as representative of the material relations of integrating, the palimpsest could be read as making up the stuff of the material mundane governance of the distributed state. When it comes to HSCI documents,

[a] focus on the affiliative powers of objects orients ... to their multiplicity, ... complex objects can be understood as the alignment of their parts ... The singularity of an object, correspondingly, is an outcome of discursive practices that render it coherent and stable, rather than a property that inheres in it sui generis (Suchman 2005, 380-1).

In its original use a palimpsest was a manuscript, typically made from vellum where the original text is overwritten at least once, with earlier texts partially erased, layering preceding texts behind the most current layer. Palimpsests are therefore the product of reinscriptions over time; an involuted phenomenon where otherwise unrelated texts are interwoven, competing with, and infiltrating each other. As a metaphor the palimpsest constitutes a site of unfinished and complex accumulation of layers, with multiple authors, translations, and traces of partial discourses. The metaphor is not so much about mystery or age, as it is about accreted laminations of meaning and material relations (Ridderstrom 2018, 7-8).
Analogous to palimpsest, is the concept of intertextuality developed by Julia Kristeva, as ‘not merely comprised of other texts, but of ‘utterances’, a product of ‘the productive violence of the involvement, entanglement, interruption and inhibition of disciplines [and texts] in and on each other’ (The Chicago School of Media Theory 2010). This accommodative feature of the intertextual palimpsest envelopes legislation, regulations, guidance and local plans, as objects to be untangled rather than made transparent; as artefacts that bring to bear other things and subsequent activities. In the present the palimpsest projects, are the unintended presence of texts from the past, but that afford the possibility of the inscription of future texts (The Chicago School of Media Theory 2010). While literary theories centre the textual and semiotic, a sociomaterial reading distinguishes a distributed agency of the palimpsest enmeshed in discourses, actors and materials; whereas ‘attend[ing] closely to the constructedness of policy documents, [says] little about the work of construction itself. … Theories that are concerned with the content or meaning of documents ... are stories that strip the document of the practices surrounding it’ (Freeman and Maybin 2011, 159).

In relation to policy and organisation, the palimpsest’s usefulness is that it contrasts sharply with a representational view of documents (Nicolini 2011, 602) as primarily standalone containers of the technical and rational. The palimpsest sensitises us to the relatively arbitrary nature of defining the content, beginnings and end points of documents. From this perspective, a palimpsest enables us to see how ‘the power of things depends on how they are ... ‘syntagmatically’ networked with other things. ... The power of things does not lie in themselves. It lies in their associations; it is the product of the way they are put together and distributed’ (Joerges 1999, 5). The palimpsest draws our attention to the paradox of change and stasis, the mangling of the social and material, and the ways in which these surface through asynchronous temporalities. We become alert, therefore, to the contingencies of accelerated policy demands entangled in historically congealed practices, making possible contemporaneous consideration of proximal and distal perspectives. In illuminating the durability of the palimpsest, the fragile generation of a local ‘temporary policy settlement’ enacted through documents is exposed (Carter 2012, 423). The intervening presence of documents, is remarkable given the manner in which these texts are inserted into the policy process, the mode by which they can help construct relationships among policy actors, and the power-laden rationalities embedded in these instruments [and how they] may
affect policy processes in an autonomous manner unintended by its authors (Lejano and Park 2015, 275).

Conceptualising through the palimpsest sees HSCI documents as contingent and constructed, rather than unitary and received; intimately constitutive of the ongoing production of a papered HSCI, with the commissioning plan an excessive attempt at materialising its regulatory purpose – a padded patching. In contrast to the palimpsest, stands the notion of authority, ‘which seeks to fix the form of the text’, requiring steady, unitary texts rather than an insecure, multiple one (Bornstein and Williams 1993, 2). In generating the text e.g., a plan as authorised by an authority, the authority also establishes itself as authorised by texts through codifying, or producing authoritative founding documents like the Scheme. In constructing and disseminating authoritative texts, the IA as the site where such texts are constructed and disseminated is legitimated.

Understanding documents as versions, can help shift our conception of the document itself from product to process; a decentring of authority and exposing their manufacture and imbricated relations. Emphasis is instead placed on the multiplicity of versions rather than privileging a final one to which the others seem mere stepping-stones.

In framing text as palimpsest, it ‘becomes less a bearer of a fixed final inscription than a site of the process of inscription, in which acts of composition and transmission occur before our eyes’ (Bornstein and Williams 1993, 4). Appreciating the historical contingency of texts foregrounds the practices involved in document construction, ‘displacing the absolute authority of the author over the text, in favor of an authority more dispersed among those who actually bring the text to its published form’ (Bornstein and Williams 1993, 4); inclusive of the many actors involved, including, editors, peers, and printers. I extend these relations to embrace the materials tied into construction including, computers, software programmes, and paper.

5.11 Integration’s Intertextuality

Utilising the notion of the palimpsest, I want to illustrate how organisational ordering through documents responded to interorganising and in their metastasising and entangling of actions, how the work of integrating unfolded; illustrated by Helena, who told me about the strategic planning saga. I then contrast this with a brief insight into another feature of
palimpsest found in accountancy associated with another significant materiality in HSCI, money, as expressed in an excel spreadsheet.

Clearly we do need them [documents] and you know, ideally I think we would have a smaller more harmonised number of documents, that are referred to more frequently, by everybody in the mix. ... just as an example of what I mean ... with aspects of the work streams, there are different permutations of documents that go to different groups at very similar times because they all want things in their own format. So, the IJB have a format, the EMT have a format, the HSC management team have a format, as does the SPG and the SPB, and the localities planning board, and the finance groups, so one is conscious of a lot of related, but differently looking documents flying around in the mix, but actually we could boil it down to a smaller family of documents, to which people made more frequent reference, but also for which there was ... more collective awareness ... I don't mean awareness of the existence, I mean awareness in detail of the content. ...

I think the different groups have got their own different document templates. ... so e.g., even if the underlying paper that goes to different groups is the same, the different groups require their own cover paper, which follows that cover paper format, so even if the content of it is essentially the same, it gets reformatted ... I'm not saying that every single document has to be reformatted for every single one of those groups that I have just named, but certainly there seems to be whole industry around getting ... given that most of these groups meet monthly, and as soon as you're talking about several groups that meet monthly, you know you've got at least a couple of things happening every week, there's an industry around getting papers ready for those groups, and of course all those groups have their own minutes, their own agendas, their own action trackers, and they've all had their terms of reference and membership visited and revisited, their names visited and revisited.

... legislatively each HSC partnership, is required to have its own strategic plan, which is referred to in different parts of the legislation and different parts of the guidance as a strategic plan or strategic commissioning plan, that's allowed a lot of confusion, and a lot of differential interpretation on what the scope of that document is actually supposed to be. And I personally think it's quite difficult having a strategic plan and the commissioning plan underlying that, especially given that those documents seem to be differently owned or differently understood by different groups of people. ... I found the landscape of different governance groups, which itself has been changing and evolving as ... non-linear and I don't mean by that not iterative, but just sort of circular and amorphous at times ...

Anecdotally, one of my colleagues involved in the admin of meetings, said that quite often she'll have managers saying to her, ‘Which meeting is this again?’ ‘Which one am I at?’ ‘Isn't this the same as you sent me last week?’ No well it looks similar, but it's actually for that group rather than that group, but because you see the papers for both groups you essentially get the same ... pretty much the same thing twice, albeit with slightly different slant on it. Now I get the strong impression when I go to these meetings that most people haven’t read most of the papers, initially this disappointed me, but latterly, I've thought
well, why would you, because you’re bombarded with stuff and you can’t keep it up, you’re trying to do everything else in your job at the same time as, essentially read, or take receipt of repeat iterations of the same thing, and yet integration isn’t supposed to be ... there’s something in the legislation about integration isn’t supposed to be about organisations getting preoccupied with setting up new structures, it’s about delivering around the patient (Helena, June 20, 2016).

In distinction to this lengthy reflection is a demonstration of what work documents with numbers do in the form of a spreadsheet. An alternative material palimpsest can be uncovered through financial information kept in excel spreadsheets (as numerical documents), which in opposition to the surfeit of documents are reductionist and brief, and not as widely distributed nor discussed. Given the interpretive space inscribed in the Act, some managers told me they thought what was being enacted was a minimalist and transactional arrangement for HSCI. I asked Harry the CFO about this, and he provided me with the financial representation of Kintra HSCP reduced to a double entry in an account, revealing no cash was exchanged, nor separate bank account opened for HSCI. Given my financial management experience and observations, I knew there were contested financial views regarding HSCI and it was hinted at in financial documents. Nevertheless, the technical debate appeared contained to an exclusive conversation between accountants from the NHS and Council, despite the consequences.

No matter the format or genre, documents can be read as ‘effect of practice or effect in practice’ (Weisser 2014, 53) and consequently each document is the product of, and generates various others. In doing so the palimpsest is reproduced, an ordering underpinned by documents, in the practices of organising (Weisser 2014, 54). The industrial manufacturing of papers initiated in part by the legislation, spread the palimpsest and in doing so was generative of a material fabrication of HSCI. Questions remain however, about their durability and capacity to shape the texture of...
interorganising. How these features materialised through the embryonic assemblage the commissioning plan was building is detailed next.
Chapter 6. The Work of the Commissioning Plan

So how did the commissioning plan come to be assembled, etched onto the medium of digital paper? I move onto the next episode in the life of this document that until this point had only been articulated as a necessary action.

6.1 Inscribe – the Documentality of Integrating.

The practice of planning or commissioning, reflects a ‘collective emergent capacity’ to plan (or commission), a knowing-in-practice accomplished as an adaptive response to the needs of organising, or as in this case, a more complicated interorganising (Gherardi 2016, 44). I have illustrated how the relations for accomplishing the commissioning plan were developing through the actions of various actors in particular roles, and associations with other documents. I now illustrate what unfolded as this document was written.

Almost a month on from the HSCI project management meeting, I was accompanying Chrissie to meetings where the proposed commissioning plan would be discussed. Chrissie picked me up from the station and on the drive to Dorchmuir we commiserated with each other about our recent bouts of illnesses. We got to Council at 8.30am and walked to where she usually located herself, via Social Work on the ground floor and up the middle stairs (not the stairs behind reception I previously used). Chrissie was very amiable and said hi to lots of people. She spoke quickly, and in our conversation was quite opinionated about what she regarded as poor management of HSCI implementation. She thought the difficulties were possible NHS anxieties about loss of power, given what was in the Scheme. She said the way HSCI managers talked at meetings was a front for not doing things themselves, her example being their lack of involvement in the strategic plan. Chrissie thought the strategic plan’s production was poor and wouldn’t let it happen with the commissioning plan.

We chatted about her views that lack of progress was, in part, a consequence of the management team not expediting HSCI. She felt Joanna undermined agreed action, telling me that providing service plan information for the commissioning plan was agreed at the last formal management meeting, but challenged by Joanna (who wasn’t present) in an email afterwards. Chrissie described this as creating a ‘shit storm’. As she talked it dawned on me I was not seeing emails; there were simultaneous relations that were invisible to me given I wasn’t on the management team’s group email. She told Julia they needed coaching from someone like Jason Leitch from the Scottish Government, who indicated she would
raise it with someone there. I thought Chrissie was in an interesting position being new, on contract, and with no investment in an established career in the area. She struck me as very experienced in project management, confident in her perspectives and outwardly ‘un-phased’ by what people said to her, although she equally appeared to be concerned with HSCI’s lack of progress.

To get started on the commissioning plan we arranged to meet Michelle in one of the small meeting rooms behind where they sat; a space that felt like it hadn’t had a makeover since the 1980s, with its lime green plastic door handles and trimmings, and a large cheap photograph of a generic tropical beach somewhere far from Kintra. All that was missing was the mission brown exposed timber ceiling. They started mapping the various groups associated with HSCI. Chrissie was trying to distinguish ‘the governance groups’ from ‘project delivery’ ones. She thought identifying all the groups and having ‘bullet point’ overviews of what they did would help everyone know what these various groups were supposed to be doing. Using the terminology of project management for determining courses of action, she reframed groups into projects then assessed their temporal status in terms of whether they would go on, were a ‘short-life work stream’ or would close (see Figure 29.). Her speech was peppered with lots of anecdotes of her experiences in other workplaces, which as a consultant she had an endless supply to draw from. Michelle as a project officer, had detailed knowledge about a number of these groups as she resourced them. She also took notes for Chrissie and John to discuss, and later advise next steps. Chrissie had earmarked March 15 for a development session at the formal HSCI management team meeting to start work on the commissioning plan.

After the meeting I wanted to clarify with Chrissie the next steps, but Helena came over to ask a favour. In the midst of their conversation, Chrissie (looking at her computer screen) interrupted, saying ‘Cate’s emailed wanting papers for the next management team meeting’, but she’d discussed with Julia and Cate that the meeting needed to focus on the commissioning plan. She was clearly annoyed, so she and Helena talked about what needed to happen for this meeting and how not to do the managers work for them given the strategic plan experience. She suggested having an overview paper with blank areas for details, what she described as ‘bubbles’ that managers could fill in with what their services were currently doing. Their conversation was quite loud for an open-plan office, interspersed with criticisms of these managers for not doing what they should be doing and not ‘owning’ documents or processes. Listening to their chat, I wondered about the
consequences for a manager or anyone else, not ‘owning’ documents, and what it meant to establish proprietorial possession of a document; conferring worth to a not-yet-document, investing labour into its making that thereby generates ownership. Helena and Chrissie didn’t appear optimistic about the responses. Nevertheless, I thought the meeting could be a potentially productive juncture to witness an attempt to enrol HSCI managers into manufacturing the commissioning plan (March 2, 2016).

A few days later I was at Council for the weekly informal meeting, where Chrissie planned to discuss the commissioning plan’s development. Just before 4pm I ‘hitched a lift’ with her to HRI for the meeting. In the small downstairs room in the Education Centre, we sat with Annie and chatted about life and children while waiting for the others. It got to 4.15pm and only Annie and Joanna had turned up, generating amusement about Julia encouraging everyone to attend not having much of an effect.

Chrissie had intended to talk about HSCI operating models, instead she elaborated on what she thought managers needed to do to become a team, moving beyond representing a specific service, a shift she also expected IJB members to make. Joanna responded saying the issue for a HSCI management team was about identity, pointing out she was employed in a single post, whereas Stephen and Stuart were in joint ones. She discussed this with Julia, but agreed they needed to create a collegiate approach, however they were too caught up in their work. Annie was also concerned, having been in the Primary Care team and now felt quite disconnected. Joanna indicated the informal meeting didn’t do it for her, as people come and go and there’s no ownership, and therefore ownership was important to address in relation to the commissioning plan, given her lack of involvement with the strategic plan. She expressed what the commissioning plan should encompass, particularly preventing unplanned admissions, then proceeded to detail what’d been happening in her work. Chrissie replied, conveying her frustration about getting the group to do it. Joanna suggested they write up two papers, 1) what they do, and 2) what contributes to the aims of the strategic plan. This suggestion invoked linking of documents, establishing relations back and forth, from the strategic plan through to a performance framework. But Annie made the point that they were unsure about what they’re supposed to do.

As they talked further they determined the commissioning plan should include: what they do; what they will continue to do; how they contribute to outcomes; and, also something about what was needed from corporate services. As the meeting finished Joanna relayed that at a recent event, NHS Highland said their merger approach was the best thing,
and she and Stephen agreed the lead model would’ve been better for Kintra (March 8, 2106).

6.2 Meeting to Document

My next encounter with the commissioning plan’s manufacturing was a fortnight later, this time at the ‘formal’ management team meeting. On the bus heading to Dorchmuir I noticed the haar had extended inland more than I’d seen it before, but I could make out greenery popping up everywhere hailing spring’s arrival, a mixture of signs about things to come perhaps (but then I’m not one for ‘taking the auspices’). I wanted to discuss the agenda, so I went to find Chrissie at a hot desk. During our catch-up she mentioned Samuel was chairing, so he’d have to manage the time as the first item was unscheduled admissions. I thought the meeting was supposed to concentrate on the commissioning plan and pondered what happened to her effort to clear the agenda. She then exclaimed instead of getting together to address the commissioning plan, the managers ignore it and say ‘not doing integration today’ and ‘they should’ve done this month’s ago but it’s not on their daily task list’. I wasn’t sure what they were supposed to be doing, but it made me think there were considerable concomitant pressures on service delivery and HSCI planning. She called them ‘arseholes’ and apologised to her colleagues around her for being so loud, looked at me and said ‘I’m one of the gang’, so I should now know that’s how she talks.

The meeting started late so in front of those present, Chrissie stated ‘can’t bear it when people turn up late’ and joked about being controlling and having no friends, but flagged the meeting would be different from the usual meetings as the focus was the commissioning plan. Given Julia’s and Samuel’s absence she started the meeting, inviting Jan from Public Health to talk about her preventable admissions work. Jan explained she was assigned this short-life project, noting its link to the work of Connected Care (the integrated hospital service handling delayed discharge). Chrissie added she wanted the project linked to the HSCI programme plan, referring to previous discussions regarding the need for projects to be coordinated. Jan pointed out this work only arrived on her desk recently, but expressed concern about her lack of awareness of this activity and the work others were already doing. Chrissie then remarked she had ‘concerns about a whole lot of things going on and not knowing’.
Samuel arrived, and in relation to Jan’s project noted ICF projects and having links to these as well. After a brief discussion about finances, the next item was the commissioning plan. This was Chrissie’s chance to convince managers of the necessity of their cooperation in co-authoring the document. She explained what needed to be done in the next two weeks. She declared today was about capturing what services would deliver in year one of HSCI, repeating they were there to focus on the commissioning plan, and apologising for any confusion. She asked who’d prepared anything, to which Samuel said no and Stuart stated he already had a work plan. I suspected this wasn’t what Chrissie wanted to hear. Helena was then asked to speak about the tool she’d developed to assist them to show how their services contributed to national outcomes, linking to the core suite of performance indicators. In evoking the Scottish Government’s national performance framework, Helena emphasised how it was underpinned by national datasets. The tool recalled the causal, if-then logic typically entailed in impact evaluation to attribute action to change - the delivery of service x will result in outcome y. Chrissie then mentioned her discussions with Julia and what had been incorporated into the draft NHS LDP. I inferred from this comment she wanted to show she’d made connections with key parent body documents. She stated Julia’s key priorities for year one were ‘keeping people at home’ and ‘supporting the workforce’.

Chrissie was endeavouring to communicate the urgency for getting this done. Though Joanna countered that these activities were already built into Council’s performance management process. In her comments she distinguished between ‘core business’ and HSCI as though they were distinct; a surprising remark given her Adult Social Care role and the work she did with NHS colleagues. Council’s Performance Manager mentioned the plan needed to be created in such a way that it ‘reads across with health’. I interpreted from this
comment there was a need for an aesthetic design, a form of intertextual relations being advanced to signal integrating. I thought Samuel was struggling with the detail as he was not actively facilitating, letting Chrissie run with her process as she pressed the group, saying ‘it’s up to you’, but noting this was a new process with no previous document to draw from.

At this moment managers voiced that they wanted a template to work with, so Helena went over the measures from the Scottish Government dataset indicators, seven of which they wanted to focus on. She’d developed the tool to aid managers with this exercise, but there was confusion about language and what national outcomes, objectives, and indicators were. Chrissie and John responded almost simultaneously, ‘it’s all in the strategic plan’, emphasising the link to the antecedent document. Chrissie kept on about making time to do this, to which Samuel reacted, declaring they were all under pressure, but she persisted in restating this was their responsibility. Joanna then interjected that it might be preferable to include the strategic plan’s nine objectives. Chrissie replied if that’s more appropriate then they should include them. With what seemed like a diplomatic intervention, John flagged the risks given time constraints to getting the plan completed, but also agreed with Joanna about the need to have consistency with the strategic plan.

As the meeting progressed emerging effects of the plan - even prior to its inscription - surfaced, especially relations with the yet-to-be developed performance framework and future locality plans. I felt Chrissie’s approach was not ‘going to plan’ as manager’s looked reluctant to discuss things further without seeing the strategic plan’s links to national outcomes and local objectives. Copies were quickly found and they turned to the last page. As they browsed the content it triggered another conversation about the shape and look of the commissioning plan. But they quickly shifted back to discussing the role of indicators and the importance of national, or local objectives. After Joanna’s comments there was consensus for using the objectives from the strategic plan as these were ‘the people’s’, recalling the public consultation that took place.

The discussion moved to consider how core business (current service delivery) and transformation (imagined future service reconfiguration) was to be included. Joanna advised the overall actions for years two and three would be shaped by locality plans. She then impugned the example in Helena’s tool as being too NHS focused and it wouldn’t inspire social work. Chrissie retorted, a bit like a broken record, ‘well this is theirs, they should own it as they’ll be accountable’. Annie who didn’t talk much in these meetings,
asked how current services were to be located in the document. Before getting a response, Stephen, another typically quieter participant spoke, reminding others various National and Local strategies had already engaged lots of stakeholders so the suggested indicators were too hospital focused. Stuart interrupted by saying its ‘a presentational thing’, suggesting the template’s use of particular national outcomes was only to illustrate how to complete the bubbles. The template as a representational instrument framed services according to a causal logic, but was also being (re)formed by their reactions, albeit within the design of the delimited frame provided (Kosciejew 2019, 633). The meeting evolved into an interesting conversation regarding local appropriateness of performance indicators developed for HSCI nationally.

Helena as an analyst immersed in national performance data, outlined the issues associated with using different indicators and the lack of local indicators, which would probably be more meaningful. She explained they hadn’t yet mapped the national indicators to local objectives, to which Joanna replied, saying she wanted to choose the indicators, but Annie interrupted wanting to know how to write the actions. In that moment John made what I thought was an odd aside, about how it would be strategic to use the word ‘transformational’ when filling in the bubbles template; a comment I thought assumed, but nonetheless invoked HSCI would lead to significant service reconfiguration.

I found the exchanges more and more fascinating, especially the way Joanna distinguished core work and how to relate it to the work needed to integrate. At this stage Chrissie reminded them the audience was the IJB, so Stuart added he wanted to reference the national context with ‘a health warning’ as potentially influencing how commissioning might unfold. Chrissie supported being upfront about work to be done and recognised the challenge of developing a commissioning plan when managers were not across the financial

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Figure 41. Kintra HSCI Strategic Plan - Appendix B.
efficiencies being made. John, who although Director of Strategy had been fairly quiet, asked if there were other meetings where the commissioning plan was going to be put on the agenda, e.g., the NHS Executive Team, or the Corporate Management Team (CMT) for Council. He also acknowledged the lack of financial information but recommended progressing nonetheless, remarking ‘Who’s the Commissioners? Who’s the Providers’? Stuart replied, ‘this is conceptually unclear’. These side commentaries I felt reflected ongoing confusion about HSCI. Chrissie also accepted the difficulty for managers developing as a team of commissioners. Samuel as chairperson, asked if everyone was clear and began to wind things up. Just as the meeting reached its conclusion John mentioned the development of a commissioning plan was about ‘managing the small ’p’ politics, and colleagues in the NHS who want the IJB to give them direction’. In my ignorance I didn’t appreciate Julia and John were generating the conditions for the plan’s creation – they were invoking it as a necessary requirement of HSCI and no one questioned it (March 15, 2016).

6.3 Patching Plans

A week after the management meeting had gone awry, Michelle the project officer, gave me access to SharePoint (Council’s Microsoft cloud computing function), so I could access all the HSCI programme documents in an online shared space. I’d been frustrated with not seeing manager’s emails, so I was thrilled to be able to trawl the digital repository of HSCI documents.

The following day at Council I was compiling multiple bubble documents into one, when Chrissie beckoned me over to look at her emails. She appeared very angry with an email from Joanna criticising her for speaking to one of her staff, and questioning whether
the informal meeting should happen given three people were on leave. Chrissie started swearing loudly. I was puzzled as I thought last week’s meeting had agreed to pull together annual service plans for drafting the commissioning plan to discuss this afternoon. She was so cross she went outside, no doubt to have a smoke. Chrissie must have been agitated as I thought she’d given up cigarettes.

I’d come into Council to compile manager’s responses into one draft text for their further consideration. I spent four hours incorporating them to form basic content. It was a change of pace just cutting and pasting pieces of text from multiple Microsoft word documents to create one, like a patchwork. I didn’t read or edit the texts, instead I listened to the sounds of the office, people chatting, keyboards tapping, photocopiers whirring, the xylophone sounding telephone rings, all of which the year before were part of my everyday life.

After merging texts into a single file it was time for the informal meeting in Committee Room 2. Various people arrived so Chrissie began her update, and what needed to be done for the IJB on April 18th. She restated the imperative for managers to contribute to the plan as ‘it’s theirs’. Joanna arrived and began talking about model templates to use. She insisted developing an exhaustive commissioning plan would be difficult given how ‘high level’ the strategic plan was, inferring the level of abstraction obscured the detail needed for writing about commissioning. She advocated using locality plans to do this as the timing was difficult and they had to focus concurrently on ‘business as usual’ and service reconfiguration.

The commissioning plan had been invoked as a ‘must do’ for the IJB as a commissioning entity, to specify how things were going to be commissioned over time, but creating the space and time to do more comprehensive work was not apparent. John responded with a point about colleagues (the absent presence of other interests, principally the NHS) not wanting that, there had to be a balance of detail, but he acknowledged there was lots still to happen. Joanna answered by drawing parallels with the Care at Home contract, building aspects of the infrastructure in advance of not knowing the detail using a flexible framework. Annie expressed she wanted the document to provide space for remodelling services, which Chrissie rephrased as ‘establishing a framework for future development’. She uttered she was ‘thinking out aloud’ and referenced doing a ‘deeper dive’ in year one to address strategic objectives, as well as work in tandem operationally and strategically, resulting in a flexible commissioning approach for years two and three,
given the renegotiation of the GP contract and locality plans having to be produced. She informed them the performance management framework wouldn’t be ready, but ‘we need to guide them in what they have to sign off’, suggesting the commissioning plan was both a signpost and a destination.

Amongst the wider group there was discussion about the lack of financial information. The budget would not be agreed until next week and was complicating matters as commissioning is meant to account for fluctuating investments. John indicated the IJB will need to understand the timing of the commissioning plan with finance. He gave me the impression he was being tactical, stating who he thought would be looking at the contents. This pre-emptive approach was confirmed when he said ‘we need to make sure we are weasel-wording ourselves out of a target’; a mischievous speech act conveying the affordance of avoidance of action by writing with slippery language. Samuel was facilitating and asked Chrissie, ‘what do they need to do?’. Joanna curtly stated she wanted a template that will enable her to read across. John suggested using a similar format to the strategic plan, but Joanna queried ‘if it would be too long and not readable?’ The discussion moved around but kept coming back to aesthetics as a means for engagement and understanding. Joanna highlighted that the People’s plan (Council departmental workforce plan) had to be finished before moving onto the commissioning plan.

Chrissie in an apparent desire to shift the conversation back to the commissioning plan suggested having a preamble, but Joanna asked John what the IJB wanted to see, e.g. a table format with timelines and actions? How ‘user-friendly’ should it be, while also being structured for use in HSC management meetings? John replied if the document was big that would be ok, they’d appreciate it being technical and suggested using a template structured around either objectives or service area. Annie then interjected with a point about services in the Scheme, but not in these plans. In response, John pointed out technically unscheduled care was in the HSCP, but was still managed by Acute. I thought to myself, if the preceding, foundational document was not actually indicative of reconfigurations to particular NHS programmes, what was the point of specifying services to be in the Scheme when it appeared it was disguising stasis?

At this stage the conversation kept revolving around document layout; what was at the top and tail of the structure, as well as its purpose, objectives, agreeing core content, timing for IJB approval, actions current and future, primary audience and aesthetics. Samuel then randomly responded to a comment of Annie’s about being on-call for HRI, as
‘a situation where community care is managing acute’. Based on accumulating observations, I was beginning to question NHS Kintra’s commitment to HSCI. As the meeting reached its end and with pressure to progress the drafting, John agreed to write the top of the document, and Samuel offered to work with Joanna on the core content. After all this toing and froing, they started laughing about highlighting the implications for integrating. Annie noted her services weren’t ‘in’. Samuel joked ‘about dental bridging the gap’, then tried to think of a sexual health metaphor inducing further amusement.

They got back on track to discuss an upcoming CMT presentation, which Julia instructed Chrissie to ‘bring integration alive’. I felt she was expected to educate an imagined collaborative reconfiguring in order to get ‘buy-in’ from Council’s directors. I noticed John, who only intermittently attended these meetings, had this habit of making asides, commentary comprising tactical titbits for whose benefit I was unclear. Nevertheless, they seemed to make headway and agreed tasks amongst themselves, as Samuel acknowledged the ‘lessons from the strategic plan’. As they departed they joked about ‘the shit load of work they have to do’, but Samuel said he would do it as Julia was his boss. (March 22, 2016).

### 6.4 Aesthetically Pleasing Documental Quilts

Another week went by and I was shadowing Samuel and we’d arranged to meet at the station. As I got in the car he said there was a change in his diary arising from the previous day’s informal management meeting. Joanna had started drafting the commissioning plan and tried to identify overlaps, but it needed more work. Chrissie asked Samuel to work on it and make it look more professional. So we drove over to Council to
meet with Chrissie. We found a table in the Social Work meeting zone where we could look out windows to the gardens outside.

Chrissie and Samuel sat side by side, opposite me with their laptops open. They found Joanna’s version and discussed gaps in the text, what they thought the plan should look like, and what was agreed at the management meeting. After reading Joanna’s email (which I couldn’t see), they discussed how this document could build on the strategic plan. Joanna used the Alcohol and Drug Partnership’s (ADP) template and they compared it to a paper copy of the strategic plan, which was written objective by objective. Chrissie accepted concerns about the suggested indicators, which being national were not viewed as locally relevant. Samuel suggested this could be more fully explored when they developed locality plans. They opened the document I created, the cut-paste of the manager’s completed bubbles, indicating they could extract text from this mash-up to build the document imitating the strategic plan format.

In her inimitable manner of sharing anecdotes, Chrissie told us about her recent conversation with Harry, declaring if she had a blank slate she’d design HSCI from the perspective of the person not bits from two organisations. But then abruptly said ‘will we get started?’, moving onto what she thought they needed to do. Samuel started reading the strategic plan and expressed he was thinking about categorising different groups of people, e.g., people with dementia, and structuring the document around different population groups. Chrissie replied ‘what we don’t want to do is rewrite the strategic plan, there’s a real risk of this’. As they talked they seemed unsure of the format of the text, possibly recognising implicit patterns that reproduce certain genres of documents, despite having previously agreed to the use of another – the ADP template.

Chrissie began in an ‘old-fashioned’ way, writing down with pen on paper a structure for the document: describe the process; direction; reaffirm key challenges from strategic plan; describe how the commissioning plan evolved; and links to performance management. Samuel stated he wasn’t ‘really in tune with writing these documents’ as he searched online for similar documents. He found the Torbay plan and said, ‘I really like this. Let’s plagiarise’. Their process for assembling the document seemed to include forms of intertextual work by poaching other content; establishing relations between text source, format and content, including individual narratives; and the use of particular policy or

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28 Torbay in South Devon, is held in high regard for its long-term efforts to integrate health and social care (Lessons from Torbay, accessed 13/10/2020).
professional phrases, a performative display of particular concepts, e.g., ‘bed-days’ or ‘re-ablement’, anticipating the reactions of potential readers.

Chrissie declared ‘there’s lots of useful detail’, but to me they appeared stuck on what the format of the middle part of the document should be. After a lapse in attention and joking about calling each other nicknames they got back to the issue of the text, with Chrissie writing out points in boxes. She suggested a basic structure composed of: Background | Story so far | What’s a commissioning plan? They then got stuck on language, what high level or more detailed language to use? There were also a number of related documents they needed to link with and so they grappled with the pitch of this genre of document, the balance between abstraction and specificity. This was not a strategic plan nor a locality plan or performance framework. I had the feeling its role was to stitch current activity with more detailed expressions of intended reconfigurations, building on the strategic plan; an improvisation indexed by the here and now, meaningless outside being a temporal fix.

Samuel’s blackberry began pinging so he answered it. After Samuel’s call ended, they went back to my cut-paste text when a minor technical hitch occurred, the text layout was disrupted by converting my Mac file to a PC file even though it was MS Word. After resolving this they both read objective one for social care. Chrissie declared the suggested actions weren’t useful, so they discussed reframing the text to being about localities. Samuel suggested using his recent announcement about the new locality coordinators for this bit. I noticed what was being produced comprised fragments of texts of different genres involving different authors, styles, and sources being pulled together with a language to try to stitch it all together, like embroidering piecework.

Chrissie didn’t have care services knowledge, so was typing words and phrases after listening to Samuel go through the strategic plan as though he’d never read it. She said the ‘topping and tailing’ was something she could do. Samuel was talking to Stuart on the mobile and going through the text, adding a bit about format that will ‘line up for the IJB’, relaying Stuart’s suggestion to showcase what the IJB needed to invest in. He then recalled John had drafted a top and tail. Chrissie said ‘we have to have a division of labour’, so agreed to work on Johns’ draft. She printed off the text I pulled together for Samuel to go through and add in Stuart’s work-plan. As he read, Samuel remarked, ‘how much of this is new? How much is going to be different? Chrissie replied ‘that’s ok, as it’s business as usual as we develop this, in year two and beyond we’ll use an integrated platform to develop
localities and have locality plans at the end of the year’. Samuel wanted to get Joanna, ‘it’s probably politic’, but Chrissie said no, she wanted to get on with the content, to detail what will change instead of a list of inputs (things like costs, staffing etc.). So Samuel remained seated and resumed going through my composite text alongside Stuart’s work-plan.

As their concentration waned they started chatting about BMW cars (as BMW owners), but it wasn’t long before they got back to drafting when Samuel said they needed to pick out key points and format, so they agreed to use the ‘bubbles’ template. Chrissie then asked me what I thought although she said ‘I shouldn’t be asked’ (maybe assuming my involvement was inappropriate). I responded saying ‘that seemed reasonable’ although I couldn’t see their laptop screens, but I had seen the ‘bubbles’ format and felt this at least outlined a ‘theory of change’.

Their conversation wandered again, this time into a discussion about professionals based on a comment from Samuel about having clinical management input, which shifted to talking about teachers and the difficulties non-educationalists face working with them. Stuart then unexpectedly arrived bearing easter eggs, having decided to help out and joked about thinking chocolate might help. Chrissie stated she was ‘on a diet’, to which Stuart replied his ‘challenges with unions and physios’ rationalised his need for chocolate. Samuel described to Stuart what he’d been doing around finding things to ‘shout about’ to the IJB, ‘what will make the difference’. Stuart said ‘we need to tell them what they need to know’, suggesting themes linked to objectives with what’s going to help ‘line up the ducks’. I thought this was an interesting turn of phrase, implying a document needed alignment with other matters, notwithstanding it might be superficial. Samuel then gave Stuart what he’d read having ticked what he thought should be in other objectives.

In this moment two people were working off other’s work, informed by another who’d done specific work, joined by a third person, and a printed patchwork text of manager’s ‘bubbles’. Stuart suggested using this information to make an appendix so nothing was left out, then mentioned how hard writing plans was, asking ‘why don’t we have policy people to do this?’ to which Chrissie retorted, ‘that’s the problem, there are no policy people and it’s not part of our jobs’. This interaction revealed not just their managerial inexperience with policy/planning documents, but also how they understood policy work, they didn’t necessarily regard themselves as policy actors. Samuel continued reading the collated text objective by objective, noticing repetition and questioning

29 Theory of Change | Better Evaluation (accessed 13/01/2020)
relevancy. He then mentioned how boring this was, to which Chrissie said ‘you’ve probably got the more boring bit’.

All of a sudden John appeared apologising for giving Joanna the ADP template, but then started talking about the good news that the finance statement was approved by the IJB, and the excellent job the CFO did, comparing him to John Swinney (Scottish Finance Secretary at the time). He said the NHS CEO commented on ‘not having all the detail’ as the NHS Finance Director wasn’t there, which I took to be an insinuation she was hedging her agreement. In vain Chrissie attempted to update him on progress, however, he began talking about an IJB member questioning the ICF’s governance before just walking off. From what John said ICF decision-making was another saga that might’ve been worthwhile learning about, but I didn’t have time.

As the work of document-making recommenced we talked about Annie’s services. I showed them the table in the Scheme detailing what’s in and how the phrase sexual health wasn’t there. I noticed Chrissie had started working on the front section of the draft, while Samuel was still reading the collated text. Samuel and Stuart grappled with how to actually structure the plan. Stuart claimed they hadn’t adequately delineated between what they’re currently doing and what they’re planning to do. He recommended having a ‘high-level’, one paragraph service description and using the table from the back of the strategic plan for managers, creating an ‘at a glance’ layout, what I took to mean a type of single table format resembling a ‘ready-reckoner’. Samuel then said Joanna wouldn’t be happy with these kind of changes. I wasn’t sure what this was about, but I’d sensed before some people didn’t always agree with her. They decided they’d had enough drafting, but agreed Samuel would continue working on the text and Stuart would add information about allied health professionals, and do service profiles. Afterwards, in thinking about this activity, I found it curious that neither Stuart nor Samuel seemed to be familiar with the strategic plan (March 30, 2016).

### 6.5 Coalescing Bubbles

The ‘go live’ date for HSCI in Scotland had come and gone (without much fanfare) and I was still shadowing Samuel. We were at his work station at HRI where he was sorting papers into different piles in such a way that looked to be about prioritising attention. He’d synced his laptop but hadn’t started on emails, although he may have read them on his BlackBerry. As he went through the papers he marked most, others he tore up (I assumed
these were dealt with). He showed me how his PA prints off and sorts his emails into folders – urgent, for action, for reading – an ‘attentional infrastructure’ (Nicolini and Korica 2021) that helped him manage his workload. After morning meetings we returned to the mezzanine for lunch. He joked about doing ‘the bubbles’, which seemed to have become an ‘integrated’ bubble. He’d had an email from Chrissie and joked he could complete a draft commissioning plan in one hour between meetings. After lunch we drove over to Council.

We found ourselves at the same table in the Social Work meeting area and he continued work on the commissioning plan. Chrissie appeared from around the corner and sat down. Samuel began teasing her about the beanie she was wearing, referencing ‘the Flumps’ (a children’s show). She flippantly threatened that ongoing references to ‘the Flumps’ would result in his nickname coming out. We all laughed. She then asked him ‘where’s the bubbles?’, to which he pointed to his typing. She said she’d not replied to Joanna’s email asking what happened to her document, to which Samuel replied, ‘don’t worry, I’ll respond’. I didn’t know what had gone on, but presumed it was connected to Chrissie’s previous ‘run-in’ with her, given I’d seen the reactions to Joanna’s emails; so Samuel played the role of diplomat, acting as go-between. Chrissie mentioned getting Stephen’s response to the draft introduction and conclusion, that it was like getting an English lesson. Samuel pointed out he thought the text could be improved with themes, but he would put in what he picked out, accounting for duplication. Chrissie, who was dressed for freezing temperatures outside, left for her dose of nicotine.

Samuel, for reasons I was unsure of, was retyping the text, as he didn’t have an electronic version of the document. He said he found it laborious and some of what was written was ‘quite nebulous in relation to what they’re actually going to do’. I replied, ‘well you’re working with texts from different sorts of documents’. He claimed he felt ‘like a rebellious teenager not wanting to do their homework’, describing it as tedious, saying out loud ‘why did I agree to do this?’ He asked where Stuart’s bits were and I said, ‘I thought he was going to send it to you’. He was close to finishing but was finding less detail to include especially for objective 8, which was about reducing health inequalities. I said that ‘it might be because it’s about inequalities and not service delivery’ and therefore trickier to write about from a commissioning perspective. After finishing it he pronounced ‘it was a horrible job and it would’ve been better done by someone involved in the strategic plan’. He mentioned an earlier conversation with Julia and Joanna about ensuring the plan covered five key things for this year: responsive home care, putting in place a transition care unit,
management review, implementing a ‘House of Care’ approach (a care model Samuel was keen on), and appointing locality coordinators. As I observed Samuel’s actions I thought in his writing, the piecing of other texts was suggestive of an intertextual stitching of fabric scraps to make a repurposed garment – an approach to document construction that maybe unremarkable but is not widely discussed (April 4, 2016).

The next day, possibly as a way to remember his must-do tasks, Samuel told me he needed to speak to Julia regarding the subacute project, email Chrissie the draft commissioning plan content, and also call HR about a bullying investigation involving a Manager (it was taking a long time and was highly sensitive). We drove to Dorchmuir for the formal management meeting and hurriedly walked upstairs to the Corporate Management meeting room. We arrived as they were discussing public engagement. Stuart was an apology as he was doing something for HR and Joanna was on leave. Julia then shared with everyone how she’d received an email late the previous night from the NHS Clinical Governance Group asking her what she’d done to resolve pressure sores in care homes, which generated lots of laughter.

Chrissie used this humorous moment as an opportunity to move the conversation onto the commissioning plan and give an update. She noted she was meeting the CFO on Thursday to continue working on it utilising Glasgow’s partnership format (yet another template). The CFO would add in service details from the Scheme and provide the financial section. Samuel chipped in, stating they found the ADP template unsuitable and decided to go back to the ‘bubble’ diagrams, and rationalised the detail to ‘have the key things against the objectives’. Chrissie then proposed next steps, ‘pragmatically, quickly by tomorrow’. Julia thought this would give the IJB the opportunity to talk about commissioning. Samuel highlighted the things he had incorporated, e.g., staff wellbeing and the ‘House of Care’ approach. Chrissie responded to previous statements about the commissioning plan being business as usual for year 1, adding they were also focusing on what’s different, e.g., the ICF, and indicated while not included in this version the ‘bubbles’ document will continue being worked on for a future document. Julia also referred to an email from the IJB Chair about what they wanted to see.

Harry the CFO, made a general comment about the use of the word efficiency in documents like this, indicating commissioning was also about savings, cessation, and challenging, in order to argue benefits and outcomes when budgets were being cut.

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Chrissie and Julia agreed to discuss the plan further tomorrow. Stephen, who’d been very quiet, pointedly stated his areas aren’t all about Older People. I felt he wasn’t very impressed with the commissioning plan in its present form. However, Julia responded by saying ‘they needed to be mindful that this is about a pathway of care’, arguing the plan wasn’t about specific population groups. Samuel shared this position and used the example of Annie’s dental and sexual health services. Chrissie concluded by saying there needed to be a ‘line of sight from strategic plan to what every individual is doing’. This final conversation before the commissioning plan was to be approved, while appearing more positive than previous meetings, was focussed on its completion for the IJB as the key audience. However, Stephen made no further comments and two other managers weren’t present.

With the inscription of the draft commissioning plan, it’s materialisation was almost fixed, the ‘bubbles’ template providing the wadding. Nevertheless, the work of constructing the plan beyond completing the bubbles document, had actively involved only one of the managers. Its enactment mobilised differences of opinion primarily about its content and structure – what was the commissioning plan’s purpose, what is it meant to look like, and what content was required for the IJB? Through its distributed development the commissioning plan was already doing work. But whether it mattered remained to be seen.

6.6 The Metis of Documentality

My approach involves rethinking policy documents as in some sense ‘living’; as material semiotic actors that feel; as the product of relational practices, but also as productive of social relations (Hunter 2008, 507-8).

As the Commissioning Plan took form the pathway for action shifted to preparing for its performance as an anticipatory thing. In moving back from observation I want to consider how these actors in Kintra were acted upon by documents, created other documents in response, established relations with various others; generating interfacing comprising different genres of documents such as performance management or planning. What initially concerned regulatory compliance, emerged as a form of cautious anticipatory work anchored to the strategic plan’s invoking of a futurity through HSCI, with relations being reinforced for interorganising (Harper 1998, 36-7):
The case for changing the way we deliver health and social care services in Kintra is compelling. We have a growing number of people needing our services, but limited resources with which to deliver them. ... We want to achieve better outcomes for all our communities, ... deliver more personalised care, making best use of advancing technology to achieve “Best Health, Best Care, Best Value” (Kintra strategic plan 2016-19, 6).

This work ‘would not be possible without the masses of ‘mundane’ documents containing, e.g. notifications of meetings, draft texts for negotiation in upcoming sessions ... and the like’ (Weisser 2014, 51). I’ve shown how the drafting of the commissioning plan as a managerial text entailed disputed processes bringing it into existence, not only as part of the practices of document-making, but also relations involving managers, other staff, and things like other plans and technology. In this sense, the commissioning plan can be read as an assemblage of heterogeneous elements and of ongoing relations. For example, the pre-emption of various managers to frame the IJB as the primary audience of certain genres of documents; the need to create a performance management framework to evaluate actions inscribed in a commissioning plan; the speculations by particular actors about the Scheme’s power to reconfigure organisings; or regulatory compliance by ‘ticking the box’ (Ahmed 2007, 595); were all instances of relations being generated through HSCI, and reproduced through the commissioning plan’s production.

In an attempt to better apprehend the accomplishments of documents, I want to return to the notion of metis. I suggest metis is a praxis of materialised, embodied and distributed knowing, changing the world as things move through it, when bodies, things and surroundings blend in performance, as a ‘hybrid actant that is able to perform in particular ways (2018, 204). This conceptualisation can be applied to mundane worlds of everyday work; specifically, documentary practices enveloping content, graphics, form, audiences, word processing software, the internet and other documents, involving

the bodily intervention of ... authors who struggle to carve out rhetorical exigence and appropriate response in the flux and slop of material (and social reality), [where] ... texts that jump the wall into the public domain become part of the hard facts of social existence, whereas those which don’t jump remain private, ... and often disappear from the cultural record (Geisler 2001, 306).

Posthuman metis’ emphasis on hybrid agency exposes documents as something more; artefacts doing a variety of work, productive in unfolding relations of interorganising. Recalling Chrissie’s efforts to explain what the commissioning plan would do as a future
artefact (Esguerra 2019, 963), which envisaged both ‘business-as-usual’ and knowledge production by way of a ‘deep dive’ to generate further facticity in the first year to address strategic objectives; and resultant flexible commissioning in the second and third years of remodelled services, evoking relations with other documents, the GP contract and locality plans (Flyverbom and Garsten 2021, 2). The commissioning plan’s production, like the strategic plan, was generative of associations with other forms of knowing; as well as connecting with others at a distance. What Marc Kosciejew (2015) describes as a ‘world, in which things … become documents within a world of other documents’, enabling a world to be constructed around the object, e.g. HSCI, ‘making it possible for that very thing to be translated across time and space and controlled and disciplined’ (107).

In the relational interplay between processes and artefacts, normative or discursive articulations do not do the work the authority, legitimacy and mobility, which the materiality of the document does. This was evident in John’s awareness of the need to inscribe sufficient affordances for any action and avert future performance management interventions, or Samuel’s concerns that he found making the commissioning plan laborious, and the text was ambiguous in relation to what was described as future action.

Documents remediate to make up for fragile, fallible and unruly bodies, and are much easier to manage and replace on paper through systems of documentation (Freeman and Sturdy 2014, 10-1); like Samuel’s piecing together texts for document construction that added to growing interfacing for HSCI (see Figure 38.). The metis entailed in documentality was increasingly materialising HSCI, but it remained flimsy, despite managers like Samuel, tacking with people, places and things like templates. Or the need to ‘line up the ducks’, a phrase implying being attuned to performative effects of documents, like branding or key messages; a form of maintenance work generating a semblance of coherence.

Documental metis emerges in relation with actor’s knowing-in-practice (Gherardi 2012a) about drafting documents deploying linguistic capabilities; technical skills, e.g. using word-processing software; as well as how to negotiate content. This praxis also entails understanding rules belonging to the practice of document-making when others are involved, including how discussions are structured, or who is expected to be part of the process; like the lengthy discussions in the manager’s meeting about the commissioning plan structure, especially the bits in the middle and who would do what. Working on document-making is generative of relations; enacting forms of sociality, not always about interorganisational relations, with material affordances emerging from past knowledge and
the specificity of materials. Other actants also deserve recognition, including, arrangements that sustain drafting, e.g., office supplies, printers, word processing software, and furniture in offices (Weisser 2014, 49). As a consequence of these assemblages, documents may lead a life distinct from those intentions that brought them into being in the first place (Brown and Duguid 1996, 4).

In documents typically associated with public administration, in the course of inscription, relational knowledge-making renders particular knowledge/s as calculable, governable and durable, e.g., managerial, performance management, accounting logics, all ostensive routines enacted through thickly associated documents and actors. The ongoing debate amongst managers about the merits of different templates, and how information should be presented, formatted thematically by client group, objective, or outcome, or even capturing current service profiles, is an example of the selection and representation of knowledge that guides modes of action, and had governance effects with the IJB. In the metis of documentality, artefacts

*take on the characteristics of humans; they judge, form networks, communicate and work performatively generating symbolic attachment and identity investments as they travel across time and space ... Intensified forms of affiliation (and contest) among persons . . . arise through common object orientations (Hunter 2008, 508).*

The commissioning plan was both extending human activity and co-creating HSCI (Geisler 2001, 8-10) through attempting to order and organise what appeared to be disordered (Law 1994, 5). The actions of those managers involved were scrambling, fleeting activities that held the potential to transform a situation into something perceived as productive, although this wasn’t what eventuated. Their tacking stemmed from the ordinary and invisible, compared to the crisp world of procedure, a metic intelligence; ‘flexible, polymorphic, ambiguous, oblique, twisted, circular’ (Ciborra 2002, 94); as they needed to leverage the situation at hand by wavering acts,

*never facing such forces up front, but accomplished with a sudden move (improvisation) ... [T]hese two modes of operating are clearly, ... co-existing and complementary, at the same time excluding each other ... and supporting each other (tacks grow like lichens over procedures and models when put in use) (Ciborra 2002, 94).*
However, documental routines and standardisation - the waulking of intra-organisational infrastructures - also affected the ways in which managers acted in particular settings, e.g., when documents set hierarchies, like the NHS LDP status in relation to the HSCP Strategic Plan; or designating areas of obligation and structuring workflows; the popular template in Kintra, the action tracker, being a prime illustration of this (Kosciejew 2017, 100). There were more documents created during drafting than those that later got published, including, briefing papers, emails, agenda’s and minutes from meetings, even the ‘bubble’ tool; supporting certain kinds of unseen organisational activities. The metis of these documents, enabled temporary stabilisation of meanings, provided knowledge, built HSCI, changed material infrastructures and artefacts in everyday use. In their mobilising of allies through translation they became interfacing for (re)ordering patterns of organising – a holding together of their texture (Law 2004a).

With their distributed, associative powers, their performative role in organising and interorganising as scripts for action (Latour 2013), were a form of metis. Interpreted this way documents also act politically, for instance when they codify particular ways of doing governance - a document called the Issue of Directions had this authority - limiting certain organisings by ‘determining and reproducing know-how, predefining and executing rules, facilitating or constraining teleoaffective structures, planning and [operational] infrastructures, etc.’ (Weisser 2014, 53). Although documents are not immobile, their persistence as organisational artefacts, how they are put to use speaks to their involvement in dynamic thickening of organisings, constituting entification. However, despite apparent obduracy, metis is irreducible to a single document and therefore not reified as though possessing the qualities of a brute instrument. As Richard Freeman and Jo Maybin (2011), point out,

*the authorial voice of these documents is often discussed as though it were the singular voice of an organisation. ... documents are even written about as if it is*
they themselves that effect the change, or at least, they become shorthand for a whole series of policy construction and implementation processes that are left unexplored (158).

For Kintra, how might metis be ascribed to integrating documents as acts of integrating? HSCI was a process of (re)ordering relations beyond momentary entanglements of past partnership meetings. The metis of documents could be read as part of the work to stabilise and extend relations, in unstable conditions. However, in the documentality of everyday organisings in the NHS and Council, the thickened borderlands constituted through various intra-organisational documents, added to an impenetrable confusion about intended action and affected the legitimacy of the Act’s implementation, and the CO. Lindsay Prior (2008b, 117) suggests documents are slippery objects, and whilst integrating as documenting proliferated in this embryonic entification, certain documents did not appear to sufficiently gain traction, or what Sedlačko (2018) describes as failure to find ‘purchase in these contexts through mobilising allies and prefiguring action’ (35). Granted HSCI documents were doing many things, creating an entity in two parts through carrying signatures and providing assurances to the Scottish Government of readiness to act; attracting the gaze of governors and executives for ‘ticking the box’; sensemaking of ‘the now’ and ‘the what’ of HSCI for Kintra; as well as envisaging ‘thinkable and therefore actionable’ (Esguerra 2019, 969) futures for the carescape.

Facilitated through document fabrication, the family of HSCI documents brought HSCI into existence, as the Head of Psychiatry articulated ‘once it’s on paper, it becomes real’ (April 27, 2016). Notwithstanding extant interprofessional personal care practices, documents in their multiplying, imbricated assemblages made HSCI real, as HSCI made documents. Yet the realities being produced were malleable masques – this is the metis of documentality.
the NHS commissioned their internal auditors, to do an audit of integration. Some of which was technical in relation to, due diligence and integrated resource funding. And we were, in terms of, whether or not, we had pieces of the governance jigsaw in place, but they did a cultural bit and the cultural bit said there’s too many people saying that it’s not everything’s gonna stay the same and there’s gonna be no difference.

It’s been to the audit committee once and I’ve been put down as the owner of that, as a piece of work, so my view to the Director of Organisational Development is that, it’s not mine. It’s actually all about the health board’s issue. So how could I be the owner of something, that I didn’t commission? And it’s actually all about the health board, so I need to have a conversation with her. I can respond to the technical points, because it is my responsibility to make sure the governance is in place, but it is not my responsibility to sort out the cultural issues in the NHS.

Figure 45. Relations enacted via a sole document.
Chapter 7. Traces of the Commissioning Plan

In observing integration’s documentality, I shift to the third and last (but not final) episode of the memoir of the commissioning plan, as it transforms from private/draft to public/fixed. Reactions, accommodations and appropriations of documents can only be rendered visible by following them. In following the transition in plans from strategic planning to commissioning, the formative organising of the management team and the IJB seemed stifled. So what did these conditions herald for the commissioning plan? This mundane gathering of inscriptions sought to prefigure future affordances for reconfiguring care. What transpired was not what I expected.

7.1 (In)act – an Artefact’s Oscitancy

It was the day of the IJB meeting and the commissioning plan was on the agenda as it was due to be approved, along with a few other documents with their own ‘backstory’. Chrissie and I sat next to each other in the ‘public gallery’, a row of seats behind the formal desk arrangements in Council Chambers. Sitting on my other side was the NHS Organisational Development Director, who was on her laptop responding to emails. People milled around before finding their seats and laying out their meeting papers. Claire, the board secretary, had positioned name plates to indicate where an IJB member was to sit. Before the meeting started the NHS CEO turned around to talk to Samuel, and then looked at me, saying she recognised me from the meeting of the NHS Board. I replied ‘Oh I’ve just been shadowing some of the managers’. I experienced a mild moment of panic, wondering what she wanted, but she was preoccupied with matters more pressing than my presence. I wasn’t sure why, but there were a lot of observers in the room and it felt quite crowded. I counted 23 people, ten of whom I thought were observers. Both CEOs were present.

The chairperson of the IJB fenced in by blonde dais furniture, began the meeting supported by the agenda, starting with apologies, minutes and checking actions completed in the action tracker. She was sitting in the Council Convenor’s chair so the gavel

Figure 46. Kintra Council Chambers.
was in front of her, but I didn’t think she’d use it. As often found in U.K. (and Australian) local government chambers, there was a photograph of a smiling Queen as head of state, hanging on the wood panelling (another common feature of Council Chambers), above and behind where the chairperson was seated, gazing down over her subjects in the meeting. The NHS Directors of Nursing and Finance were present, as was Council’s Chief Social Worker and one of Council’s Depute CEOs.

I looked at my printed meeting documents and noticed the agenda and all the associated documents had the Kintra HSCP logo added. The first item of business was the Housing Contribution statement (another required document). Next was the ICF and Julia spoke to it. As the meeting progressed I felt it was more formal than others I observed, but interestingly it appeared to replicate rituals from the NHS Board meeting, which I’d recently observed. However, it may have also adopted formalities from Council conventions being in Council Chambers, but I hadn’t attended a Kintra Council meeting so was unsure. Even so, I ventured whether the secretary of the IJB, who was also secretary of the NHS board and an NHS employee, was applying NHS executive governance meeting routines – a possible mimetic isomorphism (DiMaggio and Powell 1983) enacted through governance materials.

As I refocussed on the item being discussed, an IJB member (and NHS Board Chair) pronounced he hadn’t realised committed expenditure against the ICF was so high, given the IJB governance arrangements had only come into place after investment decisions in projects had been made. He asked what the projects were and questioned if they were strategically aligned, remarking he thought the approval process was problematic and was being ‘upfront’ about the IJB not just being a ‘rubber stamping body’. I found this an interesting statement as it revealed the peculiar sequencing of HSCI implementation, given the ICF’s distribution from the Scottish Government was well in advance of the IJB becoming operational, and in all likelihood a Scottish-wide experience. Julia responded by noting this oddity was addressed in Appendix 3 of the ICF update, but also highlighted the decision-making processes for projects. John then suddenly stood up to make a point. He described the ICF’s purpose as ‘leverage for change’. Another NHS representative in response referred to the IJB as a ‘new organisation’ (a statement in contrast to what I’d heard up to then about the HSCP not being an organisation) had ‘little to show for it to the centre’. I assumed he thought there wasn’t much to show for the expenditure of ICF to the Scottish Government. Another NHS member then pronounced ICF spending as ‘broad cast sowing’ (a metaphor for scattering seed around widely). At this point the Chairperson
remarked, reporting on ICF projects needed to be in financial terms, e.g., return on investment. This conversation led a number of staff to defend actions to date, as the ICF was established a year before the IJB. Harry as CFO, made a number of detailed comments on what had been done, and what’s going to be done. The Chief Social Worker also mentioned the positive features of some small projects.

I felt even with this contested agenda item exchanges in the meeting were quite stilted. I wondered if the meeting ‘tone’ was, in part, due to the spatial layout, imbuing proceedings with the formality of a site of representational democracy. Although I noticed NHS board members talked more than Councillors. Eventually the Council CEO interrupted, recommending holding ICF documents over and approving them at the next meeting in June, as well as reassuring everyone they hadn’t ‘been throwing money around willy-nilly’. The Chair acknowledged the unwieldy nature of the issue, but suggested moving to the next item, to which IJB members agreed.

The next item was the draft NHS Kintra LDP. Patricia the Council Depute CEO, commented on it being ‘the golden thread’, inferring a tie from this NHS document to CPP plans, as well as the IJB. The main discussion on this document were comments about the need to adjust it in light of the IJB’s ‘Issue of Directions’ authority being rewritten as ‘business-as-usual’ directions, connecting the IJB’s purpose as a commissioner to the activities of specific partner organisations. Harry pointed out Scottish Government guidance on IJB’s issuing directions was not detailed (a familiar pattern it seemed with Scottish Government HSCI advice). The NHS representative (and most frequent commenter) picked at the text in a detailed manner, seeking further clarity around the certainty of the text. This engagement with the text exposed an interesting dynamic around this new governance arrangement’s relationship with texts, their fluidity/fixed, bits of financial information and then interpreting these through the lens of ‘good governance’.

Finally, they got to the item I was there for, the draft commissioning plan. Sitting through meetings as I have done innumerable times in my career can be tedious, especially when you’re only interested in particular matters. John as the director responsible for strategic planning was the person down to speak. As he stood (something he did in most meetings) he noted there was a covering paper and ‘an appendix’. He introduced the commissioning plan and its purpose, an artefact of three parts. He described the plan’s role in creating ‘collaborative capacity to deliver transformational change’. I was impressed by
his ability to spout such jargon and his assertion that the commissioning plan was going to be capable of so much.

After John’s ‘address’ to the IJB the Chairperson opened up the meeting to questions, or comments from members. Responding to this invitation, Louise the voluntary sector representative said the draft needed to be more specific and measurable. Julia replied, prefaceing her comments by acknowledging the work of the management team in capturing what was currently being done. Just at that moment I noticed the NHS CEO and NHS Director of Nursing leave the room, which was unexpected given my understanding of the NHS interest in this plan. I looked back to Julia sitting next to the Chairperson and she repeated the phrase that the plan was about ‘taking forward transformational change’. There were then questions and statements from various IJB members and senior managers. The NHS union representative wanted to know what processes for engagement would be, as the consultation on the strategic plan took many months. The Chief Social Worker asked questions about the commissioning approach, when there would be more detail on money and the need for the content to reflect more than just older people, e.g. mental health and learning disability. The carers’ representative said she wanted carer activities ‘bolded’. Patricia, indicated she wanted objective eight on inequalities to be more ambitious given the work of the CPP on inequality.

With Julia’s quiet voice the fact she wasn’t using a microphone and with the room’s acoustics, from where I sat I found it difficult to hear her replies. Nevertheless, the decision of the IJB with regard to the commissioning plan was to note it, but there was an expectation of further detail linked to performance measures and financial information would be provided later. Information on the development of a performance framework for HSCI was the next item on the agenda. At this point I felt completely mystified, was that it? There was so little discussion, given what I understood was the status of the plan and its topic. I was distracted for the rest of the meeting, albeit I did notice there seemed to be

![Figure 47. Front page of commissioning plan.](image-url)
more focus from IJB members on the CFO’s finance exception report and unexpended Scottish Government funds. I left quickly when it finished as I wanted to speak to Chrissie.

I found Chrissie upstairs in the offices. She told me she wrote the covering paper, the report and Samuel wrote the appendix. She was very angry about the meeting and the behaviour of NHS IJB members who she believed were deliberately asking questions as proxies for the NHS CEO. She felt they were rude and lazy when it came to their treatment of the documents, the authors of which were in the room. She said she ‘felt like walking out half-way, saying they wasted time talking about the ICF and the directions document, but did not spend equivalent time on the commissioning plan, which they should prioritise’. It looked as though the commissioning plan got lost amongst the other papers. She described feeling like she wasn’t doing her job, just reacting to the latest issue. She thought she’d done their work for them and wouldn’t do it anymore, expressing she felt like she was ‘working for the daily rate’, especially as she had put in many late nights and weekends to write documents. She believed the programme’s resources were insufficient to support what needed to be done. After expressing her disappointment she started talking about the different non-executive NHS board members who attended the meeting. After what seemed like ages listening to her ‘offload’ she apologised for moaning. The affective and embodied labour of document writing was clear in Chrissie’s reactions, but the acts of authoring were ‘disappeared’ when the artefact materialised, like most document-making in public administration (Freeman and Maybin 2011, 163) (18 April, 2016).

Although writing is central to documents this was not the end point. I was aware in the making of the commissioning plan that it was being circulated and assumed it was having effects, even in its draft state, beyond just adding extra words. As I explore below what it did post its ‘part’ IJB acknowledgement was more than ‘create a trail’ (Ahmed 2007). A reminder that documents are ‘incarnated and interpreted differently at different stages’ (Freeman and Maybin 2011, 164) during their lives, and every version only emerges and is understood in situ.

### 7.2 Losing the Trail and Tracking Things Down

Having to shadow managers I lost sight of the commissioning plan after about a week, although it would come up in meetings I was at. I was surprised there wasn’t discussion about it at the formal HSCI managers meeting the day after the IJB other than a jibe by Annie about Chrissie now doing her actual job of programme management, instead
of writing the commissioning plan. The other small encounters were either laughing about understanding it or not knowing what the next stage was, in particular, staff engagement. The cynical responses I detected were no doubt related to other organisational practices and how ‘things become visible, hidden, important, neglected, disregarded, requiring action, demanding attention and so on’ (Boell and Hoof 2015a, 2).

I shadowed Stephen at the NHS mental health service the week after the IJB meeting. We were in the kitchenette grabbing coffee before the Mental Health Clinical governance meeting. He mentioned he had gotten around to reading the commissioning plan, ‘the bubbles’ bit was in an appendix and there was hardly any mention of learning disability and mental health. He thought it was typical the focus was on delayed discharge and older people. He described how he thought Samuel and Joanna shaped the document as they dealt with older adults. Given I observed those actively involved I knew Joanna had little involvement, but didn’t say anything. I felt uncomfortable about the potential to be caught between different manager’s understandings of the document so I stayed ‘schtum’. I reflected back that it must be challenging in planning documents to get a balance between different population groups and life stages, but he countered that this is what happens when ‘8/10ths of the business is about older people’. Feeling awkward, I then said there was a question at the IJB meeting about the lack of mental health and learning disability from the Chief Social Worker and people responded positively to ‘the bubbles’, to which he replied ‘well they would, I would, it’s what’s being done’. This lead us to talk about what was ‘in’ the Scheme, the policy direction, the way the legislation was framed and the uneasy place of the other services, like dental and sexual health services (25 April, 2016).

What then happened in the ensuing weeks after the commissioning plan’s IJB appearance? In trying to determine where the plan travelled after its approval, I needed to explicitly ask managers and others to find out. I went back to Stephen, who by this stage was more scathing.

As far as my services are concerned, it's useless, it talks in old language so when you read it, it feels as though really we're talking about older people, keeping them out of hospital or gettin them out of hospital ... I spent a lot of time preparing information to go into that commissioning plan, and I think absolutely nothing of it is in it, which makes me really disappointed, cos I thought it was a good opportunity for us to actually ... I feel as though it's just regurgitated old commissioning plans and there's nothing new in it. But we are in a year of transition ... it's not a promising start and you'll get no engagement at the service now because they'll read it and think well we're not really in it again. ...
it’s got no relevance really, other than just very high level ‘keeping people out of hospital’ ... supporting people at home, (Stephen, June 6, 2016).

The work of the document in this phase of HSCI, according to Stephen, was at a standstill. I then spoke to a couple of Stephen’s staff. Stephen’s manager in mental health, Jacqueline, was involved and expressed confusion about what they were supposed to do with it.

I’m writing the mental health strategy at the moment, and I’m trying to make sure that it links to the strategic plan objectives, and will hopefully therefore link into the commissioning plan. I have to say that it feels a bit of a mess, would be my honest opinion. I think that there’s a bit of a lack of clarity ... as to what we’re supposed to do with this commissioning plan ... cause I have to be honest with you, and say, I’ve almost stopped reading stuff that’s coming out, because the chaotic and shambolic nature of it, is frustratin for me. ... Sharon and I spent a lot of time, putting stuff together that would fit into that commissioning plan and then that didn’t appear anywhere. ... And it felt very much like a tag on, ... in the strategic plan, and then it was like, oh wait a minute, how do we make this happen, oh well we’ll write a commissioning plan. And that appeared to happen very quickly, with much less thought, and for me, the two are equal (Jaqueline, June 22, 2016).

As they indicated, during the drafting of the commissioning plan they were not just providing service related content. Despite reservations about its quality they were doing connective work, thickening the legitimacy of mental health and learning disability services, through threading the commissioning plan into their plans, and also producing their own commissioning strategies.

For Stuart, as a manager who had written a small amount and came to a couple of meetings to help drafting, the plan didn’t do much. He felt as one of those meant to ‘own’ the document it hadn’t fulfilled the Programme Manager’s intention of bringing managers together to actively shape it, which I agreed with. Collective ownership of the plan, or enhanced management team cohesiveness was not apparent. He also had an expectation that the commissioning plan could potentially bridge strategy and operations, however this was unfulfilled.

... all the devil is in the detail, because when it comes to actually operationalising things or implementing things, you’ve got to have that bridging work done, between the visionary and the strategic, the conceptualisation to actually how are we gonnae implement this in practice ... I suppose what the joint commissioning plan could be and be really helpful, if it’s
a synthesis of those, to help people like me, ... do what we need to do together, report once and report well, but I don't think it is ... so I don't know what's happening, ... I don't how Julia is going to do it, how she is going to deliver it. ... it feels like it's been written for the purpose, we have to have it, and we populated it with information about what we currently doing and it sits there ... Aye right, we need wonder if ... people in partnerships are going through the motions of, what documents do we need to give to Scottish government? Right we need one of them, one of them, and one of them, done tick (Stuart, June 6, 2016).

Samuel as one of the commissioning plan’s primary authors and someone who I had spent a lot of time with, responded to my queries in an unexpected way. Two months after the IJB meeting, he laughingly said,

I’ve never looked at it since [but] I think the purpose of that ... is just to get a document done. I don’t think we live or breathe by it. ... Again, it’s just another thing, this needs to be done and get it done usually, very quickly. It isn’t necessarily something you’ve got everybody’s agreement ... which would be impossible to do anyway, given the timelines that you’re working to. ... But it’s gone no further than it being finished for the purposes of a meeting, probably read through very quickly. ... Its intent, will be in line with all of the other motherhood and apple pie stuff that we talk about. ... so I think it’s just one of these crazy exercises, that we end up doing very rapidly. ... Again, it’s just another thing, but the way in which we go around doing these things is far too rapid, not inclusive and is on a back of a fag packet [laughing] I’m being perfectly honest and I just don’t know what will happen to it next (Samuel, June 6, 2016).

A month after the IJB meeting Joanna left Council and was in a new role. I caught up with her in her new workplace and she was the most unguarded I’d experienced. In the initial writing process she was very vocal about the commissioning plan and what form it should take. I asked her about it and she responded bluntly.

With regards to the commissioning plan, that’s complete rubbish. I actually was so glad I was leaving, that I didn’t have to be involved in it. Because I actually had a commissioning plan. I was a commissioner for nine years. ... Most people don’t understand commissioning, unless they’ve been a commissioner, and they don’t know how to write a commissioning plan. ... that’s why I totally disengaged from it, well I knew I was going to be leaving. ... it’s like the strategic plan, if you don’t listen to people, it won’t be a commissioning plan, because, well I saw the start of the document and it wasn’t a commissioning plan. ... the senior team were disengaged because, well you know, we don’t own this, because we weren’t involved in it (Joanna, June 14, 2016).
Her reaction to her expertise in commissioning being overlooked shone a light into affective relations surrounding documents and what gets side-lined, as well as documents containing meaningful, rather than meaningless content incorporating particular knowledge-in-practice. Her comments were a reminder that content mattered, especially to those invested in subjects of professional interest.

I was also interested in getting insights from others not directly involved, who were present at various meetings and experienced with planning and report writing. I spoke to Jan from public health, who paid particular attention the sequencing of plans.

"it was all 'arse over elbow'. If you think about the logical sequence of things, what you should have ideally is, is a strategic plan about what your objectives are, a plan about what you want to do, your commissioning plan - this is how we're going to do it. ... so it's an unholy mess, in my view. Now you may, or may not have got that from other people, but it's what you're getting from me. For something that was supposed to have been in the planning for a while, it seemed to suddenly erupt into ‘quick we've gotta put something down, each of you put your bits down and give it to me’ ... and then I never saw the finished product. I mean I have eventually seen it ... it was exactly the same thing [comparing to the strategic plan], it was a collection of separate bits, kinda stuck together. The thing that is missing in all of these documents, ... is this vision of what ultimately ... what are we trying to achieve? Its ended up being a list of things, that people were doing anyway, and I think 'how forward thinking is that?' (Jan, 16 June, 2016).

Helena as the person who helped Chrissie and as an analyst, and experienced report writer, was torn between her analytical inclinations and HSCI’s messiness.

"... there was a lot of to-ing and fro-ing about what its purpose is intended to be ... it was attempting to add a layer of detail over and above the strategic plan ... More cynically, ... it felt a bit like a sticking plaster to put on ... over and above strategic plan, because the strategic plan itself had such a tortuous history, with perversely the people in charge of writing it, probably having the least first-hand involvement in having to deliver the work set out in it. ... so I think a secondary purpose of the commissioning plan has almost been a bit of a strategic plan mark two, for those who haven’t engaged with the strategic plan (Helena, June 20, 2016).

John as Director of Strategic Planning, although not heavily involved in drafting the commissioning plan, was in regular, direct discussions with Julia, Chrissie, and others, providing advice on its form and contents, commenting on draft versions and he spoke to the plan at the IJB meeting. I asked him about the purpose of the plan and indicative of his knack for spouting the latest policy jargon, he replied in what I felt was vague platitudes.
I think in pragmatic terms, it’s to bring together, the plans for services that are across Kintra, but that are also within localities. ... I think we need to be careful in our thinking about what commissioning actually means in the context of service delivery. ... there’s new guidance on procurement, which isn’t specifically written ... about HSCPs, but does address the issues and is explicit, that the IJB should not hold contracts, it commissions, but the contracts will be held by the parent organisation’s and the commissioning, to me, is done through directions. ... it allows us to be more effective, in terms of, giving a clear indication of the outcomes we want (John, 21 June, 2016).

So although I got little clarity regarding the commissioning plan’s status, given his familiarity with the range of Scottish Government HSCI publications I also asked him about the influence of national documents in relation to local document production. He responded,

‘well I guess I read them because I have to, and one of the reasons I have to is certainly on the NHS side, guidance has a quasi-legal status, so there’s an obligation to do it. ... The other point to make about documents, is that the strategic plan was a requirement to make the IJB, or authority, a functioning legal entity, now that was one of the conditions ... and our view was that, there needed to be something more detailed, underpinning that, to actually ensure that the services we wanted to see commissioned did come into place, because strategy is one thing, and the aims and objectives, I would hope are quite real to people. But it’s then how do we deliver those (John, 21 June, 2016).

While he had a specific role, acting as a regulatory translator for local action, his comment about ‘our view’ made me think, who was ‘our’? In retrospect, I missed the chance to ask him about further, although it emerged in my subsequent discussion with Julia.

I couldn’t not ask Chrissie as the key protagonist in the commissioning plan’s story, what her reflections were. She said,

well it’s got a long way to go and nobody seems to recognise that it’s not done yet. ... there’s an unwillingness or inability to really focus on actual planning, because we’re too busy. ... I think they’re looking for ticks on boxes, so the Scheme and the Act says you’ve got to have a strategic plan, so we’ve got one. Tick. What do you like most about it? It’s done. It’s that kind of attitude. We need to have a commissioning plan. Well you and I both know, that was a cobbled together story about how we’d like to do things, and yeah it’s good story, but that’s all it was. ...
And when I’ve spoken to Julia and others at the management team meeting, which I’m no longer invited to, but I won’t take it personally, they just pushed back. I think I was annoying them, cause I was like we need to take this further, no we’re business as usual and it’s really operational now.

I think [documents], the part they’ve played, is ticks in boxes that says they’ve met the Act and they’ve met their obligations to the Scheme, so they’ve got a strategic plan, they’ve got a commissioning plan, they’ve got a sort of, performance monitoring framework, they need a data sharing agreement ... they need a corporate services plan, so they’s can go tick, tick, done, right we’ve integrated, let’s carry on as we were. ... In fact, even in our commissioning plan, they state in those words, year one it will be business as usual. As soon as we did that people went ‘whew, that’s good, carry on as we were’ and year two plan, well we don’t really do planning, so when year two comes we’ll think again. And we’ll say business as usual again (Chrissie, June 16, 2016).

As shown by the kinds of responses I got to my inquiries about what happened to the commissioning plan after the IJB meeting there was widespread dissatisfaction with it, how it was made and low expectations of any further ongoing use. Interestingly, these frustrations and dismissing of its quality and capacity to influence HSCI appeared to echo the difficulties of the strategic plan’s production. The document didn’t seem to be about commissioning per se, it was doing other things. Documents like the commissioning plan, act as ‘props, allies, rule-makers, calculators, decision-makers, experts and illustrators (Prior 2008a, 828). By whatever use, it was nevertheless generative of interorganisational realities.

7.3 Remembering to Read

In telling of the story of the commissioning plan and my desire to not become caught up in content or discourse analysis, I didn’t go through what was presented at the IJB Meeting other than glancing at the cover papers, which had three logos representing Council, the NHS and the Kintra HSCP, as well as, in bold capital letters, **HEALTH & SOCIAL CARE INTEGRATION - COMMISSIONING PLAN** (see Figure 47). Only in subsequent analysis did it occur to me to read through the papers in light of the responses. What was presented to the meeting were three documents, a covering paper, a paper called the commissioning plan and an appendix. I had failed to see on the last page of the covering paper,

> **7.3 This document, and the Appendix, is draft at this time and we will continue to develop this through our communication and engagement activities, the plan for which will be submitted to the IJB in due course.**
7.4 The IJB is asked to note the work that has been undertaken to develop the C&I plan and to approve the approach to its continued development. The IJB is also asked to confirm that the priorities and actions to address them are in line with expectations and the overall strategic direction.

(IJB covering paper, IJB meeting 16 April, 2016)

I also failed to appreciate it was in the appendix that the actions outlined were limited to activity for one year. I was also mystified by the apparent disappearance of the document and the frustrated reactions of managers and others. The commissioning plan was still only a draft, the IJB had only been asked to note it. Though there seemed to be some interest in the actions, which was based on the initial ‘bubble’ template, they were relegated to an appendix. For all the tensions with managers, disagreements regarding content and structure, pressure to get the plan finalised and the performative claims of its transformative powers, the actions were captured as bullet points in nine half page text boxes arranged to link with the nine local objectives. The priority actions were included in the cover paper, but in the appendix they were bolded, sitting at the top of the list of the bullet points of the relevant objective. The plan had been relegated to a supplement of a paper. The commissioning plan seemed a small act (in relation to everything else) writ large, in an enactment that was unlikely to achieve its ambitions; an act of compliance that ‘ticked the box’, which had already been done, the work seemed surplus to requirements.

What remained durable, despite being in an appendix, was the layout and logic of ‘the bubbles’ template, but whether the implicit logic of contribution to local objectives and national outcomes was appreciated was questionable. Although the IJB was asked to note the commissioning plan, the act of keeping a document as draft partially sequestered and held it in an odd form of stasis, with no clear time inscribed for its (re)emergence. At that time it was an act of delay, it was business-as-usual and the plan had become (in)active and by the time I left had possibly failed and was lost from view.

7.4 Sashiko(ing) the Seams of Connective Cloth

For the single document itself gathers others together. ... The document ordinarily and somehow magically combines and reduces information from several different sources into one: ‘domains which are far apart become literally inches apart; domains which are convoluted and hidden become flat; thousands of occurrences can be looked at synoptically’ (Latour 1986, 25 in Freeman and Maybin 2011, 161).
As the Commissioning Plan entered suspended animation, in my final kairotic moment I invert the document. In overturning the artefact I make perceptible its fabrication and consider what insights can be derived, from across multiple orderings that give texture to organisings. I elaborate for HSCI as it was unfolding, the seamfulness of interorganisational relations, where actor’s ‘make-do’.

In Japanese textile tradition there is a practice known as boro, what might be understood as a domestic making-do with fabric for clothes and bedding, reminiscent of similar practices, e.g., Australian wagga quilts made from salvaged and repurposed scraps. Garments constructed through boro are reinforced by what is called the sashiko stitch, which cover holes and reinforce layered pieces of fabric ensuring strength and durability. Unlike other traditions of hand stitching, the darning and bonding patterns of sashiko are visible. This explicit exposure reveals, simultaneously, the insufficiency and transience of the constructed object. Sashiko stitches must also attend to the multiple weights of the fabric that need to encounter wear and tear; and so the thread needs tensile strength to prevent pieces from falling apart. In exposing its fabrication ‘sashiko’d’ pieces are rendered whole, but the whole, emergent through the contribution of each element, is not subsumed in the juxtaposition, and in the contrast of pieces there is value (Dolden Veale 2015, 7-9).

When it comes to understanding and observing, the kinds of work that stitch things together like document-making, following Vertesi’s (2014) adaptation of Chalmers and Galani’s (2004) notion of seamfulness, she argues it is valuable for understanding multiple, coexisting, nonconforming infrastructures (which I think can be conceived as organisings - see Chapter 2). She extends this with the idea of patchwork, suggesting

multi-infrastructure work across heterogeneous systems ... is a sort of lay practice of heterogeneous engineering (Law 1987) that produces fleeting alignment or misalignment of infrastructures to accomplish local, mundane tasks. ... As actors work with and across infrastructural seams, they demonstrate familiarity, expertise, anxiety, and even playfulness (Vertesi 2014, 269).

Using boro as a metaphor, documents (like the commissioning plan,) contain pieces (extracts from other documents) that are thick and thin, strong and weak (e.g., policy logics, local plans) and the sashiko pattern of stitching (such as a template, or style guides) is needed to reinforce the pieces inclusion, ‘demonstrating how each presents its own politics,
standards, ways of knowing, ontologies, temporal rhythms, and interactional possibilities’ (Vertesi 2014, 266).

When it comes to the making of vital organising materials an inverted analysis is able to show how actors generate associations and bring incongruent elements together (Bowker and Star 1999, 34). To get behind and identify infrastructure/s aiding HSCI, I start with the work of people like Michelle, who as project officer for Kintra HSCI, had a uniquely intimate relationship with most documents. There was a lot of effort on her part coordinating and aligning people, meetings, spaces and documents across various HSCI partnership groups. She relied on project management tools to assist her manage it all. In SharePoint, the repository of documents was sorted by workstream and stored alongside coordinating documents like GANTT charts. Nevertheless, not everyone accessed SharePoint, with various actors generating documents and using email to get feedback from others on whatever document required attention. In discussion with Michelle, she remarked,

you might think it’s about a kinda, a treadmill churnin out various publications, and we feel like that with some, because we had so many iterations of the strategic plan, and of course we’ve just published the documents that went out with the final version of the strategic plan, so you’ve got your ERIA, your Housing Contribution Statement, ... it was like seven in total, that went out ... obviously there was the toing and froing with the Scheme of Integration, that was finally finalised, if that makes sense, and there was a lot of to-ing and fro-ing with that. And it did seem to be a lot of paperwork, but with any process like this there is a lot of legal documents that we’re obliged to publish’ (Michelle, 21 June).

She pointed out the familial association of documents being rushed to be made public and described documents as legal obligations, an intimation of being governed from a distance. She used SharePoint to assist in document management, but had ‘backgrounded’ this as part of the infrastructure that enabled the team (and others) to co-construct, share, and arrange documents.
At the other extreme actors external to the project team involved in HSCI implementation, observed document proliferation as about Scottish Government accountability, but inferred they wouldn’t use them. Aylee one of the locality coordinators, expressed,

"it feels a bit like they’ve got the legislation, they’ve spent a lot of time producing documents, but they’ve not had their eye on the end product. Almost its generating documents to meet the needs of government’s sake, isn’t it? It does have a bearing on us ... but the three of us, decided we’d keep our heads down and do what we need to do ... all the plethora of communications plans, risk logs, ... it almost feels let’s generate pieces of paper except that nobody will look at anyway. ... if I could clearly see, right that thread goes all the way through that work stream and I could see the end product, then it would make sense. ... documents have to be produced, and you do have to have an audit trail, and you do have to have the governance, ... it’s relevant to our work, but it’s not something we look at a lot (Aylee, 21 June).

As artefacts documents were framed as necessary part of accountability, but it was often assumed they wouldn’t be read, suggestive of HSCI managers lack of awareness of details in the Scheme and strategic plan. The knowing about, but not knowing contents appeared to typify the logics of audit (Power 1997) where it is ‘important to document that you are doing what you are supposed to do ... and how good you are in doing what you are doing. Sometimes, documentation becomes more important than the very activity or person it is documenting’ (Niels Windfeld Lund in Kosciejew 2019, 629). Documents from this perspective were disconnected and did not address interorganising at a local level, where what was understood as actual integrating was what mattered, not what was written in these documents. The work entailed in document construction was invisible, along with any conflict, and the commissioning plan was of limited interest. Aylee felt concerned that they

‘suddenly got to go to three different groups to get one piece of paper signed off. ... it’s too cumbersome a structure ... And maybe that will improve with ... as relationships develop, and maybe it won’t, ... So yeah there is too much documentation’ (Aylee, June 21).

Framing both the commissioning plan and HSCI from a boro point of view uncovers where and how - in pieces of paper and activity - sashiko stitches were what gave form to a particular document, as well as the emergent shape of HSCI. From this perspective,
documents materialised as the connective fibre - the interfacing - for HSCI at this stage of implementation, enmeshed in various other technologies. The seamfulness of the relations tacked into the plan and the partnership, stood in awkward contrast to the ambition of the Act ‘to provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so’ (Burgess 2016, 4).

A relational interrogation of documents provided clues to the piecework over the seams of organising - an attempt to represent an embroidered, temporally aligned coherency (see Figure 49 below). The piecing of the commissioning plan, however, did not quite seem to work in the way it was intended with the distribution of action detached by an appendix. The primary 8-page document built on an NHS template attempted to link the antecedent strategic plan, contextualise the background to, and purpose of, commissioning, with a (re)inscribing of the role of the IJB as a commissioning body – another reminder perhaps. The details of intention were annexed to an appendix, which retained ‘the bubbles’ and its underlying ‘if x, then y’ logic of change reinforced with Scottish Government national outcomes and performance indicators. It was to the appendix that IJB members gave their attention after the previous item of Issuing of Directions to the NHS and Council. It was in the appendix that detailed what the NHS and Council would be doing over the next financial year – business-as-usual – deferment of integrating action being held together through the parent body’s own plans. Generating this documentary mass also lent an inertial force (Kosciejew 2015, 98).

For the purposes of transparency on the following pages I include a copy of the draft commissioning plan and its appendix as presented to the IJB. I have marked out the embedded documentary relations within the commissioning plan and the relations between the various organisings and groups entailed in implementing HSCI.
The logos of Council, the NHS & the HSCP

HEALTH & SOCIAL CARE INTEGRATION - COMMISSIONING PLAN

Introduction

1.1 The Strategic Plan for the Health & Social Care Partnership will be published on 19th April 2010. This articulates nine local objectives to address the continuing improvement in the delivery of our services to ensure improved outcomes for the people of the Partnership. These were determined through a range of consultation and engagement activities, focused on ensuring that our delivery focus reflects the needs of our communities, as well as developing our approach on a co-production basis.

1.2 The key challenges that were identified in the process of developing the Strategic Plan include the following aspects:

- People living with multiple long term conditions
- Disability
- Dementia
- People living with complex and intense needs
- Deprivation in the community
- Carers in the community

1.3 This resulted in the development of nine local objectives, which drive the planning and delivery of our services, both at the individual service level, and as a partnership as a whole.

1.4 The Commissioning Plan sets out how this will be achieved. This will continue to develop and evolve as we move through the first year of the official implementation of the Integration Authority, under the governance of the Integration Joint Board (IJB). The plan is only about the first year, also known as, "business as usual".

The antecedent to the Commissioning Plan is required by 'the Act'.

The next annual operational plan will agree with Scottish Government.

The annual corporate planning process for the NHS agrees with the Council corporate plan for 2010/11.

Figure 49. The commissioning plan IJB paper and excerpts from Appendix
2.3 Additionally, this will be a key part of our locality planning activity so that we reflect the needs of each locality in delivering our services. In the future, locality planning will play a much more significant role in driving commissioning.

Development of Commissioning Plan

3.1 We have developed the plan with reference to the nine local objectives, which form the basis of our Strategic Plan. These are:

1. We will make services more accessible and develop our communities.
2. We will improve prevention and early intervention.
3. We will reduce avoidable admissions to hospital.
4. We will provide care close to home.
5. We will deliver services within an integrated care model.
6. We will seek to enable people to have more choice and control.
7. We will further optimise efficiency and effectiveness.
8. We will seek to reduce health inequalities.
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role.

3.2 These in turn, have been mapped to the nine National Health and Wellbeing Outcomes and our planning approach ensures that the delivery of our services is focused on these, taking into account local priority needs.

3.3 For year one, in line with the NHS Local Delivery Plan and the Council Corporate Plan, we have identified two target areas for us to focus our activities in meeting the local objectives - supporting people at home and the wellbeing of our staff.

3.4 Therefore, we will be prioritising work that will contribute to improving performance against the following indicators:

- Percentage of people who are discharged from hospital within 72 hours of being ready (Health & Wellbeing Outcomes 2, 3 and 9)

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- Number of bed days people spend in hospital when they are ready to be discharged (Health & Wellbeing Outcomes 2, 3, 4 and 9)
- Overall rates of emergency hospital admissions (Health & Wellbeing Outcomes 1, 2, 4, 5 and 7)
- Readmissions to hospital within 28 days of discharge (Health & Wellbeing Outcomes 2, 3, 7 and 9)
- Admissions to hospital in the over 65s as a result of falls (Health & Wellbeing Outcomes 2, 4, 7 and 9)
- Percentage of adults with intensive care needs receiving care at home (Health & Wellbeing Outcome 6)
- Proportion of employees who would recommend their workplace as a good place to work (Health & Wellbeing Outcome 8).

3.5 These are our priorities and we will develop these as we progress in line with our commissioning arrangements and the development of directions for future years, refining these as we continue to monitor performance against these indicators and taking into account the results of our consultation and engagement activity.

3.6 As we move forward we will focus on mainstreaming the ICF projects and we will monitor how these are impacting and delivering the shift in overall resources in line with the Strategic Plan.

Action Plan for Service Delivery 2016-17

4.1 We have developed a detailed view of the actions that we will take in the first year of the Integrated Authority and this is shown at the Appendix to this document. This is a work in progress, demonstrating the range of activities that will be carried out to ensure that we carry on with critical business as usual service delivery, whilst implementing key aspects that are required to effect transformational change (including those that will be delivered through the ICF and Social Care fund).

4.2 In line with our focus on supporting people at home, the priority activities against each objective have been identified and are as follows:

1. We will make services more accessible and develop our communities through:

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The actions are in an appendix.

Page 4 of 6
2. We will improve prevention and early intervention through:

- Ensuring that Anticipatory Care Plans (eKIS) are updated remains an essential focus and will feed in to the Transitional Quality Arrangements for 2016/17 in the revised GMS contract
- Personalised care planning and self-management as part of the Long Term Condition management improvement work (supported by ICF)
- Promoting healthier lifestyles for patients, staff and visitors through our health improvement campaign ‘small changes, big difference’

3. We will reduce avoidable admissions to hospital through:

- Development of the __Community Ward and links with the Health & Social Care coordination project to provide a proactive case management approach for people with multiple complex co-morbidities most at risk of hospital admission and readmission. (supported by ICF)
- GP Enhanced Services to support the management of patients in the community or at home, such as near patient testing, warfarin and services to people in care homes.
- GPs working with __consultants via direct access by phone to discuss any cases for early ward or clinic review by a Specialist team
- Reviewing Mental Health Crisis Team input to the Emergency Department

4. We will provide care close to home through:

- Working with care providers to develop different models of care that will support people to stay at home for as long as possible.
- Development of Technology Enabled Care models to maintain independence and care closer to home
- Commissioning of 24 Specialist Dementia care beds to support people with high level dementia care needs and provide specialist in-reach nursing services to support providers

5. We will deliver services within an integrated care model through:

- Quality agenda within the Transitional Year GP Contract to develop processes with the full involvement of Practices
- Linking to GP practices to ensure communication and speedier access
- Linking to the third and independent sector locally to improve access to services and coordinate between the services

6. We will seek to enable people to have more choice and control through:

- Embedding co-production within the care management and assessment approach and deliver at a locality level
- Completion of the review of the Physical Disability Strategy
- Increasing overall uptake of Self Directed Support

7. We will further optimise efficiency and effectiveness through:

- Continuing to employ service improvement methodology across a range of services to enable staff to spend increasing time with service users and patients improving the quality of service provision

8. We will seek to reduce health inequalities through:

- Development of locality plans to identify how to include those who are hard to reach within our communities and implement change
- Revision of the Mental Health Commissioning Strategy
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role through:

- Ongoing identification of Carers within GP Practices and signposting to Carer support such as the local Carer Centre
- Ongoing information and education for Carers across the range of health and social care services
- School Nursing Services continuing to support young carers and their physical and mental wellbeing

4.3 The full set of activities is shown in the Appendix, with the above priorities highlighted in bold text.

4.4 In line with our focus on the wellbeing of our staff, we are developing a plan to address this key target area. We have established a Workforce Project team who will be taking this forward. Among the activities that will be included in the delivery plan are:

- Engagement in a series of communication activities with staff across NHS Council to build awareness and identify key training and development needs
- Working with individual teams to develop appropriate support requirements to help them operate in a seamless way with colleagues across organisational boundaries
- Implementing solutions to improve access to, and sharing of, key patient and client information to support staff in delivering together within joint teams.

Responsibility and Accountability for Commissioning

5.1 As the statutory body responsible for ensuring the successful delivery of health and social care for the people of X, the IJB is accountable for the commissioning activity. Aligning our planning to the local objectives will provide a basis for measurement of our performance in relation to these. In addition, each of these objectives contributes to, and has been mapped to, the nine National Health and Wellbeing outcomes.

5.2 This approach has been adopted in the development of the Performance Management Framework which is intended to support and enhance the commissioning activity. This will provide assurance to the IJB and the reporting against the framework will enable the IJB to take strategic decisions as we move through the commissioning cycle.

Risk

6.1 Implementation of the C&I plan will be considered and assessed in relation to corporate risks in the context of the IJB.

Conclusion and Next Steps

7.1 In line with the formal Directions from the IJB, we will engage and consult with key stakeholder groups to implement the C&I plan within the financial budgets set out and the agreed strategy. We will develop a communication plan to support this.

7.2 We are working on developing a locality framework for delivery of the strategic plans for each locality. This will include developments such as the Community Ward and the Transitional Care Facility. We will bring a report on our progress towards our locality plans to the IJB meeting in June 2016.

7.3 This document, and the Appendix, is draft at this time and we will continue to develop this through our communication and engagement activities, the plan for which will be submitted to the IJB in due course.

7.4 The IJB is asked to note the work that has been undertaken to develop the C&I plan and to approve the approach to its continued development. The IJB is also asked to confirm that the priorities and actions to address them are in line with expectations and the overall strategic direction.

7.5 Using the key performance indicators we will baseline activity and measure change, improvement and progress towards the outcomes
Local Objective 1

We will make services more accessible and develop our communities

Strong communities are a real asset of the community. Community capacity building makes a big improvement to the health and independence of people.

How delivery of our services will help us to meet this Objective.

- Review Primary Care Premises Modernisation programme to review and increase capacity for services available to local communities and assess opportunities for co-location

- Development of Community Capacity Building delivered through the work and Locality planning and implementation.

- Development of Locality Plans by Locality Co-ordinator posts

- Home Care Tender to ensure we meet requirements at a locality level.

- Further develop Local Citizen’s Panels

- Improve access to social care and health from local communities and GP practice (test first point of contact model)

- Development of Veterans Mental Health Services

- Review Day Hospitals providing day services delivered within a locality model and providing a local resource to the wider communities for health and social care

- Development of Child and Adolescent Mental Health Intensive support

- Improvement work to increase capacity to deliver Psychological Therapies

- Redesign services and develop processes under the Transitional Quality arrangements of the GP Contract for 2016/17, to suit a locality approach.

- Further development of Local Area Co-ordination to increase independence, resilience and local resources.

- Provision of Emergency Dental Services 7 days per week

- Work with partners to remove barriers to access dental services within the community

- Review Day Services and preventative services to ensure they meet needs within each Locality

- Provide Health Literacy Training for staff to improve accessibility of information about self-management and access to services.
Local Objective 9
We want to improve support for Carers to keep them healthy and able to continue in their caring role.

How delivery of our services will help us to meet this Objective.

- Acknowledge the significant role carers have in meeting health and social care needs of our population.
- Review of Carers Strategy to identify the key areas of development over the next 3 years.
- Ongoing identification of carers within GP Practices and signposting to carer support such as the local Carer Centre.
- Carer’s assessments carried out by the main stream services.
- Engagement with carers on Strategic Planning Group and emerging Locality Planning groups.
- Ongoing information and education for carers across the range of health and social care services

The Nine National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through improving quality across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

<table>
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<tr>
<th>Nine National Outcomes</th>
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Source: Scottish Government
Our Local Objectives and the National Outcomes Cross-Referenced

Our Local Objectives are:

1. We will make services more accessible and develop our communities.
2. We will improve prevention and early intervention.
3. We will reduce avoidable admissions to hospital.
4. We will provide care close to home.
5. We will deliver services within an integrated care model.
6. We will seek to enable people to have more choice and control.
7. We will further optimise efficiency and effectiveness.
8. We will seek to reduce health inequalities.
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role.

The National Outcomes cross-referenced with Our Local Objectives

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Priority Indicators for focus in 2016/17

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<tr>
<td>10</td>
<td>Percentage of staff who say they would recommend their workplace as a good place to work.*</td>
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<td>12</td>
<td>Rate of emergency admission for adults.</td>
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<td>14</td>
<td>Readmissions to hospital within 28 days of discharge.*</td>
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<td>16</td>
<td>Falls rate per 1,000 population in over 65s.*</td>
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<td>18</td>
<td>Percentage of adults with intensive needs receiving care at home.</td>
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<td>19</td>
<td>Number of days people spend in hospital when they are ready to be discharged.</td>
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<tr>
<td>22</td>
<td>Percentage of people who are discharged from hospital within 72 hours of being ready.</td>
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It wasn’t until the end of fieldwork when interviewing Julia that she divulged the commissioning plan was something she individually decided to do.

I asked her, ‘So … in the time that I’ve been hanging around, I’ve observed the commissioning plan, as a document, being created. What do you see is the purpose of that particular document?’

Julia replied ‘Well the purpose of the document was to, I suppose, exploit the opportunities … to develop the strategic plan and the kind of, business model of being able to say … we’ve got integration now, this is what we want to do with it and to be specific. So that was the intent, in order to be absolutely clear, … because there’s been, quite a bit of I suppose, internal infighting, around the use of ICF. So from my point of view, well you know, this is in our commissioning plan, so this is a step towards the change that we need, therefore we need to be able to use it, and so I’ve used it as a lever for change, because I needed to. But other areas (other IJB’s) don’t necessarily have them, because none of them feel that they need to have that’.

To say I was astonished was an understatement, so I asked, ‘so when you’re describing it as a lever for change, what do you mean?’

She said, ‘to help to drive the changes, that I want to make, I’m not sure that in other areas they necessarily need it, I would just do it, but here I can’t, without having some sort of legitimised position’.

I asked her about the range of documents required by HSCI, … while I’ve been here, a series of different sorts of documents have been put together for the purposes of getting things ready, for operating from April 1st. What do you think about the role of documents in this process, just generally?

She replied, ‘it’s kind of confirmed, what I guess we all know, that it’s not worth the paper it’s written on. Unless people want it to work, and to my mind … the legislation and the guidance is absolutely crystal clear, but if people choose not to do it … they won’t see it and will have their own interpretation of what it means and there are different interpretations in these organisations and between organisations, across Scotland, as to what that actually means, even though its legislation’.

I reflected back that, ‘I’ve had a few people comment to me that it’s … the way the legislation is crafted, it’s almost too open. … you can come up with, there’s multiple interpretations’ …

She interrupted saying, ‘of the basics’ and I responded ‘of what constitutes reality, for all of this. But then you have other people, who say that’s really good, because it enables us to shape and create in a way that makes sense for us, that’s contextually appropriate. So there’s some interesting positions’.

Julia answered, ‘it depends what side you’re on isn’t it? So that’s why it’s not really worth the paper it’s written on. Spending all this time writing a bloody integration scheme. I hope you don’t mind my language’. I replied, ‘Well no you can say what you like … I find documents and texts really interesting, because of what comes through, what doesn’t come through, how then its treated as an artefact, you know what is an artefact of …’.
At this point, she exclaimed, ‘It’s used as a weapon, sometimes and it’s sometimes used as a shield, you know’.

I laughingly said, ‘that’s a beautiful analogy, particularly in the context of collaboration. Yeah that doesn’t sound very collaborative, weapons and shields’, to which we both laughed.

She concluded by pointing to the digital recorder, saying, ‘so my swearing and saying the legislation isn’t worth the paper it’s written on, will be in there’ (Julia, 10\textsuperscript{th} June, 2016).

I propose the commissioning plan served two purposes, first, a thickening of the justification of HSCI and its entifying, a connective threading of content from parent body plans (shield-like to borrow Julia’s words) and Scottish Government national health and wellbeing outcomes, to strengthen the legitimacy of HSCI (Kosciejew 2015, 97), like a ‘sashiko’d’ boro garment an object of associative elements that will make-do. Secondly, the commissioning plan was also an attempt to direct action and signpost the emerging authority of the IJB to facilitate a reconfiguring of care (although I’m not keen on the metaphor of weaponry), suggestive of a woman making a ‘sashiko’d’ boro object being part of a process of mutation through multiple forms (woven fabric – shirt – jacket – bedding – cleaning cloth) through piecing and patching - of construction, deconstruction and reconstruction.

7.5 Envoi - Frayed Tails

So my part in the life of the commissioning plan ends. As I have attempted to illustrate the associations gathered up in an inscription are relations that may dissolve, congeal or metamorphose into other materials or doings. Instead I end with the puzzle of inertia tied to knots I do not know about, but I imagine blocked attempts to move to create new fabric.

This image is a photograph of a book I made using an exposed block spine with strapped pieces to attach the binding to the stitched signatures. The binding is complete, the book is whole despite appearances. What cannot be seen are the pages,
which remain empty – suggestive of creative possibilities I have not-yet-imagined. Much like HSCI in Kintra, the story of the commissioning plan and the processes of integrating lingered. Whilst I conceived of ongoing difficulties where there were constraints, there were also affordances.

Spending time in the company of a mundane object - the commissioning plan - what was going on in a particular context that gave rise to patterns of action, which from my perspective generated ambiguity and inertia? Through an object like a document, my focal attention in ‘exploring the consequences of form and forms of consequence... carries “material consequences” [that are] always also physical and that which is physical occasions “material consequences’ (Dourish and Mazmanian 2012).

To alter, what Harry Tsoukas describes as ‘historically established socio-material practices which are constituted by certain self-understandings, expressed as sets of language-based distinctions shared by the community of practitioners’ (2014, 69), necessitates giving priority to meaning and dynamic context, paying particular attention to what patterns of action emerge. He proposes tracing multiple interacting actors embedded in sociomaterial practices; and examining how actions mediated by institutional, discursive and objectual artefacts bring into the foreground what usually remains in practitioners’ background. In their not being focally aware of already formed ways for doing what they specifically do - ‘tacitly held ways of looking, listening, deliberating, interacting’ (Tsoukas 2014, 74) - inertia might be said to stem from the particular pattern of entangled practices of ongoing interest mediation, associated social norms and institutional settings that actors are bound up in. Or what Wagenaar (2018) suggests, is an effect of ‘extensive, dispersed sequences of activities, extended in time and geographical space, that are ... held together by the recurrent and stable nature of the background conditions and the routines of policymaking and public administration’ (390). So what is needed to accelerate envisioned changes which ‘are deeply embedded in a welter of dispersed practices ... requires a simultaneous transformation of competences, meanings ... and materialities (394).

In reflecting on what I have endeavoured to convey I suggest agential work entailed in producing inertia is no less historical, dynamic, and worthy of analysis and explanation, than are change and transformation; and, that stasis and transformation are not different processes, but rather entwined potentialities of always manifold sociomaterial practices. The production of new material arrangements, a (re)configured carescape, as HSCI was attempting to do, was therefore as much a means of passing on and reproducing ‘historically accumulated sociomaterial inertia that constitutes what is understood as ‘normal’ in orders of organising (Walker, Karvonen, and Guy 2015, 502), as it was an attempted navigating of future configurations in new interorganisational directions. The everyday practices I observed, rather than activating possible transformations also
held material obduracy and inertia, which different orderings of organising produces as forms of lock-in that resists change.

Therefore, a ‘socially embedded sense of what is normal, familiar and legitimate in governance terms also comes into play in powerful ways’ (Walker, Karvonen, and Guy 2015, 503), such that, HSCI as a form of interorganising, works through matted social (and political) inertias along with material ones. The boro garment bears the traces of garments past, their capacities, strengths and weaknesses, and uses. When salvaged and repurposed the ‘sashiko’d’ garment contains the conditions of both its possibilities and limitations. Likewise, the commissioning plan (and Kintra HSCP) held the conditions for stasis and change.

We need in following document circulation to account for not only ‘how they move around, [but] how they get stuck. Following documents around begins with an uncertainty about what these documents will do. They might, at certain points, even cause trouble’ (Ahmed 2007, 607). Additionally, we need to consider the implications of documents beyond human interaction in ‘postsocial knowledge societies’ (Sedlačko 2018, 38), whereby there are interactions between things themselves, e.g. the auto-updating of budget papers through links between spreadsheets and word-processing software, or the emergence of algorithmic decision-making (Sarder 2020).

Documents produced for HSCI were, partly, intended to show compliance with the Act to the Scottish Government, but NHS Executives and Non-executives were a consequential audience, so documents like the commissioning plan, served to both protect HSCI implementation and act as ‘levers’ for change. The other feature of the Act and the plans propagated locally were that manifold interpretations whilst supportive of joint working and even enabling collaboration, when ‘interpretations [were] conflicting or confused, they … result[ed] in challenges or problems’(Kosciejew 2019, 637). And, so in its inscription the commissioning plan embodied an odd temporal paradox of ‘transformational change’ with ‘business as usual’. The commissioning plan was inscribed with an intermediary role to aide in translating the (re)ordering relations for care; a patching document between abstracted, normative, anticipatory aspiration and action, squeezed into the spaces between fraying normative orders (Kosciejew 2019, 637).

Despite its non-regulatory status, the commissioning plan worked to mobilise the legitimacy of HSCI, something the CO wanted to eventually become backgrounded, but was struggling to achieve.

*By just working through things, by having a program for change, for having a programme of working, that you’re just trying to actually work through, so that over time, the mechanisms for how you’re gettin to that point, become less visible. It feels like having to negotiate the establishment of new mechanisms, to negotiate in and around a whole set of mechanisms, in order to get to the point, but there really shouldn’t be any, or it shouldn’t be visible as it is now. Cos you’re actually starting to formulate the reality*
of the legislation, in a way that’s really difficult to predict what it could’ve looked like at the beginning, because you don’t really understand where the issues are. You can theoretically write down on a bit of paper, how your gonnae do your business, but you can’t really, until you actually try and do it … it’s like trying to negotiate through a pinhole thing (Julia, June 2016).

For the other HSCI managers, the commissioning plan as part of document proliferation was treated as mobilising performative, performance management with an awareness of the IJB as an important audience, especially NHS Non-executive representatives.

The process of writing the plan, well that was a bizarre one, in some respects, because … I think, there was no real clarity in terms of who owned it, and I guess it became clear, from … not even necessarily from a Chief Officer’s point of view, but from Chief Officer’s project manager point of view, that this needs to be owned by the services and we had to then write it, but we’re kind of writing, it’s ethereal stuff, you know, we’re not writing something that’s been agreed by anybody before, in terms of the direction of travel or even agreeing the priorities for the year. … But I think Julia probably did that herself, I don’t know whether she’s done that in conjunction with the chief executives, or the directors of any other part of the organisation, you know, who’s driven that? … we’ve done what we think and given it to the IJB and they’ve probably gone ‘aye that looks alright’ (Samuel, June 2016).

In overturning the commissioning plan and exposing its outworkings - the garment’s wrong side - I have shown the use of extruding templates like ‘the bubbles’ document, the composite of content and the actors enrolled in its making. I have shown that in the cleaving of action to an appendix of bubbles that it intends action but sustains stasis – it acts and defers action. It was publically noted, but not published, remaining as draft until sometime in the future. From my encounters with this attempt at reinforcing the legitimacy of HSCI, the confusion I experienced of the commissioning plan mirrored the confusion I experienced of HSCI as enacted in Kintra. HSCI become real through document manufacture, especially planning ones; these were used as evidence of integration and became entangled in collaboration-as-practice; although, much like wider uncertainties surrounding partnerships in governance, are regarded as insufficiently legitimate (Ashworth and Downe 2020; Bache and Flinders 2004; Willems and Van Dooren 2011).

The commissioning plan’s excess revealed the extra work required to make HSCI legitimate - a legitimacy closely shaped by the distinctive affordances of a materiality. Specifically, legitimacy coming not only from the document and its information, but the ways in which both enable or constrain ways in which various actors can act in particular settings (Kosciejew 2019, 633).

The work entailed in the commissioning plan partially enrolled other actors but was unstable. As a site of action, the document like the managers involved, moved between a number of authors and editors. It also mobilised between templates and discourses, requiring stabilisation through
authorisation. But the bringing into being of this particular document appeared to inadvertently support inaction and not gain further traction. Consequently, documenting became integrating and HSCI was perceived as both happening and not happening (Kosciejew 2019, 633). No wonder I was addled.

What I have attempted to do in this thesis as a mode of inquiry does not lie in a resemblance that reinforces what we are used to seeing, but instead troubles conventional ways of seeing, allowing us to notice the enduring conundrum that is partnership-working in HSCI in Scotland differently. That said, I leave what this amounts to for the coda.

Figure 51. Governance through paper.
Chapter 8. Coda - Weaving in the Ends

It’s been five years since I left Kintra and much has happened in the interim. This thesis captured a moment in time through which to illustrate interorganisational relations, adding another chapter to the history of integration in Scotland. So what then was this thesis about and how does it matter? In this final chapter I will firstly summarise my inquiry at the intersections of policy, public administration and interorganisings of care, revisiting the terrain this thesis has traversed; and, secondly, consolidating what this amounts to empirically and conceptually, by delineating contributions this thesis has made to the enduring conundrum that is partnership-working in HSCI in Scotland. I end with some thoughts regarding the implications for practice and research.

I argued our extant perceptions of partnerships within the orthodoxies of public administration, politics, and policy are insufficient for understanding the day-to-day doings of collaboration, or they’re reduced to normative prescriptions of success factors. This thesis has examined mixed practices through which interorganisational relations were performed. While I engaged in scholarly concerns about partnerships and boundary work in public sector interorganisings, I sought to push beyond these to connect to theorising around posthuman practices, generating an ethnographic depiction of collaboration-as-practice enacted in HSCI.

I started on this doctoral journey curious about partnership-working. I’m finishing with a sharper appreciation of the dense, quotidian work involved in HSCI, and the constraints trammelling its purpose. This is balanced, however, with knowledge I attained about what's possible, in the clichéd ‘pockets of good practice’, the metaphor for small, peripheral places of exemplary work. Nevertheless, how would I sum up what I learnt?

With HSCI’s implementation in Scotland and my interests in collaboration, it was an opportune moment to delve into how it was unfolding from the outset. But, in order to do this I needed to observe; a process that took me from national policy directives to sites of local action, amid the humdrum of daily work. So, my curiosity and a long-standing puzzle came together. I’ve long wondered why people grapple with, and are consumed by, partnership-working, when I enjoy it. The most common of criticisms, that partnership-working gets mired in collaborative inertia, piqued my interest. As a practitioner/researcher, I questioned if partnerships are so difficult, why the long-held faith in collaborative approaches? This led to more intriguing questions. Why do people struggle? How is collaboration then practiced? The second question, how partnership-working is enacted given its arduousness, presented more interesting possibilities to further my enquiry.

In 2014 the Public Bodies (Joint Working) Act passed into law in Scotland. This thesis has explored what happened when this prominent reform encountered a particular local authority and NHS territorial board with a group of managers and their efforts to make HSCI realisable.
people not too dissimilar to me, who were tested by partnership-working, has generated an in-depth inquiry where I ended up discerning how HSCI’s enactment was affected by mundane sociomaterial relations. It examined how actors wrestled with the task of collaboratively putting into action a nationally ambitious recomposition of the carescape, and establish the legitimacy of a HSCP, exposed through the making of an apparently obligatory commissioning plan. Recent evaluation of HSCPs efforts assessed their progress as ‘slow, inconsistent and fragile’ (Scottish Parliament 2021, 23), but as this thesis has shown, accounts about HSCI failing to meet expectations are inadequate explanations.

This thesis is a story about what ensued when the supposed collaborative approach to assemble HSCI became embroiled in contested and reductionist interpretations of the Act, hindering the work of those involved and ultimately its purpose. In the end, I demonstrated how despite best efforts and apparent consensus about its rationale, HSCI appeared immobilised. I determined that to understand the story of HSCI in Kintra, the doings of managers, practitioners, laptops, governors, executives, documents etc. were deeply entangled and mutually constituted through quotidian interactions in meeting rooms, offices, car parks and kitchenettes. It is an account of what transpired when interorganising was knotted materially in differing organisational practices in banal settings; whereby the experiences surrounding the Act’s implementation were the effects of years of partnership-working, tangled in sociomaterial and historical contingencies; and even happenstance. Notwithstanding the details of Kintra are unique, the experiences maybe far from exceptional, which is why Kintra’s ‘troubles’ may add insights into documented experiences of inertia in HSCI (Wistow and Dickinson 2012, 677-8).

In response to my research questions: How do actors, who work across organisational boundaries, make sense of, adapt to, and practice collaboration in the context of Health and Social Care Integration (HSCI) in Scotland? And what are the implications of ‘mandated collaboration’ for the shape of partnership-working? I provide three critical insights.

First, in answer to how collaboration was practiced, I uncovered activities entailed in collaboration-as-practice, whereby partnership-working was imbricated in commonplace organisational practices, but could encompass transversal acts of repair, as manager’s (entwined in normative responsibilities associated with care) work across organisational borders, tacking to make-do in the face of uncertainty; and attune to the delivery implications for those drawing on care supports. This work was subtle and an extant feature of the integrating already established in Kintra. I examined the nuanced ways in which some managers, other practitioners and objects, established seamful relations that enabled patching, stabilising, and mundane alignment for maintenance, repair or permutation to facilitate ongoing action.
Second, the thesis challenges us to rethink how materials, especially documents, are silent partners, which compose the conditions for collaboration. I concentrated on relations with HSCI documents, whereby their spread through thickened relations both constituted and affected the anticipatory conditions for the conduct of integration. This study therefore extends understanding of dynamic, but mundane agential relations within integration that perform the conditions allowing for both stasis and change when encountering policy interventions.

Lastly, in relation to the effects of mandating partnership - building on materiality - this study revealed that in response to tensions with NHS Kintra, a commissioning plan produced in the implementation phase was an auxiliary intervention in the form of an unfinished future object; illuminating the ambiguous ways in which integrated care futures were being navigated. I showed through a draft commissioning plan how anticipated care relations were calculated, imagined and performed through templates, often with disputed modes of pre-emption, prefiguration, and preparedness; a draft that inscribed what futures could be made possible, probable and preferred, as much as they were negotiated and formed. I was told ‘previously, we’ve played at it because it hasn’t been legislation, and legislation is what drives big organisations’ (Aylee, 2016), but hampering implementation and service redesign was what emanated. Organised inaction embedded in a draft future object, despite its purpose as a bolster patch, instead postponed integration to another day.

Kintra’s story may indeed be recognisable, as matters of care as policy and matters of partnership as solution, seem remarkably consistent with little apparent resolution or improvement. The localised, interpretative capacity provided for in the legislation, while promoting flexibility and community engagement was counterbalanced by institutional realities in the carescape, which rest implicitly on an assumption that legislation can have an unfiltered and immediate impact on the carescape. This assumption ignores not only care services circumstances, but also agential relations engaged in the process. By making use of practice theory, this thesis analysed the situatedness that comes into play when practices are enacted (amongst which the Act constitutes only one part), and although sharing resemblances with studies highlighting integration’s shortcomings, has generated a more percipient account.

8.1 The Breviary of a Papery Partnership

What follows next is a recap of the thesis. I first outlined how I set about exploring my puzzle with an ethnographic sensibility, before locating the field for generating understanding about nascent mandatory integration in Scotland. The Introduction and Chapters 2 and 3 situated the thesis in relation to my positionality, topic, theoretical engagements, and research; all of which scaffolded my analysis.
I began with a personalised narrative to position my current circumstances, before outlining the questions arising from my practitioner experiences, and the marginal presence of actors in partnership literature. I drew attention to the textility of my thesis-making and the textile metaphors I employed, referencing my textile skills. To introduce the thesis, I queried whether the aspirational claim of integration made at the NHS’ inception had been achieved, especially in Scotland? The Scottish Government’s commitment to radical transformation via legislation was highlighted, although I noted in 2021 HSCI’s progress is questioned. To provide greater depth, my enquiry considered what materialised with the Act’s implementation in Kintra in 2016, through application of a praxeological sensibility. Using documentality as a lens, I foreshadowed how integration’s materiality affected the ways in which it was enacted.

The empirical background to both collaboration as a governance phenomenon and current care arrangements, across the U.K. and Scotland were then outlined, detailing efforts to overcome historical NHS and local authority divisions, as well as contemporary concerns shaping HSCI (Taylor 2015). Despite protracted efforts to patch-up partitions, partnership still retains normative appeal in Scotland. Notwithstanding history and mixed evidence, I described the Scottish Government’s commitment to partnership as a continuation of historical patterns, evident in the Act mandating NHS territorial boards and Local Authorities form HSCPs.

Chapter 2 presented in greater depth a combination of theoretical concepts, explaining the onto-epistemological underpinnings and contributions of scholars from across various fields, which were generative for my analysis. I provided details about b/ordering, tacking, and seamfulness, as concepts to aid tracing practices and accentuate b/orders in terms of interorganisational relations. My ‘praxiographic’ (Mol 2002) approach drew on practice-theory offerings, to enable study of more-than-human action across the b/orders of organisings. I introduced a neologism – carescape – to describe how care practices are bundled and infrastructured. Documentality as a theoretical concept was added to illustrate how the manufacture, circulation and use of documents, transforms the intangible into something tangible; influencing and determining courses of action in organisings.

Regarding collaboration literature, I suggested there’d been limited investigation of more mundane dimensions of management and administration, particularly the work of middle managers involved in HSC. I next addressed borders/boundaries, defining b/ordering as a practice that holds the potential for maintaining, crossing or dissolving b/orders. To capture dynamic acts in the selvedge, I used the concept of tacking - a praxis of actors who work as transversal elements in multiple practices. The notion of seamfulness provided insight into how in overlapping infrastructures, actor’s artful alignments enable continuance, such that HSCI might entail less boundary work than make-shift patchwork. I then provided a brief overview of ideas associated with
polycentric governance; certain features of traditional public administration; the connection with bureaucracy as an organisational form; and more recent forms of governance organising.

Chapter 3 took the reader through the practicalities of applying ethnography: the methodological processes; fieldwork details, including negotiating entrée and completing NHS ethics; and the consequences for an ethnographic rookie. I argued that to ‘get at’ partnership-working, ethnography was germane; describing my proximal observations of what actors actually do, and expanding understanding given limited ethnographic and practice-based research in public administration. Serendipitously, my fieldwork covered the ‘go live’ date when HSCI was legislatively bought into being. My research was filled with happenstance, feelings of confusion, and I struggled with being overwhelmed when it came to ethnographic analysis.

Chapter 4 illustrated the people, places and objects I encountered, scenes from fieldwork, interspersed with vignettes of the managers I spent time with. It did not represent a totality, rather this chapter situated the research by outlining particular characteristics of organisings and interorganisings in Kintra; as well as highlighting how specific features affected integration, e.g., bad weather. With the confusion in this early stage of implementation, I learnt quickly the situation was not going to be as comprehensible as perhaps I imagined.

The key empirical contributions of Chapters 5 to 7 emerged through the story of the creation and choreography of a particular document and what this visibilised about collaboration-as-practice and the interpellation of HSCI; how a draft commissioning plan was manufactured as extra reinforcement for the Act. I elaborated on the making of this plan, exploring how it acted as an annealing patch to strengthen Kintra HSCP. In my chronicling and concentrating on one document, I explored how documents ‘do interorganising’, through their everyday constitution in, and of, practices which traverse the b/orders of organisings.

As a device of distributed governance the Act was endeavouring to reconfigure specific relations between Council and the NHS, perceived as resistant to transformation without mandate. HSCI unfolded ‘on paper’ in both senses, inscribed to ‘make real’ and ‘in theory, or in principle’ (when intentions don’t necessarily accord with what happens). The metaphor of the palimpsest was used to convey the intertextuality of document-making for policy and governance. Integrating was made tangible by documents and spread via the palimpsest.

I then presented the concept of metis as merging of a multiplicity of practical skills. In understanding how metis might be ascribed to documents, I described it as part of the work to stabilise relations in unstable conditions. HSCI documents were doing many things, creating an entity; providing reassurances to the Scottish Government; ‘ticking the box’ of compliance; and, inscribing ‘what next’ for integration in Kintra, as HSCI made documents.
In the last chapter I sought to illustrate the altering and remediated knowing in the commissioning plan, exposing the relations built through the plan’s making and its connections to other texts. The commissioning plan’s assembly was undoubtedly a small act, only noted by the IJB, and remaining in draft. It served two purposes, first, a thickening of HSCI’s legitimacy and augmenting its entifying. Secondly, it was an attempt to amplify the emerging authority of the IJB to both anticipate and facilitate care reconfiguring.

In closing, I suggested agential work entailed in producing inertia was worthy of analysis as much as change; given stasis and transformation are entwined potentialities of practice. In an attempt to (re)order relations in the seam, a boundary negotiating artefact instigated by another boundary object, the CO, was manufactured and affected HSCI as an artefact of the sociomaterial politics of anticipation; its excessiveness revealing the extra work required to make it legitimate. However, this document did not gain traction. Consequently, while documenting became integrating, HSCI was perceived as both happening and not happening. Taken together these empirical chapters enabled me to answer my questions, and benefit from using multiple theoretical concepts.

8.2 What Does This All Amount to?

It feels what I have described is a familiar story. When I revisit the empirical literature of the past 20 years there are many tales of tension, inertia, and even failure. As I explained, the repercussions of partnership-working between HSC organisations were identified by several scholars (Bell, Kinder, and Huby 2008; Glasby and Dickinson 2014; Hudson 2012a; Snape and Taylor 2004). So what does this thesis then add? As an account of the people, documents, spaces, technologies etc. that intra-act in the practical accomplishment of working together, this ethnography illustrates the prosaic work entailed in collaboration and contributes empirically to research on public sector care partnerships.

My account aimed to ‘un-black box’ orders of organising through practices that regulate, make intelligible and normative, organising contours which effect interorganisational realities; allowing for greater appreciation of how they are sociomaterially configured. I’ve shown in what ways HSCI was unfolding and how managers persisted in attempts to reconcile their work with the principles of the Act, in spite of interferences. I ended up with a story about the making of what might be considered a superfluous ‘topping’ document. How then did a tale of a single plan’s production respond to my curiosities about collaborative immobility? How did the long-standing issue of (un)integrated HSCI,

31 A stabiliser used on top of fabric (threads magazine.com, accessed 04/07/2021).
and resultant Scottish Government intervention get answered by discussing paper-work, when I initially puzzled over what people were doing?

My thesis depicts how (actual and figurative) b/orders were unsettled, with not only political, but also governance, managerial and delivery practices all knotted in ongoing processes of (re)negotiating organisational b/orders. With this appraisal of b/orders as flexible, multiple and ‘tentacled’ into everyday life, materialised through documents, notions of interorganising were correspondingly reassessed.

I created an ethnography of the specific, nevertheless, it engenders questions for policy and administration and hopefully resonates by naming and making visible phenomena in different ways. My findings show in bringing distributed agency in, policies, organisings and interorganisings, are actively made and (re)made by recursive, political subject-object relations. Outlined below are three insights I think strengthen empirical knowledge about how HSCI is enacted and the implications for accounting for collaborative inertia.

8.3 Finding 1 - Tacking Seams

Collaboration-as-practice is imbricated and enacted through everyday intra-organisational practices and can entail transversal acts of repair, given normative understandings and responsibilities associated with care services, as actors tack across the seams of organisings to support care delivery.

My findings echo Kathryn Quick and Martha Feldman’s ideas regarding the practices associated with what they call boundary work. They suggest being open to boundary work supports public managers orient towards making connections, while equally allowing for acts that maintain borders rather than encourage their dissolution (Quick and Feldman 2014, 19). Although, I would add managers in Kintra did both, regularly discerning the affordances and constraints of their particular circumstances.

However, I also observed ongoing uncertainty with regards to how far a collaborative praxis could be taken, despite the rhetoric of partnership-working. As policy/managerial/care actors, managers were engaged in contingent modes of ‘sayings and doings’, connecting people, places and things to enable integrating. Their understanding of the implications for the person (in receipt of care), care team, care service, organisation, sector, population, and also carescape, extended across professional and service domains, settings and approaches. Their praxis was enacted both intra and interorganisationally at many margins, that through repetitive action and relational manoeuvring, worked to both generate and steady - a reparative holding things together. Manager’s praxis resembled tacking - reminiscent of stabilising different pieces of fabric - as they worked to build and
calibrate relations through b/orders. This didn’t just reside in their minds, it was anchored in things, e.g. documents; buildings and information technologies; as well as other bodies, in particular, practitioners, carers, and persons with care needs. Managers felt this way of working, was not recognised nor rewarded like specialist knowledges, which they characterised as ‘silo’d’.

Although managers didn’t have regular contact with users or carers, care delivery has at its core a person with needs, their informal/familial carers and professionals that respond. These particularities of the carescape knotted managers in innumerable ways. They were situated in multiple spaces of action, from the intimacies associated with care, managerial expectations of resource allocation, to regulatory requirements of the state. Their praxis was nested within and through the practice constellations that constituted and gave shape to Kintra Council and NHS Kintra. Interorganising was part of everyday doings of managers, but it did not appear to be appreciated, especially by executives and governors. Operational activities dominated, with cutbacks also requiring attention, incapacitating HSCI. Appreciable effort focussed on delayed discharge, stifling other integrative processes to encourage care in the community. Manager’s actions therefore, were paradoxical, despite articulating support for HSCI.

Even so, managers adopted multiple understandings in order to move around the carescape (Bali 2020; Machado and Burns 1998; Reypens, Lievens, and Blazevic 2021; Zilber 2011). They acted according to the hierarchical context in some parts of an organising, or as partners in collaborative settings (Jones 2017). Hence HSCI could be understood as both mandated partnership and meta-organising (Ciborra 1996, 103), creating multiple dependencies and belongings. In a matrix organisation an actor might report to two or more senior managers; in HSCI, a manager operates within two or more organisational forms at the same time. Meta-organising emerged from managers’ and other actors situated rationalities and actions. This contingent action took time to materialise as it was also entangled in an array of localised affordances that responded variably to integrative impulses, e.g., a manager’s comfort with holding space for ‘bottom-up’ action and allowing time for these relations to evolve; authorising material (re)arrangements e.g. buildings, IT equipment; or recognition of specialist domain practices.

Notably, NHS managers drew on identities infused with medicalised knowledges of care interventions, intra-acting with local enactments of performance management logics and financial controls. Council managers had different conceptualisations of care as well as wider responsibilities, with greater affordances for HSCI; nevertheless, they were absorbed by operational demands in their domains of responsibility, especially commissioning, care assessment and packaging support. Managers were also working with reduced numbers of managers, widening the span of their
responsibilities across teams. Their integration work often necessitated ‘double-doing’ and ‘triple-doing’, processes that maintained b/orders.

Nevertheless, managers as improvisers in their tacking, tried to be resourceful in the face of uncertainty. They were accustomed to acting in disordered conditions, generating order from resources and routines to hand (Ciborra 2002, 148). Managers could be said to have been ‘tinker[ing] at the periphery of that pasted-up organisational platform they constantly enact’ (Ciborra 2002, 152), learning to tolerate dissonance in integrated services in-the-making. A praxis of tacking provided possibilities for operating across contemporaneous, contradictory logics (Hultin and Mähring 2014, 132) in which the NHS and Council, with seemingly incompatible practices not only coexist, but potentially co-configure together in their interdependency.

Granted while work across organisational peripheries might convey a lessening of significance of organisational b/orders, porosity was not necessarily indicative of their disappearance (Hernes 2004). Julia as CO, disclosed that HSCI should dissolve one form of boundary, but inferred the creation of a new b/order.

*from my point of view, in the context of the legislation ... there should be no organisational boundary, because it is, in a sense, an organisation of its own right, but it’s the recognition of that, that’s the issue. So, if none of the other parties believe that to be the case, then it’s an issue (Julia, June 10, 2016).*

As intimated in this comment, understanding dynamics for HSCP managers requires accounting for not only what happens interorganisationally, but also the dynamics of ‘parent’ organisations from which they are constituted (Newman 2001). When it came to Kintra, at the junctures of vertical organisings with horizontal ones, there were collisions of hierarchical decision-making routines with new governance processes. While supposedly avoiding bureaucracy, the capacity to ‘work-around’ entrenched intra-organisational practices without developing a third version of certain routines was difficult, notwithstanding effort to avoid ‘triple-doings’ as this was indicative of Kintra HSCP becoming an organisation.

I claim that HSCI was not a bridge from the NHS to Local Government, rather it was an ongoing negotiation taking place in both organisations’ administrative and domain settings simultaneously. This thesis manifests the limitations of viewing integration as enabling seamless movements of care, exemplified by integrated care pathways, which masks the transversal action required. I have exposed seams where the Council and the NHS were patched together through planning documents. These emerged through sites where legislation encountered adaptive, everyday practices; where abstracted and normative discourses met embodied knowledge; when orders of organising and the (dis)orders of everyday care provoke both tacking and b/order maintenance.
Given the depth and breadth of collaboration-as-practice, knotted in mundane intra-organising, I would argue my research showed ongoing tensions between the NHS and Council weren’t easily reconciled, although there were discontinuously dispersed exemplars of partnership-working. There was and continues to be integrating, some of which generated shifts in how services are designed and delivered. Nevertheless, the work of b/order maintenance is weighty and may even be justifiable; although when breakdowns occur, openings become apparent and provide opportunities for analysis and adaptation.

8.4 Finding 2 - Waulking Integration

Materials, especially documents, were silent partners contributing to the constitution of the conditions for collaboration. In their spreading and ‘fulling’ they generated form, creating interfacing that both entified and weighed HSCI down. Appreciating this enriches understanding and allows for a reconceptualisation of how collaboration-as-practice comes to matter and its effects. HSCI was a process of materialisation through intra-action between material-discursive practices, which enacted agential cuts and drew b/orders in ways that were simultaneously less contingent and less stable than we might have thought them to be.

Instead of specifying all the elements that make up collaboration-as-practice, I used documentality as thread to trace relations across practices. Interorganising practices adjacent to, or part of, collaboration-as-practice aren’t always novel, rather they can emerge from conventional intra-organisational routines. My analysis of these prosaic doings of integrating on paper revealed the materiality of HSCI. I showed how documents were: cobbled together; conceived as legitimate; delegated; and of hierarchical importance in the temporality of organisational business cycles. Other completed organisational plans generated tensions for integration documentation, as antecedent actions, e.g., service plans and Integrated Care Fund projects shaped anticipatory strategising, not the other way round.

Everyday materialities are routinised in such a way they are enacted as trivial, contributing to an indifference towards the roles they can play. In collaboration-as-practice the negligible is no longer negligible when mundane things come into focus. In Kintra, ubiquitous objects were central to manager’s work, e.g., mobiles, laptops and cars, entwining them and ensuring availability. There were emergent digital interorganisational relations, despite widespread I.T. interoperability. Representing the making of a seemingly banal an object as a document revealed relations that were meaningful in their mundanity; in anchoring to the Act, generated reactions of confusion, and
demonstrated the hold that localised and extant practices can have over policy ambitions (Wagenaar 2018).

Documentation was necessary to perform integration, of which the most critical were the Scheme and the strategic plan. This particular genre of documentation was explicitly anticipatory, inscribing visions which aspired to generate specific outcomes. These documentary forms provided the vehicle through which the IJB made itself as conforming to particular forms and the foundation for advancing integration. Furthermore, HSCI as an activity inscribed in plans and budgets, reiterated the collaborative imaginary of governance, accountability and transformation. The emphasis on form was a shortcut to legitimacy, not concerned about representation of actual relations, but with capturing anticipated relations to provide the grounds for HSCI. Making these specific anticipatory documents was the core activity, which at the same time permitted the dispersal and extension of HSCI’s organisational forms. Albeit, on occasion if too much entification materialised, e.g., the use of a logo, there were disagreements. The materiality of these forms was significant. Like offices, signage and access tags as artefacts of organisation, reports and plans carry connotations of the work of care services and had implications for managers.

In Kintra, making statutory documents made things ‘real’ — documenting was integrating - yet, they were contested in their making. By following the commissioning plan, effects could be observed, exposing how formative organising of the management team and governance body were inhibited, in part, due to NHS anxiety about loss of budget controls and services incorporated into the HSCP. Documents were meant to show compliance, but with NHS governors as a critical audience they were also needed to legitimise integration processes, and act as ‘levers’ for change.

Foregrounding materiality provided trails for navigating thickened practices, identifying small ruptures, zones of porosity in organising where potential can become connected in multiple ways. In understanding the material-meaning conditions of possibilities and the central role of documents, questions regarding how, and why, certain taken-for-granted practices prevail could be posed, and the conditions of interorganisational becoming can be explored. This stance enabled me to detect dense relations with documents, relations in the management ‘team’, relations outwith the team, and with things as well e.g. SharePoint, cars, buildings etc.; and, show how the unknown excess of the commissioning plan sought to figure realignment of relations with HSCI, emphasising it’s ‘statutory-ness’. In world/s of ‘evidence-based everything’, getting between organisings and dwelling in the space of the ‘not-yet’, the illegible, invisible, and uncomfortable, a sociomaterial politics of anticipation was uncovered.

Accordingly, the ambiguity and perceived inaction in these preliminary stages might be understood as not just collaborative inertia (Huxham and Vangen 2013), rather reframed as the
effects of people and things, manoeuvring in b/orders, enmeshed in congealed routines, reinforcing a pattern of intra-organising on the part of the NHS and Council, which hindered HSCI.

8.5 Finding 3 - Seamful Patching

The commissioning plan was a supplementary potential future artefact through which a sociomaterial politics of anticipation could be traced. With compliant completion of statutory documents – HSCI’s documental interfacing - a performative integration was enacted on paper, and consequently substituted other action, contributing to ongoing perceptions of indecision and inertia.

Document-making like meetings, is an inescapable feature of public organisings, and in this case not just a functional task emblematic of bureaucracy, but essential to bring HSCI into being. The production of a commissioning plan was framed as calling forth an integrated management team and an integrated future. Document manufacture was prioritised rather than (re)designing services, with implementation navigated via documents, i.e., plans, procedures, guides and regulations – a delegation to documents to collaborate.

The messiness of what was happening was explained to me as a problem with the management and delivery of care services, not the messiness of manufacturing legitimacy on paper. Although the material affordances of documents generated interfacing to strengthen HSCI; their accumulated mass weighed down other kinds of activity (Nord 2020), which when coupled with historical interorganisational relations effecting extant action necessitated excessive acts of legitimacy only obtainable through more acts of documentation.

Additionally, a mode of anticipation shaped localised politics of care, what some might interpret as bureaucratic politics (t Hart and Wille 2012). I illustrated how Council and NHS administrative practices and modes of orchestration facilitated a particular mode of anticipation, such that in seemingly neutral practices, political conflict was pre-empted and avoided in documents, while ensuring they were seen to be doing integration. Thus, HSCI processes per se were not questioned, with anticipatory plans drawing heavily on managerial logics largely aimed at rationalising collaborative organising as ‘future-proofing’. These acts were key to absorbing or modifying collaboration-as-practice. Anticipatory orientations don’t just have rhetorical effects, they also raise questions of material capacities to project and influence care futures, given the spread of anticipatory logics across different forms of care practices. Far from merging into an overarching anticipatory strategy inscribed into a commissioning plan, the plan was situated in a context populated with different frames of risk, scales of control, and techniques of management, co-existing
simultaneously in the same carescape, notwithstanding partnership discourse. Discussing political consequences of the modes of anticipation observed might provide us with more comprehensive understanding of what is at stake in a sociomaterial politics of anticipation, especially the work of inertia in HSCI.

Inherent in modes of anticipation are planning practices, which like policy practices emerged after world war two (Pesch and Vermaas 2020; Wildavsky 1973), historically a centralised activity in the NHS’ development with local government also expected to plan; showing through the production and mobilisation of planning artefacts, how their interests were represented, simplified, and transformed (Booth 1981, 23; Bridgen 2003; Bridgen and Lewis 1999; Czarniawska 2012; Rittel and Webber 1973). Over time, planning for care evolved from the intra-organisational to coordinated to interorganisational across various functions e.g. strategy, operations, finances, commissioning etc. (Darch, Edwards, and Buckingham 2020).

In Scotland especially since 2007, emphasis has centred on strategic service realignment to become preventative. The importance of meeting extant needs and adapting to impending issues, e.g. ageing, marks a shift from notions of progress to anticipation (Pesch and Vermaas 2020); from an ideal future state to a future of uncertainty needing to be tamed. This subtle move, which also rationalises partnership is noticeable in the Scottish Government’s strategic commissioning definition as ‘planning the nature, range and quality of future services, and working in partnership to put these in place’ (Scottish Government 2015, 3).

HSCI planning documents were imbued with agency, representing authority and influence; and their production enacted relations and anticipatory possibilities. Documents in their multiplicity came to represent HSCI, with the partnership and its plans already inscribed, and as such, were evidence of integration. Perhaps this then exacerbated the perception, on the part of some, of HSCI not progressing (Kosciejew 2017, 109-10). As Jan, a public health manager, exclaimed, ‘It is the most impenetrable, unfathomable, ever-changing nonsense I’ve been involved in. And it seems to take forever to do not very much’ (June, 2016). That plans were doings appeared to block recognition of the further work there was to do. And so, the idea documenting does HSCI, ‘means that people can think that [integration] has been ‘done’ ... Because of the labour involved in writing documents, and because of the continual need for new documents as a result of new legislation, ... ‘doing the document’ is all you can do’ (Ahmed 2007, 599).

While HSCI acted as a politically salient, mobilising promise, inertial effects nonetheless arose in this site of ambivalence. The Act, as a regulatory intervention was mediated by antecedent practices, embedded in an entanglement of existing relations amongst actors, organisations and artefacts, not to mention the power relations around which HSCI was orchestrated were also
present. As much as documents enabled a double constitution for the IJB to become real, the commissioning plan, in being annexed, allowed future redevelopments and further entitifying to be pushed back – a shortening of temporal attention and future action. Its delay was a (re)ordering with half-built assemblages (Barley 2015; Bauer 2018; Burrell 2020). Kintra HSCP had its own history of interorganising and as the Act unfolded facilitated by temporal, bodily and material dimensions, structuring effects were produced. With the documents of HSCI, compliant in their completion, a contortion materialised, simultaneously anticipatory yet in being enacted by approved plans, indexed that HSCI was done (Ahmed 2007, 494-595).

I propose that documentality also facilitates anticipatory modes inscribed into plans, by foregrounding how problems are defined and constructing the infrastructure in which people imagine futures (Esguerra 2019, 964). This work sat adjacent to manager’s tacking and co-creating patches over b/orders. Anticipatory work folded back into the collaborative work entailed in responding to ‘the now’ (people and their contingent messy lives). Anticipatory work and partnership work, while long co-created and addressing service delivery, generated a temporal impasse, especially for those involved in tacking and those doing anticipatory work; with planning using increasingly large data sets promoted as the means to progress integration. A documentality that bought integration into being also kept it at bay, limiting the space for action for some managers to supporting practitioners everyday collaborative work with service users. As I elaborate on below, Manager’s capacity to partake in the documental facets of anticipatory work was constrained, especially given the immediacy and burden of operational demands, made more difficult in an authorising environment disinclined to transform. Thus planning efforts to domestic the future sustained business-as-usual, and the focus on immediate performance. e.g., bed days lost to delayed discharge. While this abeyance could also be attributed to the early confusion surrounding the purpose and role of IJB (something I observed); the issue of bureaucratic politics and how it plays into inaction through documents, should not be discounted (Bach and Wegrich 2019; McConnell and ’t Hart 2019)

On the surface my analysis would support the occurrence of inertia reported in partnership research and concerns about the obstinate obstacles between the NHS and Local Government. However, this is a simplistic rendering and given efforts over the last 20 years in Scotland, collaborative spaces for action have emerged; Learning Disability in Kintra being a good example, where integrating processes over ten years produced novel service redesign that appeared to have become routinised. Earlier literature downplayed the work of the third/independent sectors, which are now enmeshed in the carescape. This thesis didn’t address these efforts, but as I noted in Chapter 4 they were active in care delivery in Kintra. As fieldwork took place when compliance with
the Act was prioritised, greater involvement of other sectors since 2016 would be expected. Nonetheless, recent concerns have been expressed nationally that HSCI is not living up to expectations (The Alliance 2018, 2021; Connolly et al. 2020).

Even though legislation was apparently the only way to make HSCI in Kintra happen and b/orders were permeable, I was left thinking there was not just b/order maintenance, but a resistance to limit the extent of integrating HSC. NHS efforts to maintain stability and order, and cope with extant matters of concern was marked, especially on the part of executives. The dense practices of 'NHS-ness' appeared to me as a bulwark to integrating, despite the ongoing care-work of frontline practitioners, service managers and makers of documents - it was not enough. The minor spaces where integrative novelty emerged were doings of peripheral concern e.g. Learning Disability compared to A&E. There was acknowledgement of the reparative work needed to reconfigure the carescape, but this was delayed in favour of sustaining b/orders of resources. So, a partnership was manufactured following regulatory processes, but the viscosities of practice clusters generated elusion through strategies of obstruction and dilution. The paradox of integration was that the matters of concern underpinning its rationale seemed to stymy integration.

HSCI as a solution emerged from a problematising of historically engrained organisational seams enfolding elements of care delivery, whose demarcations were felt most by those in receipt of care. So why would this problem continue to interfere with HSCI, the apparent solution? To prolong the textile metaphor for a little longer, the bundled practices that make up the fabric of an organisation generate its texture - whether it's coarse or fine, crisp or clingy, thin or bulky, opaque or sheer. When b/ordering another organisation, reactions to the composition of the texture and grain of its fabric are generated, especially one that is tightly woven, NHS organising being a germane case in point. These tensions when seamed are not so easily smoothed out given the blend of elements needing to be brought into line, even along a bias edge where there is inherent flexibility. Irregardless of ongoing tacking threaded across seams, distortions abound and fabric at the edges remain puckered. And so notwithstanding fraying, maintenance, and alterations over time, patchwork efforts on the part of actors works to provisionally ameliorate the effects on those with care needs. Much like the commissioning plan as a scrimming presence for HSCI even in draft, repeated patching - emboldened by statute – enables things to not just go on but contain the potential to generate situated, alternative care configurations. However, the extent to which this lets out the seams for a wider inlay of action or resolves the b/order puckering between the incommensurable fabrics of the NHS and Council, is questionable. To return to John Law, perhaps this is the noncoherence of HSCI, the ‘both/and’, modes of syncretism at play that allow for the ‘more or less messy processes that combine or perhaps secure the temporary coexistence of
The contradictions between mandated collaboration and its enactment are such that the politics of the carescape and its power relations cannot be entirely offset by regulatory instruments, which can’t on their own terms lead to collaboration, and thus improved care futures. But as I learnt at the end, it’s Kintra, ‘it’s aye been!’.

8.6 The Commissioning Plan’s deliquescing - an interpolation

The collective perception of documents therefore shapes the wider practices an organization is engaged in as things become visible, hidden, important, neglected, disregarded, requiring action, demanding attention and so on (Boell and Hoof 2015b, 2).

Much is made of documents that shape ongoing organisational action, how their capacity to effect reflects their consequentiality in the worlds where they’re written. Unlike those - of which there are many - left on shelves gathering dust, immobile and irrelevant, dismissed as not ‘living’. Despite its diminishing presence as fieldwork finished, was this the case for the commissioning plan? The commissioning plan’s absence, or deliquescence, perhaps reflects a concern with an ontology of presence. I propose that even if absence is only perceived absence, nonetheless there were documental effects which emerged across the commissioning plan’s manufacture, accumulated impressions reminiscent of debossing that produces recessed marks on paper from typewriter keys. What then happens when documents are made but also recede?

The site through which this thesis explored HSCI - the commissioning plan - enabled interrogation of the role of artefacts in a policy implementation’s collaborative necessities. To do this I told the story of how a specific plan was made - a small singular document - its purpose, how it was inscribed, bolstered, and repurposed; and what consequences flowed. The relations held in an object like the commissioning plan were thorny, as its making was imbued with matters of concern. As a much vexed thing, the relations in its layering, piecing, and stitching brought it together as interfacing for HSCI, absorbing traces that bore witness to other sites of collective endeavour. The commissioning plan led a certain life and was then remade into something else, going on to have effects in different forms spreading the flavour of its previous existence, exemplifying the tenacity of materials and the messiness of organising. In following its assembling, I revealed the relational dilemmas involved in the hidden labour that keeps things both as they are and what they could be; illuminating how plans are made to literally matter.

As the commissioning plan faded from view in Kintra, it would be easy to ignore its effects, given it never quite reached ‘formal’ status. Nonetheless, just because it’s appearance for authorisation amounted to little, doesn’t mean it wasn’t effectual. There is a need to see the relationship between the present and the absent - between what is there and what is not - as more
complex. Presence and absence could be said to be entangled together, where issues ‘attended to need to be combined with what is ... not said, what matters are rendered hidden, paths never pursued ... because some questions never get asked, pertinent information is never shared’, or when actors work against others etc. (Balmer and Rappert 2016, 4). As Mikkel Bille, Frida Hastrup and Tim Flohr Sørensen (2010) explain, ‘a paradox exists in the properties of presence and absence showing that they inherently depend on one another for their significance to be fully realised and even conceptualised’(4). Appreciating absence might then expand our understanding of the relationship between documental action (even the symbolic), materiality, and in the case of planning, the creation of anticipatory futures in uncertain contexts.

Documents are an object-site where relations are constantly unfolding. However, the process of building a document, as this thesis has demonstrated, is not as straightforward as it seems. I exposed how the work of document-making was permeated with material and affective implications entailing bruised feelings, conflict over content, aesthetic tension and prescription, urgent timelines and technical breakdowns. As a sociomaterial activity, document-making is a zone of encounter and assembling, a site of mediation and projection. The life of the commissioning plan carried enmeshed relations comprised of experience, and residual elements like cut/paste content; retained and spread via circulatory movements in the texture of negotiations, and mediating conditions. The materiality of the plan was thus ‘an archive of relations and potential transformation’ (Apter et al. 2016, 15).

I also showed the commissioning plan was a site where people gathered to talk, a thing to think with and through and around, a site of conversation appropriated to hold others accountable, both mediating and materialising distributed authority. It is these conversations with documents - even in their fabrication - in which organising is made present. Rather than being fixed, documents perform as a medium of persistence, whilst maintaining a degree of pliability and interpretive flexibility in both content and circulation that enables them to adapt to the needs of the situation. To fulfil the multiple roles required in organising, documents transmute depending on the task at hand, occasioning manifold, latent schemas for action. As I have suggested, documents have the capacity to define and stabilise organisational relations with affordances that mediate action elsewhere in space or later in time, an intra-active ‘institutionalised template’, recursively impressing actors’ ongoing organisational actions from the commencement of drafting (Neff, Fiore-Silfvast, and Dossick 2014, 9).

Throughout the commissioning plan’s construction, tension between certain actors were exposed as a struggle over expertise and responsibility for commissioning given its capacity to reconfigure services. The management team responded to requests to co-create the commissioning plan in various ways as specialists, diplomats, sceptics, or fixers, but seemed to limit their
‘ownership’ of the document to providing content from their service plans, rather than writing. Managers extant roles shaped the plan’s drafting and the extent of effort needed to be involved. It was an unevenly shared endeavour across the management team and its purpose not completely clear, with only one active writer, another a supplier of detailed content, and a third struggling to have preventative/early intervention services recognised. The drafting was also not helped by the provision of cursory information from the two managers planning their departures. Joanna, specifically, felt slighted in terms of non-recognition of her expertise and prior to resigning stepped back from involvement. After she left some of her staff expressed concerns about the use of consultants (alluding to the programme manager’s role) as devaluing of organisational capability, and consequently repurposed the plan. Stephen indicated that his contributions were left out of the final draft with the result that mental health and learning disability services would ignore the plan. Although notwithstanding misgivings about the commissioning plan’s quality, alongside its production practitioners were doing connective work, reinforcing HSCI in mental health and learning disability services by threading content from the draft commissioning plan into their plans. Over the course of drafting the makers of plans contrasted their efforts (and frustrations) with those in operational roles, reactions which emerged from patterns of engagement with previous documents e.g. difficulties with the strategic plan, prior to what might be regarded as the provocative actions of the programme manager. Additionally, the plan was not viewed as a conventional commissioning plan, rather it represented additional effort needed to raise the IJB’s awareness of HSCI regulatory capacity to reconfigure the carescape, and signal an implementation timing to do so, accompanied by other documents all working to bind actors further to HSCI e.g. issue of directions. As noted previously, these interrelated documents were meant to evidence statutory responsibility with the added functions of convincing NHS governors to sanction HSCI, and act as ‘levers’ for change (more tool than weapon). It appears in its making the commissioning plan, in particular, was trying to be a ‘conscription device’ (Henderson 1991) enlisting others into action. In a month it accumulated templates, service plans, and whiteboard content, varied ‘ephemeral gestures in accreting layers of [assimilated] objects’ (Goodman 2013, 112). However, as a conscription device it was only partially successful.

Even though the plan did not fully function, in observing its development in meetings, its absorption of other content and inscription all entailed relations. These relations generated and left residues that effected its capacity to gain traction, its final form, and also where it went next. As a transitive object (Corn 2012, 26), the commissioning plan was not self-sufficient and complete, rather it was only effectual to the extent it connected to the wider relations involved as it attempted to direct attention toward a referent, namely HSCI regulation, generating and reinforcing patchy sets
of sociomaterial relations amidst the assemblages of which it was a part. So, if we are interested in the relationship of actors to the shaping of a final plan and its capacity to affect, then we must follow the messy negotiations in the middle rather than the polished demonstration at its end. By the time official presentations take place, negotiations and the debates that shaped them are made invisible in final documents, but nonetheless matter. If documents are conscription devices, they induce action not only through what they contain but how they are performed. In appreciating objects like the commissioning plan as transitive, their effectivity as constituted through relations enables alternate ways to think about documents cogency as constituted through and productive of relationships, in their articulations in wider contexts.

Instead of an immutable mobile that acts by transporting knowledge unchanged over distance, in Kintra we saw a mutable moment: the contingent, emplaced production of locally accountable effects among managers, governors, practitioners, executives and organisations; and the commissioning plan’s capacity to connect and affect the quality of such connections. These connective capacities are dynamic rather than static, an inter-material capacity, or conversely inability, of things to connect to other forms of matter. Legitimising a reform like HSCI required different things to work together. Things, like the plan, associated with specific organisational practices, can ‘hail’ subjects (Hultin and Introna 2019), and thus documents became the material terrain on which both governors and managers negotiated HSCI. My analysis of the commissioning plan’s properties and of the practices that surrounded it foreground how this document both materialised HSCI and also afforded the contestation of it as a reform. The plan’s effects –symbolic and substantive - emerged from the relations between it and the accreted materials, histories, and logics already embedded and at work in the carescape - an absent presence contributing to the conditions of what followed.

8.7 Implications and Future Possibilities

The preceding section highlighted a number of potentially fruitful conceptual and empirical contributions, which this thesis offers to broader partnership literature. What then are the implications for other potential enquiries? There have been concerns expressed about limited empirical work using a posthuman practice sensibility in public administration, policy and management scholarship, and the challenges associated with undertaking research using this orientation (Burm et al. 2018; Stein et al. 2014; Stoopendaal and Bal 2013), but I think this thesis provides some clues to consider.

However, when it comes to collaboration-as-practice, I stated I would provide no perfunctory resolutions or interorganisational prescriptions, no slick policy or design recommendations; rather, I wanted to ‘visibilise’ the mundane materiality of HSCI, and if doable, shed light on any inklings of
potential within the carescape. I recognise though, at every level, collaboration is often met with frustration (Bardach 1998; Feldman, Khademian, and Quick 2009; Moore 1997). Public managers and frontline practitioners can all struggle with partnership-working; but I still think ‘scholars of organization theory and public management [can] help’ (Feldman 2010, s159).

Relational perspectives could be useful for reframing organisational differences, not as a priori obstacles, but rather as creative resources for developing and negotiating alternative views for partnership-working. Centring relations means (re)conceiving collaboration as a situated, embodied, and unfolding practice, not a recipe with a series of prescriptive steps. Supporting this requires generative spaces that focus on the ideal situation participants desire, rather than dissidence amongst group participants (Korte 2012, 240); action spaces within and between organisings, co-constructed with professionals, managers, and importantly, citizens, to experiment with difficult situations instead of denying or avoiding them. This kind of effort is provisional and contingent: a precarious space built upon exchange and encounter, edges as spaces for ‘opening ourselves to others through imaginative engagement rather than through assimilation’ (Dormor 2018, 304).

Though relational approaches reflect the everyday worlds of people and their endeavours, I want to caution that crafting advice for practitioners using posthuman practice perspectives is possible, but difficult, as the work of action researchers would attest to (Aranda and Hart 2015; Eikeland and Nicolini 2011; Feldman and Worline 2016; Nicolini and Monteiro 2016). But, given Feldman’s (2010) call to scholars, I want to advocate for: more consideration of ethnography; in distributed governance infrastructures, the praxis of tacking, and decision-making to not partner. I would also like more deliberation about creative possibilities for care services (Berthod, Grothe-Hammer, and Sydow 2016, 19). The complexities of the carescape are not easily tackled, albeit is ostensibly a phenomenon that has been treated as legible (Scott 1998) and therefore manageable. However, the effects of this contradiction has generated adaptations and acts of repair. I contend exploration of these acts can make actors aware of alternatives to taken-for-granted ways; calling attention to what holds organising together, how they may break apart or even imagined otherwise.

Accordingly, instead of being fixated by success factors or succumbing to the temptation of generating clumsy solutions for producing collaborative advantage, I suggest we need to appreciate collaboration-as-practice as encompassing emergent situated action aided by materials. It is vital to acknowledge and accept that partnership-working is always complex when the messiness of people’s lives encounters the messiness of organisings, and the attendant messy knowledges requiring orchestration (no matter the myths associated with rationality, planning and epistemic certainties). Despite portrayals of collaboration moored in idealised behaviours or the effect of leadership acts,
when understood as practice, it cannot be solely reduced to individual action; acting interorganisationally always already entails relations enmeshed in the situation at hand. Navigating a course for partnership is an endeavour multiplied, seeping into the everyday doings of actors in innumerable ways. When novel practices emerge there are hazards impeding traction, especially in architextures (Lorino 2013) of practices that work strenuously and continuously to maintain particular orders. Still, it requires recognising in the ‘waulking’ of thickened practices, actors can discern affordances in seams as spaces for action.

Being aware of seams and coming to understand how elements, like practitioners, dynamically align in activity, opens up possibilities for manipulating and refining practices that hold configurings together. The value of seamfulness is in finding, critiquing, and shaping some of the ways in which connections between interorganisings and the infrastructures of organisings are encountered by actors and how actors patch to get things done, especially during breakdown. I agree with Vertesi (2014) that, ‘the language of seams and seamfulness posits that each system lies in messy and even unarticulated local overlap with other systems. … seams suggest that there are many possible ways to patch multiple systems together into local alignment’ (269).

‘Seamfulness’ divulges the instability and multiplicity of systems in complex settings. Uncovering seams can help actors move beyond a regulatory gaze, allowing for greater understanding of heterogeneity, possible actions and changes in context over time (Vertesi 2014, 269). While some practices are routine and predictable, others are unpredictable and emergent. Rather than guarantees of successful performance, propensities for collaboration-as-practice might be understood as a basis from which actors can diverge, in attunement with their practice situations. With further work these concepts have potential to be helpful for honing practitioners’ everyday capabilities for b/order work and generating a praxis to realise this, reminiscent of Rooney and colleagues (2015) research on agility.

When it comes to other research in public administration or policy, my reluctance to incorporate the normative and descriptive doesn’t mean I think it does not matter. As a suggestion for future knowledge-making otherwise, consideration could be made for how feminist posthuman ethics of care (DeFalco 2020) might be applicable for situations of collaboration in public sector organisings more generally, and specifically to mundane administrative, managerial and governance practices. This would shift the focus of care away from delivery to organisational routines, and the more-than-human relations with other material entities. This may be useful in light of recent discussions about the value of administrative practices in the NHS (Ewbank et al. 2021), the pandemic exposure of extant inequalities and proposals to create a National Care Service for
Scotland (Feeley 2021). I would also think there is promise in extending praxiographic approaches to the emergence of digital care across multiple carescapes; and digital interorganising.

Although I am interested in learning and training for partnership-working, I did not progress with this line of enquiry. However, I think there is merit in further research for considering developing praxis for interorganising (Armistead and Pettigrew 2004, 582), understanding that developing a collaborative praxis is iterative, incommensurable and extremely challenging to evaluate with conventional methods. I also want to flag the limits raised by educationalists to framing learning as something easily transferred from one setting to another, or scaled up. Learning is not a commodity that can be effortlessly moved about; new situations always require new learning, adaptation and (re)contextualisation of previous knowledge (Fenwick and Edwards 2011; Fenwick 2015). Moving across contexts has also been made extra challenging by developments in digital technologies that continually transform the tools, resources and interplay of day-to-day practices in a time of considerable flux (Van der Wal 2017).

Although this period in the life of the Kintra HSCP was less about innovation and more about patching the seams of the carescape, I would argue that when we turn our gaze to acts of repairing in the seams - the work on the edge - there is creativity and making-do, not just maintaining of b/orders, rather extending relations that create transgressions; what Maria Puig de la Bella Casa (in her tribute to Susan Leigh-Starr) refers to as caring modes of attention by dwelling in b/orderlands (de la Bellacasa 2016, 47-50). Taking seriously marginal practices emerging through HSC, seeking out localised knowledges; mapping practices to generate knowledge for policy development and implementation; understanding affordances bottom-up and appreciating variety; would all be worthwhile.

Whereas I would add a sociomaterial slant and build on my comments above, I also see potential to extend the work on the 21st Century Public Workforce, where the authors pronounce in ‘the extant reality that relationships matter’, and their identification of new public servant roles: Storyteller, Resource-weaver, System-architect, Navigator ‘... undertaken alongside some existing ... roles: commissioner, broker and reticulist (or networker), and four-longstanding roles (regulator, protector, adjudicator and expert) (Needham, Mangan, and Dickinson 2013, 4).

Finally, HSCI is not the ‘silver-bullet’ to the matters of care we confront, but neither is it necessarily inferior. Collaborative approaches have ‘no a priori right to being the most effective service delivery method in all situations’, and the more we accept this, then the earlier partnerships can be considered for ‘when, where and how they can best be used’ (McLaughlin 2004, 112) - a practice sensibility could support this. If we want to challenge or change interorganisational care practices,
normatively that is, then we need to know who (in terms of human and non-human actors) is doing what, when and how, and ‘grasp the nettle’ of the constitutive conditions of sociomaterial agency.

8.8 Postscript

I developed serious concerns about the difficulties generated by the Act’s implementation for Kintra Council and NHS Kintra, especially with what managers - tied into tightly imbricated intra-organisational routines - were going through. I observed effort on the part of NHS executives and others, to prioritise the stability of the NHS, which might be plausible ‘turf protection’ and a reaction to ‘reputational threats’ in the bureaucratic politics of the given political context (Bach and Wegrich 2019, 15). Nonetheless, this did seem to contradict the ‘boundarilessness’ behaviour inscribed by the NHS CEO in an email to senior staff, which was printed and placed on staff noticeboards. There was a relegating of HSCI as peripheral to the NHS’ core role, which served to exacerbate feelings of inertia, a persistent sense of limited progress being made. At the outset of fieldwork Julia observed ‘things aren’t moving’ (January 8, 2016). I felt this slowness was a denial of the Act’s standing, or a narrow, minimalist reading of its powers, with its status as being ‘real’ disputed. The reluctance to integrate, emerged from an imbricated pattern of practices configured around hospital acuity - the historical centre of the NHS - which sustains public and political attention and nested practices repeated across Scotland through a national architexture sustaining the ‘national-ness’ of its doings. This was more than collaborative inertia; the obduracy of stabilising organisational configurations reinforced the ‘stasis’ of b/orders and HSCI’s incidentality was an effect. Legislation was the only way to make integration happen, but b/order maintenance hampered the CO and the Act’s implementation.

Figure 52. Behavioural tips from the Kintra NHS CEO, 10/5/2016.
I think it just remains inherently difficult ... you know there are pockets of work going on here and there ... but we don't make it easy for them. I think actually we're kind of complicit, in creating a set of arrangements, which do not encourage better joint working ... my observations are that there's been an active attempt to slow things down on behalf of the health board and possibly on behalf of the local authority around the whole agenda (Samuel, NHS General Manager, Primary Care, June 2016).

These reactions could be interpreted as resistance, but correspondingly it could be denial, with lessened attention it might go away. Julia inferred that despite everything, she was an unwanted guest,

it kind of stands, or falls, on whether or not people want it to work, or not, in terms of integration .... and how integration itself is seen. So you're either going to be seen to be somebody that can, in extremes, somebody that can help or you can be seen like a, kind of, unwanted guest at a wedding, except I'm the bride! (Interview with Julia, June 10, 2016).

It appeared the CO was disrupting the order of things, her role was unwelcome and the tensions surrounding her position and HSCI implementation exposed hindering dynamics in Kintra. Even her commissioning plan didn’t work and was put in suspended animation, a deferral in parallel with, and perhaps a parable for, the immobility of HSCI implementation. The manner in which HSCI was weaving through Council and the NHS was complicated by disagreement around integration as process, or integration as entity; with the work of reconfiguring care and the responsibilities for responding to the needs of people in Kintra equivocated. They were, according to Samuel, 'building an aeroplane whilst it’s flying, you know, so it’s already taken off and it’s in the air, but actually it needs to be finished' (June 6th, 2016). The mix of actions and multiple meanings associated with HSCI produced collective bewilderment amongst those I shadowed. When it came to Kintra HSCP, documenting as integrating overwhelmed all other doings, in an attempt to shore up legitimacy with the NHS. Subsequently, despite their reparative efforts Joanna, Stuart, Samuel and Julia resigned from Kintra Council and NHS Kintra within twelve months of the ‘go live’ date.

As an intriguing digression, in late 2016, a joint inspection of Kintra’s older people’s services was undertaken by the Care Inspectorate and Healthcare Improvement Scotland; they reported in 2017, stating Kintra HSCP

... had set out an overall direction for the future planning and delivery of services for older people but the implementation plans lacked detail, including how targets would be achieved, performance outcomes identified and progress measured. ... while these documents were rich in terms of data, they lacked detail in terms of how successful implementation would be measured and evaluated. ... [With] the IJB confirming it felt about one year behind where it needed to be and only at the starting point in key areas
such as performance reporting and scrutiny arrangements. ... This inspection has concluded that there was some weak performance within the health and social work services for older people provided by the [Kintra] partnership (Care Inspectorate and Healthcare Improvement Scotland 2017, 31-58).

Although I have limited knowledge regarding inspection methods and I might take issue with particular evaluative assumptions, its conclusions did not surprise me.

Towards the end of fieldwork, I was waiting in a bus shelter outside an NHS building in Pouststeid, where IJB meetings were frequently held. I noticed someone had hung threaded origami cranes on the inside of the shelter that were decomposing. The construction of 1,000 origami cranes – sembazuru - are a Japanese artefact traditionally gifted at weddings to symbolise prosperity, endurance or longevity. In more recent times the challenge of folding a 1000 cranes on behalf of a sick person has become indicative of the maker's care for the sick person, wishing the recipient hope and recovery (Perry 2016; Tamiko 2013). The cranes are left exposed to the elements becoming tattered, with the wishes for those bestowed the cranes released. Even though I’m not superstitious, this fleeting ephemera - delicately enfolded paper - evoked for me a presage of sorts given the affects they carry as they decay; symbolising simultaneously my concerns about the resilience of Kintra HSCP, as well as an offering of good wishes to a weakening carescape so requiring of repair. The time between the sembazuru’s ‘existence’ as a material symbol and when it disappears, felt a bit like HSCI, an ongoing but fragile process of interorganising, shifting, struggling, breaking-down and evolving, but also needing care.

As I wind up my thesis during the pandemic and look back over the work I have done on HSCI through the thesis and in other research, it has given me pause to reflect on how a rupture is redefining our lives in so many ways, both real and symbolic. It has already affected the ways we travel, the ways we work, the ways we live and the ways we care. Yet, while crises may crystallise and reinforce existing inequalities, they may also hold the potential to create other political imaginaries and new organisational realities - possibilities not-yet-imagined. Though I often wonder, beyond the pandemic, what is salvageable and repairable in these intimate infrastructures that are...
already undone. In naturalised orthodoxies, the pandemic enables thinking about what were always already fragile coalitions, whereby the fractures are thrown into relief. In a remaking of the world and the uncovering of the vulnerabilities of our lives, is an event that has exposed the interdependencies of entangled modes of world-sharing; how we are implicated in each other, how we might repair forward, and reimagine both partnership and care.
Appendix 1 - Methodology

1. Ethics

Further details regarding research ethics processes and participant consent can be provided upon request.

2. Semi-Structured Interview Schedule with Managers

Interview Length – 60 – 90 minutes

Thank you for the time, following up specific aspects of your work

1) The Person/biography/background
   - Ethics form signed/Pick a non-identifiable name
   - Person’s background – age, profession, work history, length of time in employment with employer
   - Length of time as manager
   - Length of time in area
   - What do you regard as unique to this area?

2) How do managers make sense of/conceptualise collaboration/partnership working as a practice?
   - Defining HSCI from their perspective.
   - How would you describe working across inter organisational boundaries?
   - How would you describe your approach?

Contributing to texts - I’m interested in the role documents play in these kind of partnership processes and in particular, establishing the IJB in Kintra has seen the creation of particular documents. The Commissioning Plan was the document that was created during the time that I have been doing fieldwork. What do you think the purpose of this particular document is? What do you regard you as your relationship with this document? In general, what are your thoughts about the part documents play?

3) What contextual conditions enable (or constrain) collaborative practices that are different from intra-organisational practices (assuming that collaborative practices are distinctive)?
   - What enables your interorganisational relationships?
   - What gets in the way of interorganisational relationships?
   - How do you think working in this way is different from working within organisations/teams?

Scenario - 'Interview to the Double'

Describe what you’d say to your clone if they had to stand in for you on a day when you are working with others across organisational boundaries (including face to face and not face to face).

4) The literature talks about legislation serving to ‘mandate collaboration’. What do you think is the consequence of ‘mandated collaboration’ for partnership structures and how it therefore shapes the field of action?
   - What do you think about the HSCP being legislated?
   - How do you think this affects what you do in your role?
   - How do you think this affects your staff, your peers and the senior management/governors?

5) Thinking about the Future
How do you think this 'endeavour' will unfold over time? How do you see your role in this?

6) Is there anything else you think that I should know or that you’d like to share with me?

3. Ideas for Semi Structured Interview Schedule with Additional Actors

1) The Person/biography/background
   - Person's background - work history
   - Length of time in role
   - Length of time in area
   - What you regard as unique to this area

2) How do actors make sense of/conceptualise collaboration/partnership working as a practice?
   - Defining Health and Social Care Integration from their perspective
   - How would you describe working across inter organisational boundaries?
   - How would you describe your approach?

Contributing to texts - the Commissioning Plan - part of the process for establishing the IJB in the Borders has been the creation of particular documents. I'm interested in the role that documents play in these kind of partnership processes. The Commissioning Plan was the document that was created during the time that I have been doing fieldwork. What do you think the purpose of this particular document is? What do you regard you as your relationship with this document?

3) What contextual conditions enable (or constrain) collaborative practices that are different from intra-organisational practices (assuming that collaborative practices are distinctive)?
   - What enables your interorganisational relationships? & Managers?
   - What gets in the way of interorganisational relationships?
   - How do you think working in this way is different from working within organisations/teams?

4) What is the consequence of ‘mandated collaboration’ for partnership structures and how it therefore shapes the field of action?
   - What do you think about the Health and Social Partnership being legislated?
   - How do you think this affects what you do in your role?
   - How do you think this affects your staff, your peers and the senior management/governors?

5) Thinking about the Future

How do you think this 'endeavour' will unfold over time? How do you see your role in this?

6) is there anything else you think that I should know?
## Appendix 2 - List of ‘Kintra’ Managers and Practitioners

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia</td>
<td>Chief Office, Kintra Health and Social Care Partnership</td>
</tr>
<tr>
<td>Joanna</td>
<td>Principal Assistant Social Care and Health</td>
</tr>
<tr>
<td>Samuel</td>
<td>General Manager Primary and Community Services</td>
</tr>
<tr>
<td>Stephen</td>
<td>Joint Manager Learning Disability Service/Joint Manager Mental Health</td>
</tr>
<tr>
<td>Annie</td>
<td>Service Manager (Dentistry, Sexual Health and Lifestyle Advisor Support Service)</td>
</tr>
<tr>
<td>Stuart</td>
<td>Associate Director Allied Health Professionals - Joint Post</td>
</tr>
<tr>
<td>Jan</td>
<td>Principal Public Health</td>
</tr>
<tr>
<td>Gwen</td>
<td>Operations Director – ‘Kintra’ Cares</td>
</tr>
<tr>
<td>Helena</td>
<td>Principal Information Analyst</td>
</tr>
<tr>
<td>Michelle</td>
<td>HSCI Project Management Programme Officer</td>
</tr>
<tr>
<td>John</td>
<td>Director of Strategy (Integration)</td>
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<tr>
<td>Sharon</td>
<td>Planner/Project Manager Learning Disabilities</td>
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<tr>
<td>Aylee</td>
<td>Localities Co-ordinator</td>
</tr>
<tr>
<td>Jacqueline</td>
<td>Acting Group Manager - Mental Health &amp; Addictions</td>
</tr>
<tr>
<td>Mary</td>
<td>Acting Group Manager - Social Care &amp; Health</td>
</tr>
<tr>
<td>Harry</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Robert</td>
<td>Service Development Manager - Social Work</td>
</tr>
<tr>
<td>Chrissie</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>Louise</td>
<td>Coordinator ‘Kintra’ Care Voice</td>
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<tr>
<td>Cate</td>
<td>Chief Officer’s Personal Assistant</td>
</tr>
<tr>
<td>Claire</td>
<td>NHS ‘Kintra’ Board Secretary/IJB Secretary</td>
</tr>
<tr>
<td>Kristie</td>
<td>HSCP Communications officer</td>
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<tr>
<td>Patricia</td>
<td>Council Depute CEO for People and Place</td>
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