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Engaging the Public:

Theory and Practice in Scottish Public Services

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Table of Contents

Chapter 1

Introduction to the Thesis

1.1 Introduction

Engaging the public, patients, users and communities has become of increasing importance to public services. Over the past decade, this increased significance has coincided with a period of restructuring of public sector bodies into flatter, less bureaucratic forms and devolution of budgets and functions in alignment with New Public Management principles. The market orientation and privatisation agenda of the former Conservative governments aimed at cutting costs and improving efficiency, has given way to considerations of responsiveness and achieving results that matter to service users and communities.

.. Devolved, performance- oriented structures and processes have gradually replaced highly centralised, bureaucratic and paternalistic ones (Dunleavy & Hood, 1994). In the words of Tony Blair: *'"It's up to me" is being replaced by "it's up to us". The spirit of the times is community'* (1998b: 52). At the core of such rhetoric is the intention of a central role for communities to the realisation of more responsive public services and an acknowledgement that their needs can vary widely. It would therefore be impossible to formulate strategies for achieving responsive services without the active involvement of members of the public in the process (Johnson & Scholes, 2001). Inevitably, the relationship between public services and communities has altered progressively in response to these changes, with the public role in particular travelling through several stages of metamorphosis, from passive 'recipient' of public services to 'consumer', 'customer' and more recently to proactive, participative 'partner'.

The incumbent government's programme of public service reform has placed legislative responsibility squarely upon public services for tailoring services to meet local demands, whilst simultaneously striving to meet national economic and service

targets. Responsiveness implies the articulation of needs at some stage of the strategic process coupled with mechanisms for feeding this information into policy-making and execution. In its *Modernising Government* (1997) report, the New Labour government expressed a commitment to listen to people and identified consultation with the public as the ultimate means of achieving this.

The remits of public services have therefore been expanded to include developing the mechanisms with which to engage their communities (Department of Transport, Local Government and the Regions (DTLR), 2001). It has been argued, however, that the extent to which such 'innovative' mechanisms are able to enhance public involvement is dependent on the approach adopted by individual public services towards participation (Lowndes, Pratchett & Stoker, 2001).

The increasing use of partnerships and inter-agency collaboration (Steunenburg and Mol, 1997; IPPR, 2002) for the delivery of public services, often across sectoral boundaries, means that in principle, a number of agencies or partners can have shared responsibility for engaging communities and ensuring that they have sufficient influence in the strategic process by which local priorities are decided. Such partnership arrangements are intended to enable professionals to work seamlessly across institutional and territorial boundaries and have allowed many public services to share the cost and potential benefits of public engagement.

Public services in Scotland are now under a legislative duty to engage their local communities and whilst the number and types of modern public engagement mechanisms continues to grow, there appears to be a lack of theoretical development to explain contemporary public engagement in the current context. This research takes a grounded theory approach to investigating this phenomenon, with the aim of addressing this deficit.

1.2 Aims and Objectives

The overarching aim of this research was to explore contemporary public engagement in the provision of local public services in Scotland. There are several underlying objectives:

- To explore the rationales behind and conceptual background to contemporary public engagement.
- To investigate how public services are responding to the legislative requirement to engage the public.
- To contribute to the development of theoretical understanding of contemporary public engagement in the current context.

1.3 The Significance of Research

Although the concept of public participation and participatory mechanisms has existed since the late 1970s, with scholars such as Pateman (1970) arguing for their importance in being developed and extended as key components for maintaining democracy, there is a dearth of research into their use in settings other than democratic or political, such as public services.

Public engagement mechanisms will play a significant role in the future delivery of public services but have been rapidly introduced without adequate guidance on what the potential challenges are to using them effectively and how those challenges could be overcome. Detailed investigation and analysis are needed of how public services have translated the concept of public engagement into practice and how they are dealing with the inevitable challenges.

Application and development of theory is also vital to the understanding of public engagement in the current context. This study will attempt to increase the body of

knowledge about participation in public services by contributing to a theoretical understanding of contemporary public engagement.

1.4 Methodology

A qualitative approach was taken to the design of this study. The stages of the research are briefly outlined as follows:

1. A review of background literature was undertaken in order to identify core themes relating to the development of contemporary public engagement.
2. A methodology was developed in order to collect and analyse data. It used a case study approach to the collection of data. The methods used were semi-structured interviews, a focus group, document analysis and participant observation.
3. The case study data was coded and analysed using Thematic Analysis in conjunction with Constant Comparative Method, which led to the development of a conceptual framework, and both substantive and formal theory in the discussion chapter.

1.5 Plan of the Thesis

This thesis is comprised of 7 chapters. This chapter has given a general introduction and overview of what the study is about. Chapter 2 focuses on the historical literature and previous attempts to typify public participation. This chapter argues that although the typologies and attempts to categorise public engagement activities in terms of levels and types of engagement go some way to explaining them, they are they are not able to account entirely for the way public engagement has developed and its increasingly significant role in public service design and delivery. It identifies four dominant themes related to the rationales behind contemporary public engagement and uses them as

sensitising concepts to frame the scope of the research and guide the collection and analysis of data.

Chapter 3 presents the research methodology used to conduct this study. It consists of 2 parts. Part I is concerned with designing a research process that is robust, and addresses the key aims and objectives of the research. Chapter 3 Part II describes the process of doing the research. Chapter 4 presents the findings of the case study. Chapter 5 consists of a conceptual framework that is predicated upon four thematic categories emerging from the Thematic Analysis of the data (The Democratic Perspective, The Institutional Perspective, The Managerial Perspective and the Power Perspective). This chapter also considers the degree to which the conceptual framework is able to account for how public services and local communities are likely to respond to public engagement legislation. Chapter 6 revisits the conceptual framework uses it as a starting point for the development of substantive and formal theory. Finally, Chapter 7 will provide an overview of contributions made by the research and make recommendations for further study.

Chapter 2

Exploring the Current State of Play

2.1 Introduction

Public participation has recently come to the fore in contemporary public management. In the time that has elapsed since the change in government from Conservative to New Labour, there has been unprecedented interest in *'...involving the public more frequently, more extensively and in much more diverse ways in the conduct of decision- making within the public services...'* (House of Commons Select Committee, 2001a: para. 75). There is also unprecedented confusion about what public participation actually means, and consequently, what it entails, prompting public services to express a desire for the government to *'cut out the guessing and tell us what it wants'* (Martin & Boaz, 2000, p. 51).

This chapter will explore the historical and conceptual origins of contemporary public engagement in order distinguish the current context. Firstly, it will examine the language of engagement in an attempt to identify common terms and their meanings within the current context. Secondly, the conceptual origins of public participation will be discussed. Thirdly, the role of engagement mechanisms will be explored. Fourthly, historical attempts to typify public participation will be outlined and discussed. Finally, since this study takes an inductive approach, sensitizing concepts (Bowen, 2006) will be used, not only to guide the scope and focus of the empirical work, but to provide a starting point from which to analyse the data.

2.1 Definitions and Contemporary Terminology

Exploring and understanding the 'language' of participation is crucial to unearthing its true meaning and potential, both as an area of modem research and a multidimensional phenomenon responsible for realigning contemporary perceptions of the role of citizens, consumers, stakeholders and communities, or simply 'the public'. This

realignment has affected established authority frameworks and decision-making processes in virtually every area of modern society. Ironically, it is exactly this pervasive quality that necessitates scrutiny of the language in which participation initiatives and the ideas from which they originate are encapsulated, for it is in many ways the translation of these ideas into practice that provide much of the fuel for the debate surrounding them.

The problem, in short, is the lack of clear boundaries for the use of terminology. Terms such as 'consultation', 'involvement', 'participation', 'deliberation' and 'engagement' are often used interchangeably but when subjected to closer study, their individual meanings imply subtle, or, in some cases, explicit differences with regard to the levels and types of activities they describe, in which the public are involved. The gravity of an inability to clearly and accurately communicate ideas and strategies relating to the role and function of public participation, not only between levels of government but also between government agencies/services and the public, cannot be underestimated. If meanings and intentions are unclear then misunderstandings and confusion are inevitable, and furthermore, achieving the co-ordination without which much of the potential of public involvement cannot be fully realised, becomes problematic. This lack of basic clarity and understanding about the true effects, implications and potential of public participation, both conceptually and in practice, is central to the debate surrounding the 'consultation culture' (DTLR, 1998), which appears to be gathering momentum.

The following section will briefly revisit these key terms, from the perspectives of both explicit and implied meanings in relation to contemporary ideas and rhetoric. Of all the terms regularly used to refer to participatory activities 'consultation' seems the most popular and the vaguest, an attribute that might account for its popularity. The Oxford Dictionary & Thesaurus (1997, p. 307) defines 'consultation' as referring to a person/people 'for advice, an opinion, etc.' or seeking 'permission or approval from (a person/people) for a proposed

‘action'. Similarly, ‘consultative’ means to 'refer to, confer/discuss/deliberate with, inquire/enquire of, seek advice from, ask of, question or take counsel with'.

The term 'involvement' is often used in conjunction with 'consultation'; I.e. consulting and involving the public in decision-making, but in meaning implies a much closer relationship and a greater degree of influence. The Oxford Dictionary & Thesaurus (1997, p. 804) defines ‘involve’ as 'cause to participate, to share the experience or effect (in a situation, activity, etc.); imply, entail, make necessary; include or affect in its operations' and 'involvement', therefore, means 'the act or instance of involving; the process of being involved', or more explicitly, 'the condition of being implicated, entangled or engaged; a necessary consequence or condition' (Oxford English Dictionary Online, 2004).

‘Deliberation’ is included in this list of terms because it refers to yet another distinct type of participative activity. ‘Deliberate’ means 'fully considered; not impulsive; slow in deciding; cautious; leisurely and unhurried'. 'Deliberation', therefore involves 'careful consideration/debate; the discussion of reasons for and against; slowness or ponderousness' (The Oxford Dictionary & Thesaurus 1997, p. 378-79).

'Participation', alternately, implies more practical and sustained involvement and a shared responsibility for outcomes; not simply for one experience or decision, but many, in various ways, over an extended period of time. To 'participate' is to 'take a part or share in; partake; have or take a hand in; engage in; enter into; be or become associated with; contribute to' (Oxford Dictionary & Thesaurus, 1997, p. 1108). 'Participation', therefore means 'the act or fact of partaking, having or forming part of; the fact or condition of sharing in common (with others or with each other); association as partners, partnership, fellowship; profit-sharing' (Oxford English Dictionary Online, 2004).

'Engagement' implies an uncommon degree of closeness and commitment. Incidentally, there is also by definition, a combative element to this term which involves some degree of persistence or even force from one or all parties involved, perhaps taking the form of a 'charm offensive', rather than aggression or violence. Additionally, there is also the implication that this closeness may, in theory, be sought by either party without the willingness of the other to acquiesce. It is fair, therefore, to conclude that this is by far the most complex of the terms, and the one with which current policy developments are most concerned.

To 'engage' is to 'bind by a contract or formal promise; to have promised one's presence...for any purpose of business or pleasure; to hire, secure the services of; to enter into an agreement for service; to bespeak or secure for one's own or another's use or possession; to enter into a covenant or undertaking; to bind by moral or legal obligation; to lay under obligation of gratitude; to oblige; to be committed to; to urge, exhort, persuade, induce; said both of persons and motives; to invite; to gain, win over as an adherent or helper; to secure for oneself (help, sympathy, approval); to attach by pleasing qualities; to attract, charm, fascinate; to cause to be held fast; to involve, entangle, commit, *mix* up (in an undertaking, quarrel, etc.); to attract and hold fast (attention, interest); to provide occupation for, employ (a person, his powers, thoughts, efforts, etc)' (Oxford English Dictionary Online, 2004). While 'engagement' by definition encompasses all levels and types of public participation, 'consultation', 'deliberation' and 'co-operation' are some of the numerous categories into which 'participatory' activities often fall, depending on the objectives agreed and the mechanisms employed, the degree and capacity (citizen, consumer, stakeholder, partner, etc.) of public involvement.

In response to the increasing focus, particularly in recent times, on public engagement/participation to the areas of public policy and service delivery, a few notable attempts have been made to define and contextualise public participation in the public sector. Parry *et al* (1992) define 'participation' as involvement of the wider public *in 'the process of formulation, passage and implementation of public policies'* (p.16). One broad definition of participation is: *'...a process of debate and deliberation, open to all on a free and equal basis, about matters of pressing public concern',* (Held 1996, p. 302).

Another by Healey (1997, p. 265) defines it as **'**…ways in which we can hold public discussions and organise our public affairs without being dominated by the interests and language of the powerful'. Beetham *et al* (2002 p.209) define it as: *'…taking part in not-for-profit activity or group with the potential for affecting public policy, public service delivery, the conditions of community life, or related public opinion'.* Martin (2003) defines public consultation (labelled 'consultation', but by definition closer in meaning to 'participation') in terms of *'a two way flow of information and views between governments/service providers and the public that covers a wide range of activities involving widely differing levels of engagement'* (p.193).

Each one of these definitions hinges on the participation being voluntary, without financial or other incentives and with negligible variation, reflects mainstream contemporary feeling. Another important detail of the aforementioned definitions is the implicit assumption that the type of participation being referred to is almost exclusively non-electoral. The new centrality of public participation in the processes of and service delivery inevitably resulted in the need for a working definition of the 'public' whom central and local governments desire to engage. Martin (2003) distinguished 'customers *'informing detailed operational issues relating to the delivery of particular services* from 'citizens'

'taxpayers' and 'communities' *'sections of the population it may be important to engage with specific communities of place, identity or interest'* (p.194).

Often, very little if anything at all is done to identify the specific groups, e.g. citizens, service users, communities, etc. when expressing a need or desire for dialogue. The importance of definition becomes undeniable when considering that a lack of clear direction on this front is capable of compromising the participatory process by allowing the marginalization of certain 'voices' or groups, if their involvement is deemed by public officials not to be in the public interest (Barnes *et al,* 2003) or simply confounding public managers striving to fulfil statutory requirements. Gujit and Shah (1998) further argue that simplistic definitions of the term 'community', present them as 'homogenous, static and harmonious', characterised by unity of needs and purpose and that these inherently ignore or seek to mask biases based on sex, class, age, ethnicity, etc.

It is clear that modern concepts of public engagement could have potentially wide ranging repercussions for the public sector, and public service providers in particular. However, the growing debate surrounding the potential of public engagement mechanisms is somewhat constrained by the lack of established parameters, shortage of definitions and ambiguity of the language.

2.2 The Conceptual Origins of Participation

Public participation is often described in terms of a radical new approach to the expression of public will. Labels such as: 'representative' (Schumpeter, 1950; Stewart, 2003), 'participatory' (Pateman, 1970), 'deliberative' (Fishkin, 1991; Miller, 1992), 'associative' (Hirst, 1994) and 'direct' (Budge, 1996), are used primarily to define different models of

participation, characterised by the extent and types of public involvement in governance. The proliferation of such labels has two primary achievements: firstly, it betrays the Athenian origins of contemporary interpretations of participation, and secondly, it attests to paradigmatic shifts in the way in which the role of participation in governance has been understood by politicians, public managers and the public over time.

2.2.1 Politics and Democracy

The philosophical and theoretical origins of participation date back to Ancient Greece and the foundations of democratic theory. Although 'classical' concepts of democracy have been seen by some as increasingly impractical or unworkable, the practice of democracy - the struggle for political leadership, the centrality of the traditional voting process (Schumpeter, 1950), and the level of voter turnout, have been held as accurate measures of the 'strength' of democracy (Berleston, 1954). It is therefore unsurprising that the sustained rise in levels of voter apathy, and decreasing electoral turnout (DTLR, 2001) have resulted in a perceived 'democratic deficit' or 'crisis of democracy' (Joyce, 1999). Yet it is exactly this dependence on the traditional voting process, and the resulting lack of involvement of the public in policy and planning between elections, that is viewed as the main limitation of the traditional democratic process (Martin, 2003).

Giddens (1998) argued that a modern democracy would inevitably require more direct contact with citizens in more localised, contextual settings, via the use of a range of innovative participatory mechanisms. The recommendation for a new Public Participation Unit in Whitehall is undoubtedly intended to demonstrate the government's commitment to democratic 'renewal' (Beetham, 2002) and the perceived centrality of the use of participation mechanisms beside the traditional electoral process to this agenda.

It should be noted here, however, that the public have always attempted to influence the government and public services in a variety of informal ways, ranging from civil disobedience to lobbying and writing directly to Members of Parliament. What modern public engagement mechanisms such as online forums have done, is formalised many of the hitherto informal ways of expressing the public will and a more communications-savvy public are increasingly aware of how to access and utilise them (Edwards, 2007). The language of consumerism and its constraining tendencies on the role of citizens and service users as 'customers', was altered to reflect New Labour's view of them as 'stakeholders' and more recently 'partners', with all the rights and privileges appertaining to such a central role.

In its *Modernising Government* (1997) Report, *New* Labour committed itself to being a 'listening' government and has since made it a legislative requirement for public managers to consult with the users of their services and the wider public (stakeholders) with a view to encouraging their active participation in the strategic process, as well as, to a lesser extent, the democratic process via 'direct democracy' (Budge, 1996). The government has actively encouraged innovation in the development and employment of participative mechanisms, particularly at the local level (DTLR, 1998).

2.2.2 Public Administration and Public Management

Arguably the most significant period of public sector reform to date has been the institutional shift from Public Administration to Public Management (Hoggett, 1991), resulting from the application of New Right ideology to the provision of public services, in a Conservative-led reconfiguration of the public sector. The end of the Second World War ushered in a period of nation-building and economic prosperity that spawned huge bureaucracies in both private and public sectors (Hoggett, 1991), as demand for services in both sectors escalated. These bureaucracies were self-perpetuating, highly rationalistic

institutional structures and formalised, mechanistic processes. The focus lay on perfecting the institutional processes of government, rather than on outcomes.

In its approach to the administration of public services, the government was highly centralised and paternalistic (Dunleavy & Hood, 1994). Public services also regional variations and were synonymous with outputs that were standardised. Citizen participation was limited in the political sphere to the democratic voting process and direct political action via pressure groups. Additional mechanisms included public meetings, government publications and consultation documents. By the late 1970s, this blend of factors soon resulted in a 'crisis' of the state, as it became increasingly evident that the institutional status quo was unsustainable in the long term.

The 1980s Conservative premiership of Margaret Thatcher, and later John Major, was defined by a substantive paradigmatic shift in the way the public sector operated. The new aim was to 'manage' rather than 'administer' public services, implying the creation of a new institutional paradigm, which placed the focus on efficiently and cost-effectively run departments and services, the benefits of which would pass directly to citizens. For many academics, the reform agenda adopted by the Thatcher government was synonymous with the New Right (Hood, 1991). The change included the introduction of managers to former professional strongholds such as Public Health and Education, to restrict the control of professionals over services.

The ideological and theoretical foundations of the New Right were devised upon the amalgamation of a host of critiques of the bureaucratic state, and the critical components, Economic Liberalism and Public Choice Theory. The first, Economic Liberalism, was translated into the introduction of private sector style market forces and competition within public services, e.g., Compulsory Tendering (CCT) and privatization, and a reduced role for the state, from 'Provider' to 'regulator' of services; the aim being to exert downward pressure

on cost and upward pressure on efficiency, standards and 'consumer' choice. The second, Public Choice Theory that citizens as 'customer' of the state and 'consumers' of services should take sole responsibility for their wellbeing rather than remain dependent on the state or community.

Mrs. Thatcher's government dismissed the existence of the community as a support network for individuals and encouraged members of the public not to rely on the state for their welfare but wherever possible, make their own provisions (Dunleavy & Hood, 1994). The New Labour government's reform agenda abandoned this markets and privatisation approach to improving public services, opting rather for a 'partnership' approach involving agencies in the public, private and voluntary sectors (DTLR, 2001; IPPR, 2001; Pongsiri, 2002), with the challenge being to achieve Best Value (Next Steps Report, 1997; Curry, 1999) for local communities by providing services tailored to meet their needs.

2.2.3 Consumerism and the Citizens' Charter

The application of private sector rhetoric and techniques to the management of public services included a significant change in the way in which the state viewed citizens and service users. The principles of consumerism were applied to citizens; a situation, argued Pollitt (1988), which resulted in the application of a combination of institutional ideas which were in many cases contradictory; with the intention of making them more self-reliant and responsible, rather than perpetuating an entrenched dependence on the State. As 'consumers' and 'customers', rather than simply 'recipients' of public goods and services, they were seen as being entitled to information on the quality of services, so that they could exercise choice in the consumption of those services. Consumerism in the public sector had 5 main 'requirements' detailed in table 1 below.

Information	About what services were available, what their entitlements were, and where and how they could be accessed. Contrary to the popularly held notion that there was a lack of information, there was evidence of copious amounts of information produced by public services, but very little that was comprehensible to lay people.
Access	To public services, which tended to operate during office hours, when most potential service users were themselves at work, and were invariably house in locations that were difficult to access (particularly for the disabled), with confusing layouts, staff who were condescending and unhelpful, and application forms which were extremely complicated.
Choice	Often translated into a 'take it or leave it' attitude in the public sector. Attempts to address this issue continued to cause problems because it still did not equate with the same concept in the private sector.
Redress	Something that has traditionally been very difficult to obtain in the public sector. Inflexible and unapologetic administrations in most instances continued along these lines, resisting change in this area. Customers were unfamiliar with complaint procedures and most were of limited help in any case.
Representation	Consumerism generally failed to address the problem of a lack of citizen participation in public service decision-making processes and continued to employ the same one-way mechanisms associated with the traditional model. Thus, the public were 'participants' in the delivery of public services only insofar as they were able to exercise choice.

Adapted from the European Foundation for the Improvement of Living and Working Conditions [1990].

Table 1: The 5 Main Requirements of Public Sector Consumerism

During this time (late 1980s), attempts were also made to develop tools or models with which to measure service quality from the perspectives of both providers and customers, with a view to identifying areas in need of improvement, so that resources could be used effectively. In terms of public participation, quality measurement models such as SERVQUAL (1985) went further than 'traditional' mechanisms in attempting to access the perceptions of public customers of the quality of service they received. However, two areas in which models such as SERVQUAL failed to satisfy criteria for public participation mechanisms are: firstly, while they presented service users with opportunities to evaluate services, they did not enable direct communication or dialogue between providers and consumers and secondly, they did not provide customers with opportunities to participate in designing services.

The government has also attempted to create incentives for local government to rise to the challenge of making participation central to the strategic management function of public services. Under the market orientation and consumerism of the Major Conservative government, incentives were provided via the Citizens' Charter scheme (HMSO, 1991a) and connected to a benchmarking or 'Charter Mark' system. Public agencies and services, which performed to a predetermined standard, were awarded Charter Marks as examples of good practice.

The Citizens' Charter embodied the earliest attempt to detail the rights of citizens as consumers of public services. It stated clearly the standards of service the public could expect and what means of redress were available if services failed to meet them. Also for the first time, the public had access to information about the performance of different services against predetermined benchmarks in the form of league tables (e.g. schools, hospitals, etc.), to enable them to make informed choices about where and how they accessed services.

The new Labour current government has redesigned the Charter Mark system so that Local Authorities that are upheld as examples of good practice are awarded 'Beacon' status in England and Wales and 'Pathfinder' status in Scotland.

Although consumerist ideas went some way towards opening dialogue between public service providers regarding standards of service, it fell short of giving them any real influence in service improvement or redesign. They were able to complain but not to help find solutions. Contemporary public engagement is intended not only to give the public more power and influence but to transform their relationship from consumers to partners. Crucially, whilst consumerism did not require public services but consumers to make changes, putting the onus on the latter to access information, make choices and use complaints processes, the aim of contemporary public engagement is intended to achieve the exact opposite, making it the responsibility of public services to actively engage the public and demonstrate the influence of public engagement on service redesign and outcomes.

2.3 New Public Management

New Public Management has resulted in the most substantive paradigmatic changes in Public Sector Management to date, and formed the basis of New Labour's public service reforms. Hood (1991) describes New Public Management as the name for a set of 7 administrative doctrines: *'Hands-on professional management in the public sector; Explicit standards and measures of performance; Greater emphasis on output controls; Shift to disaggregation of units in the public sector; Shift to greater competition in the public sector; Stress on private sector styles of management practice; Stress on greater discipline and parsimony in resources use'* (p. 4-5). It is important to bear in mind that in terms of the central theme of this chapter, public participation, it is doctrines two (performance) and three (more control over outputs; and disaggregation) that are of most concern to us because of their lasting influence on contemporary approaches to participation in local government.

Although not included in the list, the centrality of the development and use of Information and Communication Technologies (ICTs) to the implementation of these doctrines cannot be ignored or underestimated. Indeed, it is as a result of the development of ICTs that many important key developments have been made possible, coming under the banner of 'E-government' (Bellamy & Taylor, 1997). These include such relatively recent initiatives as 'Teledemocracy', 'Electronic Democracy' and 'Cyberdemocracy'; known collectively as 'Digital Democracy' (Hague & Loader, 1999). The development of ICTs has also added new scope for public participation (Horton, 2003; Edwards, 2007).

2.4 Mechanisms for Public Engagement

There has always been a need for the government and public service providers to communicate with the public between elections. Even when there is no direct evidence that the public have had any influence in policy processes, under the current plans, service providers are expected to demonstrate that they are being accountable to the public in the use of public resources and also that they have received an acceptable level of support for local plans from an informed public. Public engagement mechanisms currently fall into two categories, 'traditional' and 'innovative'. While the number of 'traditional' mechanisms has remained static, the number and types of 'innovative' mechanisms continues to grow.

2.4.1 Traditional Mechanisms

Traditional mechanisms are defined as those that were used in the period preceding New Labour's Modernisation Agenda, implemented from 1997 onwards. Prior to 1997, the uptake and use of these mechanisms steadily increased in the public sector, particularly in local government. Between 1997 and 2001 however, their use had levelled off, and in many cases, begun a steady decline, with few authorities not already using them, having plans to begin doing so (ODPM, 2002). Below are those identified as traditional

mechanisms in the 2002 Report by the Office of the Deputy Prime Minister, entitled: 'Public Participation in Local Government: a survey of local authorities'.

Mechanism	Description
Question & Answer Sessions	An event in which members of the public are invited to quiz public representatives and service providers.
Public Meetings	An event in which the local authority or service provider invites members of the public to disseminate information.
Consultation Documents	Local authorities and service providers publicly disseminate documents detailing planned developments or changes to services and invite comments/feedback.

Adapted from COSLA [2002].

Table 2: Traditional Public Engagement Mechanisms

2.4.2 'Innovative' Mechanisms

In Its *Modernising Government* (1997) Report, New Labour committed itself to being a 'listening' government and has since made it a legislative requirement for public managers to consult with the users of their services and the wider public (stakeholders/partners) with a view to encouraging their active participation in the strategic process, as well as the democratic process via 'direct democracy' (Budge, 1996). The government has actively encouraged innovation in the development and employment of participative mechanisms, particularly at the local level (DTLR, 1998).

Innovative mechanisms are those which post-date traditional ones and in stark contrast, are characterised by their number, range, increasing frequency of use by public bodies and, in many cases, their dependence on new Information and Communication Technology (ICTs). Their use has increased dramatically since 1997 a trend which

appears set to continue (ODPM, 2002). Below is an overview of those mechanisms classified as 'innovative' (COSLA, 2002).

Perhaps the most striking difference between the traditional and innovative mechanisms is the degree of influence that they potentially allow the public to have. It is possible to deduce that the main purpose of traditional mechanisms was the dissemination of information allowing the public to give opinions about plans that had already been drawn up. Alternatively, innovative mechanisms are intended to encourage the public to participate in deciding priorities and developing plans.

Mechanism	Description
Planning for Real	Consultation where participants place option cards on model to indicate their preferences. Following this smaller groups prioritise the options into 'now', 'soon' or 'later'. These are developed by groups into action plans.
Focus Groups	A group of 6-12 people brought together to discuss a pre-defined issue in depth. The purpose is to encourage frank discussions to elicit people's perceptions, feelings and opinions about the issue.
Citizens' Panel (or People's Panel)	A group of 500-2000 citizens who agree to take part in regular surveys. The panel is selected to be representative of the population. Approximately 1/3 of the panel is changed every year.
Questionnaire Survey	Can be conducted by post, email, internet, face-to-face or telephone. They can be self-completed or completed by the interviewer.
Action Research	Involves the simultaneous testing and evaluation of possible solutions. Service providers and users can explore difficulties in a collaborative way.
Priority Search	Uses focus groups and surveys, supported by specially developed software, to identify and rank needs and priorities.
Lay Advisors	Representative of groups with an interest in a given topic are invited to join a policy or strategy group. Usually involves attending meetings and providing input into the development of policy.
Community Fora	Ongoing groups established specifically for consultation and participations. Usually focused on a specific topic or service area.

Adapted from Webster [2006].

Table 3: Innovative Public Engagement Mechanisms

2.5 Contemporary Interpretations of Public Engagement

Current interpretations of public participation appear to embody the evolution of a concept that has been in existence for decades, albeit in a different and primitive form. The modernisation agenda of the current New Labour government has brought public participation to the heart of change and public service innovation *'which is addressed as much towards altering cultures and attitudes...as it is towards creating new opportunities for democratic participation'* (Lowndes *et al*, 2001:205). Contemporary thought and innovation in the area of public engagement, therefore, is inextricably linked to a raft of sweeping changes taking place in central and local government.

2.5.1 Local Governance and Community Planning

In its (1998) White Paper *Modern Local Government: In Touch With the People,* the current New Labour Government set out its objectives for making local government more responsive to the needs of communities by requiring that they develop Public Service Agreements (PSAs) and Service Delivery Agreements (SDAs) (Beetham *et al,* 2002) clearly outlining their responsibilities and service delivery targets. Central to the increased role for local government in pursuing Best Value for their communities, included the responsibility for achieving community involvement by developing mechanisms for engaging local people, with a focus on the use of innovative mechanisms (DTLR, 2001).

Local government has often led the way in innovation aimed at encouraging public participation (Lowndes, Pratchett & Stoker, 2001), a fact the government has readily publicised (House of Commons, 2001a). The Scottish Executive (March 2002) expressed a commitment to further strengthening of local governance and a desire for local authorities to have the flexibility to be responsive to needs as expressed by communities. The Local Government in Scotland Act (2003) issued guidance on participation in the Community Planning process.

The New Labour government has employed a completely different approach to local governance to any of its predecessors. At the core of its modernisation agenda is a stated desire to reinvigorate local democracy and address perceived public apathy and disinterest in local public services (DTLR, 1998). The drive to effect democratic renewal at the local level stems from a stated desire to *'provide councils with better political leadership, more effective electoral processes, more accountable decision-making and a greater capacity for consulting the public on key issues'* (Stoker, 2004:63).

Community Planning has been defined as 'comprehensive strategies for promoting the well-being of an area' (LGA, 1998, I). A summary of the main aims of Community Planning by the DETR (2000, p.6) described them as being designed to: '…allow local communities to articulate their aspirations, needs and priorities; co-ordinate the actions of the council, and of the public, private, voluntary and community organisations that operate locally; focus and shape existing and future activity of these organisations so that they effectively meet community needs and aspirations; and contribute to the achievement of sustainable development.' Although many of the activities associated with contemporary Community Planning were in existence in some shape or form as early as the 1960s, it was not until New Labour and its agenda of 'Modernising Government' (1997) that the impetus existed for Community Planning in its current form. In Scotland, the Community Planning Working Group (1998), established in July 1997 by the Secretary of State for Scotland and the Convention of Scottish Local Authorities (COSLA), defined Community Planning as *'any process through which a Council comes together with other organisations to plan, provide for or promote the wellbeing of the communities they serve'*.

2.5.2 Joined-Up Public Services

In the aftermath of the Compulsory Competitive Tendering (CCT) approach to the organisation and delivery of public services, the focus of the New Labour government's reform agenda on the achievement of 'Best Value' (Next Steps Report, 1997) resulted in the fragmentation of government functions and public services. The use of multi-agency, often multi-sectoral partnerships and collaborative agreements was designed to achieve co-ordination and integration across organisational and sectoral boundaries to enable functions to operate in a seamless or 'joined-up' way (DTLR, 1998). This multi-agency setting was designed to maximise the ability to address complex challenges that necessitate contributions from various sources, including the public. Secondly, the reality is that societal problems such as social inequalities and deprivation rarely adhere to the boundaries imposed by local government and 'joined up' services would allow for a comprehensive approach to addressing those (Perry *et al,* 2002), as agencies are able to work across geographical and sectoral boundaries.

The public being encouraged to participate via an increased role for local communities in designing and developing strategies for addressing local concerns, is central to the theme of joined up public services. The stated role of modern public engagement therefore, is to *'enable individuals, families and communities to find solutions to their own problems, provide resources and opportunities to help them do so and work with others to contribute to those solutions'* (DTLR, 2001: para. 2.9).

Although joining-up public services appears to be a 'common sense' approach to providing seamless public services, integration can provide huge challenges to services providers. For example, health, social and education services may have very different systems and organisational cultures, and although an issue such as child health and wellbeing cuts across all of their organisational boundaries, working together in a seamless way, while appearing to be an obvious solution, may actually be quite problematic. The same is true

of engaging the public in the multi-agency/partnership setting, a subject which is discussed in greater detail later on in the thesis.

2.6 Typologies of Public Participation

Participation covers a variety of concepts and a range of mechanisms and activities. Developing typologies assists in helping to develop frameworks for understanding participation, including levels and types of participatory activities. The earliest attempt to create a typology of public participation was by Arnstein (1971) who placed the various public participation activities into a hierarchy, visually represented as a ladder (Arnstein's Ladder). They ranged from manipulation of the public and tokenism at the bottom of the ladder, through information and consultation in the middle, to citizen empowerment and control, on the basic assumption that in practice, the importance was placed on using the most appropriate form of participation for the strategic objective. Barr et al (1997) presented another 'ladder' of participation (table 4), based on the previous attempts by Arnstein (1971) and Wilcox (1994), turning the ladder on its head so that tokenism was at the top and full public autonomy occupied the bottom, to demonstrate the shift of culture required achieve successful public participation.

Manipulation	Disempowerment of the public caused by participation that is merely illusory.
Information	Simply communicating what plan of action has already been decided, to the public.
Consultation	Offering participants options and allowing them to give feedback.
Deciding Together	Encouraging service users to communicate their views on the best course of action
Acting Together	Forming partnerships to implement decision taken collectively.
Supporting Independent Community Action	Supporting the community in carrying out its own plans of action.

Adapted from Barr *et al [* 1997]

Table 4: Ladder Typology of Public Participation

Burns et al (1994) presented two main critiques of Arnstein's Ladder. The first was that the rungs on the ladder were equidistant, therefore misrepresenting the reality of increasingly difficult progression up the ladder, the second being that central and local government agencies needed to specify the context within which participation would take place. They offered an alternative typology constructed of 'spheres' of citizen power: individual, neighbourhood, local government and national governance. Community involvement/ power could then be conceptualised through the interaction of these 'spheres'.

Himmelman (1996) viewed participation from the perspective of the inter-agency partnerships and collaboration, which characterise modern local government. He contended that participation took place within processes designed and controlled by larger institutions and were therefore inherently devoid of real community empowerment, as communities were denied the right to set agendas or control resources.

It is Lowndes (2001a), however, whose categorisation is based not only on the degree/level of participation (as opposed to Arnstein's (1971) for example but also attempts to reflect the ideological differences upon which various form of participation are predicated. She placed the numerous consultation techniques/mechanisms into the following categories:

Traditional	Those which have been traditionally used, particularly in local government, E.g. Public Meetings and Consultation Documents.
Consumerist	Customer oriented with the focus on service delivery E.g. Complaint/suggestion schemes.
Forums	Bring specialist interest or community sub-groups together at regular intervals on a long-term basis, E.g. Area forums/committees.
Consultative Innovations	Newer methods designed for consulting citizens on specific issues, E.g. Citizens' panels, Referenda and Interactive Websites
Deliberative Innovations	Deliberative processes which encourage citizens to reflect upon community issues, E.g. Citizens' Juries, Community Planning and Community Visioning.

Adapted from Lowndes [2001]

Table 5: Ideological Roots of Different Forms of Participation

2.6.1 Theoretical Considerations

The typologies presented in the previous section are useful tools for exploring and developing different ways of understanding participation. There are some considerations regarding the development of the different typological models. The first is that they have attempted to categorise levels and types of participation in terms of how much involvement actually takes place, using universal visual cues that are familiar to most people, as in the case of Arnstein (1971) and Barr et al (1997) with their respective 'ladder' typologies, and Burns et al (1994) with his overlapping 'spheres'.

The second is that the perspectives from which participation is viewed show gradual change over time, no doubt mirroring the ideological societal changes relating to the perceived role/significance of participation at that time. For example, Arnstein's ladder was hierarchical in nature, reflecting the dominant institutional frameworks during the 1970s, and the critiques of the (1971) ladder indicate that much of the rankings were speculative, based on assumptions relating to the appropriateness of certain forms of participation to matching strategic objectives.

The absence of any new models until the 1990s suggest that the hierarchical conditions reflected in Arnstein's typology remained unchanged through the 1980s. Burns *et al's* (1994) 'spheres' reflected the beginning of a shift in the dominant thinking about citizen power, occurring gradually during the years of Conservative government; such consumerist ideas/developments as 'citizen choice' and the Citizens' Charter, and 'governance', as opposed to 'government'.

Himmelman's (1996) typology again represented a shift towards partnerships and collaborative agreements in modern local government reform but also indicated that although participation took place, it was still overly constrained by existing institutional frameworks and agendas. Barr's (1997) ladder turned Arnstein's ranking on its head, postulating that gradual top-down institutional change was needed to realise the more positive changes at the

bottom of the ladder. Finally, Lowndes's (2001a) model went further than simply categorising levels and types of participatory activities to place them into eras, from 'traditional' through to 'consultative' and 'deliberative' innovations, demonstrating that a significant shift had already taken place between 1997 and 2002 (ODPM, 2002), a relatively short time-span, commensurate with the New Labour government's reform agenda.

The third is that the previous typologies and models appear to take a piecemeal approach, focusing on specific aspects of participation. It could be argued that there is a need for a new model that reflects the scope of contemporary public engagement while also providing a useful framework for further theoretical development.

1.7 The Scope of This Research: Four Dominant Themes as Sensitising Concepts

Currently, there is a dearth of research and literature in the area of contemporary public engagement, owing to its association with the current Modernisation Agenda of the New Labour government. Thus, in attempting to conduct research in this area, it is necessary to delineate its scope. Sensitising concepts are often used in inductive research for this purpose.

Blumer (1954:7) first used this term (sensitising concepts) in order to draw a distinction between a definitive concept, which *'refers precisely to what is common to a class of objects, by the aid of a clear definition in terms of attributes or fixed benchmarks'* and a sensitising concept, which *'lacks such specification or benchmarks'* but rather *'gives the user a general sense of reference and guidance in approaching empirical instances. Whereas definitive concepts provide prescriptions of what to see, sensitising concepts merely suggest directions in which to look'*. The rationales behind contemporary public engagement in terms of what it is expected to achieve and the contexts within which it is expected to do so, indicate the emergence of four sensitizing concepts in the form of

emerging dominant themes, that may be useful in guiding the empirical aspect of this study.

The first relates to democracy, more specifically democratic 'renewal', which seeks to address modern challenges to the legitimacy of the traditional electoral process e.g. increasing public apathy towards/disengagement from politics and the democratic process. Contemporary public engagement has been presented as playing a central role in New Labour's agenda for renewing local democracy as part of an increased role for local government in addressing modern challenges. The New Labour government operates from a new concept of 'active' citizenship based on 'rights and responsibilities', and aimed at developing 'civic character' in local communities. Public engagement mechanisms are seen as additional avenues for expressing democratic will and providing opportunities for citizens to become more involved in the civic affairs of their local area.

The second relates to a stated desire to achieve institutional change in the public sector. New Labour's modernisation agenda aims to design public services that are responsive to the needs of local communities. This implies that the traditional approach is being viewed as no longer able to meet the diverse needs of different communities and therefore requiring fundamental changes to the institutional structures, rules and norms that governed the provision of public services prior to New Right critiques. The intention behind the changes appears to be that local governments and public services should develop the capacity (e.g. institutional flexibility) to respond local needs. In order to achieve this, they would need to engage local communities and be accessible (implying a higher degree of closeness and transparency) to them in a way that they have not previously been.

The third relates to public management reform. As noted earlier, in its attempt to achieve public services that are not only responsive to the needs of local communities, but also efficient and cost effective, the New Labour government has made it a legal requirement for public services engage local communities. Public managers are expected to make engaging the public a key aspect of their role and to view local communities as partners. Information gained from public engagement is expected to influence managerial decision-making and managers are expected to be more transparent and accountable to local communities for their decisions.

The fourth relates to empowerment of local communities. This has two strands. The first is associated with a new concept of 'active citizenship' based on 'rights and responsibilities' (Local Government in Scotland Act, 2003). In order to achieve this, it is intended that public participation will develop civic capacity in local communities, with the aim of enabling them to take ownership of the development (and in many cases, the regeneration) of their area. The second relates to the a new, more influential role for the public and local communities as stakeholders, and more recently, partners in the design and delivery of public services in response to local needs. This is explicitly intended to be a different, more equitable relationship to any that has previously existed between public services and local communities. Table 6 illustrates these themes as sensitising concepts.

Sensitizing Concept	Enhancing Local Democracy	Institutional Change	Public Management	Empowerment of Local Communities
Conceptual Level	• Addressing democratic deficit	• Driver for institutional change	• Tool for managerial decision making	• Empowering local communities
	• Enhancing/renewing local democracy	• Changing the historical nature of the relationship between service providers and users	• Opportunity to articulate the needs of local communities	• Rebalancing of power relationship between local communities and service providers
	• Introducing a new concept of 'active' citizenship		• Involving local communities in creating responsive public services	• Communities as partners rather than just recipients of public services
Operational Level	• Mechanisms for democratic engagement outside of traditional voting	• Formal institutional arrangements relating to engaging service users	• Selecting, funding, organising and administering engagement mechanisms	• Understanding the effect of power dynamics between service providers and their public partners on engagement
	• Issues around representation and 'hard to reach' groups	• Informal rules governing the institutional approach to engagement	• Collecting, analysing data	• Ability of engagement mechanisms to develop civic capacity
			• Use of the data gained from mechanisms (rhetoric and reality) in decision-making	• Ability of local communities to take ownership of local services via engagement

Table 6: Sensitizing Concepts: Framing the Research

2.6.2 Minding the Gap

There are a few pertinent observations to be made about what the background literature covers, particularly with regard to identifying where this study is likely to be able to make a significant contribution to existing knowledge. They are addressed here in consecutive order, beginning with observations relating to what the literature tells us about contemporary public participation, followed by observations relating to what it does not and explicitly identifying the gap this study is intended to address.

It is notable that while contemporary public engagement clearly demonstrates the continuation of a trend from traditional mechanisms (giving information only), through consumerism and the Citizen's charter (information and choice) to contemporary ideas about engagement (partnership between local communities and service providers), it also represents a distinct departure from previous iterations. This is particularly evident in the four themes identified in the previous section, which taken together, indicate the existence of a sweeping and ambitious programme of reforms in relation to what contemporary public engagement is intended to achieve.

The second observation that can be made is that there have been attempts to develop conceptual models in order to typify and explain participation. These have focused alternately on levels of participation (Arnstein, 1971; Barr et al, 1997), understanding the local government context (Himmelman, 1996) and the historical progression from 'traditional' to 'deliberative' innovations, connecting it to the shifting political ideological landscape (Lowndes, 2001a).

Alternatively, there are significant observations regarding what is not covered in the existing body of knowledge. The most obvious is that previous research and theory development has tended to take a piecemeal approach to understanding and typifying public participation by focusing on specific and differing aspects of participation. This is not unusual, since focusing on one aspect of a phenomenon can be extremely useful in contributing to a better understanding of it. However, the historically piecemeal approach to research associated with public participation, and notably in the area of contemporary public engagement (most likely owing to its novelty) currently makes it difficult to fully understand this phenomenon without taking all major aspects of it into account.

Another observation is that the four dominant themes are unlikely to operate in complete isolation from one another. It is not inconceivable that they may have significant areas of overlap or ways in which the different aspects influence each other. This project aims to collect and analyse qualitative data in an attempt to understand how Scottish public services are responding to the obligations placed upon them by the legislation and what that can tell us about the way that these themes may operate in practice. Using the four dominant themes in this way to frame the study will allow this research to take a more holistic approach to studying contemporary public engagement. This will provide an opportunity to contribute important new insights to existing knowledge at both the conceptual and applied levels.

2.7 Conclusion

This chapter explored the historical and conceptual background to contemporary public engagement. Whereas previous attempts to typify or conceptualise public engagement have focused on levels and types of engagement activities, approaches to understanding contemporary public engagement have thus far tended to focus on the 'democratic renewal' aspect and the potential of local government to achieve it. However, it is evident, particularly from the four dominant themes (Democratic renewal, institutional change, public management and empowerment) identified, that it is much broader and more complex than is currently recognised by the literature and research. The methodology for this study will be outlined and discussed in Chapter 3.

Chapter 3

Methodology (Part I)

3.1 Introduction

The ultimate goal of research, regardless of the surrounding circumstances, should be to increase an existing body of knowledge. It can do that in three ways. The first is by exploring a phenomenon to gain new insights and provide an opportunity to examine it from a different perspective (Robson, 2002). The second is by seeking to explain and clarify relationships between variables and the third is to systematically and accurately describe situations or events (Saunders, Lewis and Thornhill, 2007). These goals are by no means mutually exclusive and a research project may contain a combination of them.

The research, whether modest or ambitious, should be valuable and its value judgment based on its legitimacy. The legitimacy of any piece of research must certainly be based on its reliability and validity and to successfully conduct reliable and therefore valid research, a number of criteria must be satisfied.

This chapter will explore those considerations and demonstrate how they will be used to ensure the legitimacy of the research undertaken for this project, in addition to providing the basis for the research methods outlined in the next chapter. Firstly, there will be a critical discussion of the main research paradigms associated with social science research. Secondly, the research design for this project will be outlined. The final section will discuss the mechanisms used to minimise bias and ensure the reliability and validity of the findings.

3.1 Philosophical Considerations on the Nature of Research

Regardless of immediate reasons for research projects, there are philosophical considerations that must take place at the outset. Saunders, Lewis and Thornhill (2007) defined research philosophy as the development of the research background, research knowledge and its nature. It should be ontological, *'concerning the essence of the*

phenomena under question' (Burrell & Morgan, 1979:1), epistemological, concerning how we determine *'what does or does not constitute warranted, or scientific knowledge'* (Johnson & Duberley, 2000) and methodological, concerning which methods should be used to collect and analyse data.

The importance of these considerations cannot be overestimated as they influence the research design, how the research will be approached and what methods will be chosen to find answers to the research questions. In addition to the aforementioned reasons, Easterby-Smith *et al* (1993) include helping the researcher to determine which research designs will or will not work for their specific study and give her/him the confidence to be creative in designing their research.

Research philosophies present differing ontological views about the nature of reality and exist at different stages along a continuum (Fig. 4.1) between 'Subjectivist' and 'Objectivist' approaches, which are discrete and mutually exclusive (Burrell and Morgan, 1979). The 'Subjective' vs. 'Objective' debate or 'subject object dualism' represents the basic questions faced by researchers in the social sciences regarding the nature of the phenomena being investigated; *'...whether the 'reality' to be investigated is external to the individual – imposing itself on the individual consciousness from without – or the product of individual consciousness; whether 'reality' is of an 'objective' nature, or the product of individual cognition, whether 'reality' is a given 'out there' in the world, or the product of one's own mind'* (ibid.:1).

Such ontological considerations underpin epistemological assumptions about what constitutes real knowledge or what is 'true' or 'false' and how this knowledge is communicated to others; *' ...whether, for example, it is possible to identify and communicate the nature of knowledge as being hard, real and capable of being transmitted in tangible form, or whether 'knowledge' is of a softer, more subjective,*

spiritual or even transcendental kind, based on experience and insight of a unique and essentially personal nature' (ibid.:1-2).

3.1.1 Research Paradigms and Methodological Considerations

There are two main philosophical schools of thought or paradigms relating to research methodology and they are 'Positivism' and 'Phenomenology' (Easterby-Smith *et al,* 1993). 'Positivism' is the belief that the social world is constructed of set parameters that are measurable using objective rather than subjective methods, with the assumption that all reality is objective in nature and only knowledge gained from observed facts is real (ibid.). For Cassell and Symon (1995:2), this *'objective truth existing in the world can be revealed through the scientific method where the focus is on measuring relationships between variables systematically and statistically'*. Bryman (2004:11) outlined five principles (Table 7) which he saw as comprising Positivism, defining it as *' ...an epistemological position that advocates the application of the methods of the natural sciences to the study of social reality and beyond'* but also taking into account its different meanings to different authors.

Principle	Assumptions
Phenomenalism	Only phenomena and knowledge gained from the senses is genuine knowledge.
Deductivism	The purpose of theory is to generate hypotheses which can be tested and therefore yield an explanation of laws.
Inductivism	Laws based on knowledge derived from the gathering of facts.
Objective	Science must be conducted in a value-free way.

Adapted from Bryman [2004:11]

Table 7: Principles and Assumptions of Positivism

Alternatively, 'Phenomenology' assumes that the world is socially constructed, understood subjectively and based on individual experiences, as opposed to objective. There can therefore be multiple realities or interpretations of any given situation (Remenyi *et al,* 1998). There is a slight leaning towards the phenomenological paradigm in organisational research (Rosenthal and Rosnow, 1991). Easterby-Srnith *et al* (1993:27) summarised the key features of both Positivism and Phenomenology, which can be viewed in table 8 below.

	Positivist Paradigm	**Phenomenological Paradigm**
Basic Beliefs:	• The world is external and objective. Observer is independent. • Science is value-free.	• The world is socially constructed and subjective. • Observer is part of what is observed. Science is driven by human
Researcher Should:	• Focus on facts. • Look for causality and fundamental laws. • Reduce phenomena to simplest elements. • Formulate hypotheses and then test them.	• Focus on meanings. • Try to understand what is happening. • Look at the totality of each situation. Develop ideas through induction from data.
Preferred Methods Include:	• Operationalising concepts so that they can be measured. • Taking large samples.	• Using multiple methods to establish different views of phenomena. • Small samples investigated in depth or over time.

Table 8: Key Features of Positivist and Phenomenological Paradigms

Each paradigm has core strengths and weaknesses. For Positivism, the core strengths are the speed and economy of use, as well as the ability to be used for a broad range of situations and produce statistics that are generalisable ((Easterby-Smith *et al,* 1993). The main weaknesses are that the reduction of variables to the lowest common factors, means that the results may not always be applicable in the real world (Remenyi *et al,* 1998).

For phenomenology, the main strengths are that it allows for investigation of more complex situations, as it takes into account not only the variables studied but also the context in which they are studied (ibid.). The main disadvantages of phenomenology are difficulty with generalisability and replicating results, as well as the time consuming and resource-intensive nature of qualitative data collection ((Easterby-Smith *et al,*1993).

3.2 Methodological Design

Approaches to research can be generally classified as either deductive or inductive (ibid.). Deductive approaches are associated with a 'positivist' or 'functionalist' philosophical paradigm, which is similar to that used in the natural sciences. The world is viewed as external and objective to the researcher and the researcher is therefore seen as maintaining independence from their research. As opposed to the inductive approach, presuppositions are made and phenomena are reduced to the simplest elements. Hypotheses/ abstract theories are developed, which are then tested, usually in a controlled way. The data generated are presentable in numerical form.

Deductive methods are also referred to as 'scientific' methods (Ticehurst & Veal, 2000), although what constitutes a scientific method is highly debatable. Organisations have also traditionally regarded quantitative data as being more 'accurate', 'real' or 'true' but Cassell & Symon (1995) offer the suggestion that this trend may be changing, based on their recent experiences with organisations, which are increasingly requesting detailed qualitative data on the conviction that it would be more informative.

Alternatively, Qualitative methods share an inductive orientation, which is exploratory, descriptive and interpretative, and is usually associated with a

'critical interpretive' or 'phenomenological' philosophical paradigm, which views the world as inherently subjective and socially constructed, with no true reality in existence outside of individual and collective perception (Ticehurst & Veal, 2000). The researcher attempts to interpret a given social situation without imposing pre-existing expectations, e.g. a hypothesis, but rather by posing questions, exploring issues in great depth and searching for emerging patterns, from which grounded theory can be constructed (Patton, 1987). They are context-specific, paying particular attention to the unique organisational characteristics and setting in which research is being conducted.

Consequently, their use is associated with a rich data stream, which is generally not presentable in quantitative form but in words and images (Cassell & Symon, 1995). Bryman (1988:46), defines qualitative research as: *'an approach to the study of the social world which seeks to describe and analyse the culture and behaviour of humans and their groups from the point of view of those being studied'.*

There are researchers represented along the entire continuum between extreme Postivism and extreme Phenomenology, in terms of where they see themselves. However, in terms of the methods used to answer their research questions, the distinction is less clear. For example, although Pugh (1983) described himself as an 'unreconstructed Positivist', he later admitted to using case studies to achieve a better understanding of their internal operations (1988).

Alternately, Dalton (1959), a proponent of the phenomenological approach, when describing his pioneering study of management practice, clearly outlined his reasons why the positivist or 'scientific' method' of hypothesis, observation, testing and proving/disproving of the hypothesis was not applicable, which was the fear that meaning could be sacrificed. He later admitted collecting some quantitative data as well,

to help gain a clearer picture of what was happening (Easterby-Smith *et al,* 1993). This demonstrates the flexibility that is available to researchers.

3.2.1 The Design of This Project

Marshall and Rossman (2006) divided research questions into four types - exploratory, explanatory, descriptive and emancipatory. This research is both exploratory and explanatory. It aims to explore and explain contemporary public engagement under the New Labour Modernisation Agenda. The insufficiency of current literature to address the scope and complexities of engaging the public as partners in the design of public services has highlighted the need for research and conceptual development in this area.

Research design, regardless of the specific type of empirical research being undertaken, is 'the logical sequence that connects the empirical data to a study's initial research questions and, ultimately, to its conclusions' (Yin, 2003:26). The exploratory aspect of this research seeks to uncover what is happening in terms of public engagement practice, while the explanatory aspect seeks to explain how and why events are occurring as they are. In so doing, the project aims to further the development of theory.

Contemporary public engagement takes place in the public service setting, which is characterised by political interference/oversight and increasingly complex organisational arrangements, such as inter-sectoral partnerships. This project aims to explore and explain it within this context. The four dominant themes identified in Chapter 2 (Democracy, Institutional Change, Public Management and Empowering Local Communities) provide a useful, logical framework to focus the research, and to assist in the collection and analysis of the data.

3.2.1.1 Selecting the Research Strategy and Methods

As mentioned in the previous section, this research is focused on the *'what'*, *'how'* and *'why'* of contemporary public engagement. 'What', *'how'* and *'why'* questions, are associated with an inductive paradigm, which leads to the use of methods such as case studies, histories and experiments (exploratory and explanatory). Alternately, *'how much'*/ *'how many'*, *'who'* and *'where'* questions are associated with a deductive paradigm and lead to the use of methods such as surveys and analysing archival data (Yin, 2003:9).

It is clear therefore, that research methods associated with an inductive paradigm would be appropriate for this project. When deciding which would be most suitable, it is important to use methods that will enable the collection of the type/s of data that, when collected and analysed systematically, will address the research questions and enable the derivation of concepts (Corbin and Strauss, 2008). The questions themselves should *'lead the researcher into the data where the issues and problems important to the persons, organisations, groups, and communities under investigation can be explored'* (ibid. p. 25).

Given the complexities associated with the provision of public services, case study research would be an appropriate means of exploring contemporary public engagement in this setting. Case studies are a research strategy generally associated with qualitative research, although Yin (2003) identified both qualitative and quantitative approaches. They are characterised by the investigation of a 'bounded system' or 'case' where systematic collection of data from multiple sources such as interviews, documents, reports direct or participant observations and archival records among others (Creswell, 2007:73; Saunders, Lewis and Thornhill, 2007) are used by a researcher to understand and explain a phenomenon and processes related to it as it occurs in its real-life context (Cassel and Symon, 1994; Yin, 2003).

Yin (2003:47-60) outlined rationales for both single and multiple case study designs. He gave five rationales or circumstances in which single case studies were appropriate, noting that the same conditions in which single experiments were justifiable also justify using a single case study. The first rationale is the *'critical case'* where the study is used to test a well formulated theory, with a clear set of propositions and the circumstances in which they hold true. A single case can then be used to test the accuracy of the theory's propositions and propose alternative ones if necessary. The second rationale is where a case represents either an *'extreme' or 'unique'* case. This is more commonly used in clinical research where a case may be so rare that it advances knowledge by being documented and analysed.

The third rationale is the *'typical' or 'representative'* case. This type of case study is used to enable the researcher to capture processes, circumstances, procedures and conditions that represent a commonplace situation. The case chosen is considered representative of the typical case, whether it is organisations in the same industry, service sector or other groupings based on similarity, and it is assumed that the findings can then be considered the experience of the average case within that group. The fourth rationale is the *'revelatory'* case. It can be used when circumstances present the researcher with the opportunity to explore an area or phenomenon which has been previously inaccessible to social science research. The fifth and final rationale is the *'longitudinal'* study, where the aim is to observe a single case at specified intervals in order to identify and map changes over time.

Multiple case study design is used when a study contains more than one case. They are used in comparative research. While multiple case studies are often considered to be more robust, as they provide opportunities for either literal or theoretical replication, Yin (ibid.) noted that they are usually unable to satisfy the rationales for single case

designs. He also noted that multiple case study designs are resource intensive, often well beyond the means of students or independent researchers.

This study employs a single-case design based on Yin's '*typical'* or *'representative'* case. The case selected, the Clackmannanshire Community Health Partnership (CHP) is considered to be a typical Scottish local public service partnership and is therefore used in this study as a representative case. Scotland has a land mass of approximately 30,420 square miles and a population of approximately five million, with an average population density of approximately 166 people per square mile.[1] The population is widely dispersed with the highest density concentrated in the three major cities of Edinburgh, Glasgow and Aberdeen. The Clackmannanshire CHP, for reasons of geographic location, the availability of an uncommon degree of access (once confidentiality of sources was assured) to this CHP at a critical stage in its development, and resource limitations, presented the best opportunity to investigate contemporary public engagement in the current context.

Case study researchers tend to use a combination of methods, some of which are deliberate, (such as interviews) and some of which are opportunistic (such as informal conversations), primarily to enable triangulation and improve the validity of the research (Cassel and Symon, 1994). Table 8 below by Yin (2009:102) summarises the six sources of evidence available to case study researchers, and the strengths and weaknesses of each.

[1] http://www.scotlandinfo.eu/scotland-facts-figures.html

Sources of Evidence	Strengths	Weaknesses
Documentation	• Stable - can be reviewed repeatedly • Unobtrusive - not created as a result of the case study • Exact - contains exact names, references and details of events • Broad coverage - long span of time, many events and many settings	• Retrievability - can be difficult to find • Biased selectivity, if collection is incomplete • Reporting bias - reflects (Unknown) bias of author • Access - may be deliberately withheld
Archival Records	• Same as those of documentation • precise and usually quantitative	• Same as those for documentation • Accessibility due to privacy reasons
Interviews	• Targeted - focused directly on case study topic • Insightful - provides perceived causal inferences and explanations	• Bias due to poorly articulated questions • Response bias • Inaccurate due to poor recall • Reflexivity - interviewee gives what interviewer wants to hear
Direct Observations	• Reality - covers events in real time • Contextual - covers context of the case	• Time consuming • Selectivity - broad coverage difficult without a team of observers • Reflexivity - event may proceed differently because it is being observed • Cost - hours needed by human observers
Participant Observation	• Same as for direct observation • Insightful into interpersonal behaviour and motives	• Same as above for direct observations • Bias due to participant - observers manipulation of events
Physical Artifacts	• Insightful into cultural features • Insightful into technical operations	• Selectivity • Availability

Source: Adapted from Yin (2009)

Table 8: Six Sources of Evidence- Strengths and Weaknesses

The methods of data collection used in this project were semi-structured interviews, a focus group, analysis of relevant documentation and participant observations. Interviews were selected because compared to other methods, such as questionnaires, they tend to achieve a higher response rate, as managers are more likely to agree to be interviewed than spend time completing a questionnaire (Saunders, Lewis and Thornhill, 2007). Types of interview range from structured, through, semi-structured to unstructured. While structured interviews use a standardised set of predetermined questions administered by

the researcher, in semi-structured interviews the researcher has some flexibility to ask follow-up questions and to use slight variations depending on the expertise/role of the interviewee in relation to the phenomenon being investigated. Unstructured interviews are informal and questions are not predetermined but allowed to develop as the interview progresses (May, 2001; Saunders, Lewis and Thornhill, 2007; Bryman and Bell, 2007).

The ability (particularly when using semi-structured interviews) to ask follow up questions and/or seek further clarification of answers, presents the researcher with a greater degree of contextual data from the experiences and opinions of participants (May, 2001). Similarly, focus groups allow the researcher to interview a group of people at once, taking on the role of moderator/facilitator to encourage discussion, keep the group on topic and ensure that all participants are able to contribute (May, 2001; Saunders, Lewis and Thornhill, 2007). In the case of contemporary public engagement in the public service setting, the questions and issues surrounding it reflect the contextual complexities of the public sector and therefore, it is necessary to acquire a variety of perspectives, including that of those being 'engaged'. This also provides opportunities for ensuring the reliability of data by cross-checking responses.

In any type of interviewing, the researcher faces a range of challenges. These include identifying the correct interviewee/s, developing the most appropriate questions, selecting a convenient time and location, using effective interview technique, recording and transcribing interview data, and acknowledging and minimising the risk of (interviewer) bias inherent in using interviews (Creswell, 2003; 2007).

The collection and analysis of relevant documents are an important feature of data collection in any case study and their most important use is as a means of supplementing and corroborating information from other sources (Yin, 2003). Yin (ibid.) also notes, however, that it is important for the researcher to remember that documents being

analysed were produced for a purpose and audience other than their case study and they should therefore not assume that all documents contain the unadulterated truth. Silverman (2005) also cautioned that while researchers should initially explore different kinds of documentary data, they must limit the body of documentary data being used so that detailed analysis can be conducted more effectively. The Clackmannanshire CHP produced a high volume of documents from the outset and it was necessary to restrict the selection of documents used to those that were most closely related to the objectives of this research.

Being able to directly observe the phenomenon under investigation assists the researcher in gaining valuable supplementary data. The researcher can either observe passively, as a participant in the proceedings or a mix of both. Creswell (2007) noted that the types of challenges involved in acquiring observational data are directly linked to the role assumed by the observer. Although participant observation is most frequently associated with anthropological research, it is also useful in organisational research (Yin, 2003; Bryman and Bell, 2007).

The main advantages of participant observation (increasingly referred to as 'ethnography' in organisational research) are that it allows the researcher an uncommon degree of access to the inner workings of an organisation or group, with the opportunity (and permission) to observe procedures and behaviour, ask questions and collect documents (Bryman and Bell, 2007). It requires a high level of trust to be placed in the researcher by those being observed. The main challenges are also associated with the degree of closeness of the researcher to the events and people being observed. The risk of observer bias increases in proportion to the level of involvement/closeness of the researcher to the phenomenon under investigation, making participant

observers/ethnographers particularly vulnerable to it. Maintaining the balance of observing to participating is another potential challenge.

In the case of the Clackmannanshire CHP, the researcher's participant role was as a Knowledge Transfer Partnership (KTP) Associate on a project team developing an Evaluation mechanism for the Forth Valley CHPs. It was therefore a role that involved the researcher as an external (non-CHP) participant and provided (with prior permission to collect data for this project) uncommon access to the inner workings of the Clackmannanshire CHP as it was in the process of developing and implementing its public engagement strategy.

Qualitative methods require physical access, that is, an ability to get close to the object of study. Issues of intrusiveness, confidentiality, and consequently trust (Darlington & Scott, 2002) associated with use of these methods also feature here. Although potential problems associated with gaining access are many, once access has been achieved, qualitative methods are able to produce the 'rich' data streams that distinguish them from quantitative methods. The observational data in this research was acquired from attendance at Clackmannanshire CHP Committee meetings over the course of 12 months. Committee meetings were held every two months.

3.2.1.2 Coding and Analysis of the Data

One of the most important steps in qualitative research is coding and analysis of the data. The existence of various strategies to deal with the analysis of the data collected reflects the variety of approaches to qualitative research (Miles and Huberman, 1994; Coffey and Atkinson, 1996). Saunders, Lewis and Thornhill (2007) observed that there is no standardised approach to the analysis of qualitative data, with some approaches being highly structured and formalised, and others less so, relying more heavily on the interpretation of the researcher. They did, however, identify four main activities involved

in qualitative data analysis. The first is 'categorisation', which allows the researcher to classify data into meaningful categories in order to integrate data drawn from different sources. The second is 'unitizing' of data, in which a unit (which can be words, sentences, paragraphs or other segment of textual data) is attached to the category/ies in which it best fits (p.479-480). These two initial processes are therefore associated with the coding of data. This enables the researcher to sort and categorise the data to facilitate its synthesization so that relationships and concepts can then be drawn from it.

The process of coding begins with 'open coding' (Straus and Corbin, 2008), so called because its function is to 'open up' the data so that the researcher can understand what the raw data are 'saying'. The researcher is then able to attach a construct or category. However, in the open coding process it is normal for constructs to be descriptive because it is looking at what has actually occurred (interview responses, relevant parts of documents, participant observations). The next step involves 'axial coding' (Bryman and Burgess, 1994). In this stage of the coding process, the aim is to develop connections between categories. This leads to the third and fourth activities involved in qualitative data analysis, which are recognising relationships between categories and generating theory/ies (Saunders, Lewis and Thornhill, 2007).

Recognising relationships involves generating a more hierarchical approach to categorising the data that allows relationships between categories to emerge more clearly to directly address the research questions. This then leads to the final stage, which is theory generation/development. Theory generation/development involves generating higher level concepts, which either confirm existing theory or offers an alternate explanation which can lead to the generation of a new theory.

In this research, thematic coding and analysis were used in combination with the Constant Comparative Method to analyse the data. The process is explained in detail in

Chapter 3 Part II. Braun and Clarke (2006:82) describe a theme in qualitative analysis as something that: 'captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set'. The Constant Comparative Method (Glaser and Straus, 1967, 2008; Glaser, 1999), constantly compares new data as it is collected, with previously collected data, identifying themes as they emerged and comparing between data exhaustively until a saturation point is reached, where the same themes/patterns keep recurring, making further analysis redundant.

3.3 Reliability & Validity

The value of research is heavily dependent on its integrity, much of which relies on it being objective. Achieving objectivity is a key concern in the social sciences because of the inherent difficulties associated with research in which the researcher may interact with a high degree of intensity and often for long periods of time with the subjects of their research. Indeed, it is impossible for social science researchers to exist independently of the subjects of their research (Sayer,1992).

. . Before a researcher ever begins to collect and analyse data, they are already in possession of a particular ontological view of the world based on assumptions about it and the way they relate to it. The influence of our ontological world view on our epistemology (Burrell and Morgan, 1979) or our ideas about how we can investigate and understand the world is automatic. Social science researchers, therefore, need to be aware of the influence of their own world view and take action to minimise its influence on their research (Gummesson, 1991).

Lee (1999) argued that 'reliability' and 'validity' are universally accepted as being critical to the evaluation of research across the social sciences. He further argued

that although they are important throughout management research, there is 'a real dichotomy' (p.145) between how they are applied by qualitative and quantitative researchers. Because qualitative methods, more so than quantitative, present numerous potential opportunities for bias to enter, the question of reliability and validity are pertinent ones.

In Hammersley's (1992) view, reliability is measurable based on the consistency of assigning similar instances to the same predetermined category by either the same or different observers at different times. In other words, if two or more researchers achieve approximately the same results from studying the same phenomenon, their results can be interpreted as reliable (Gummesson, 2000). Reliability and validity are determined by how the techniques are applied, and the consistency of the method of data analysis and interpretation used. Indeed, Yin (2003) argued that the aim of reliability in a study is precisely to ensure that another researcher conducting the same case study using the same methods and following the same procedures should be able to replicate the results.

Bryman and Bell (2007) however, argued that such a criterion can be difficult to achieve in qualitative research, not least because the phenomenon being studied is in a particular social context, with circumstances that do not remain static. This means that a case study may not be exactly replicable, or necessarily intended to be, as it is a representation of reality at the time it was done (Marshall and Rossman, 1999).

Criticisms of the reliability of qualitative data focus on the subjective nature of the data itself, as well as the interpretation of the data by the researcher. Smith & Dainty (1991) identified the danger of subjectivity as stemming from a concern that the values of the researchers could distort or contaminate the findings. Gummesson (1991:4)

rebutted this criticism by returning once again to the unique perspective of organisational processes which they afford: *'You could not, for example, have understood life in big American corporations in the 1980s without knowledge of the impact of corporate raiders, hostile take-overs, junk bonds and leveraged buyouts'*.

Yin (2003) identified three aspects of a study in which validity can be considered: Construct validity, Internal validity and External validity. Construct validity is concerned with establishing what the correct operational measures and most relevant sources of data are for investigating a given phenomenon. Yin (ibid.) argued that using multiple sources of evidence is one of the strategies researchers can use to increase construct validity. Saunders, Lewis and Thornhill (2007) argued that it is possible to achieve a high level of validity in qualitative studies based on semi-structured or unstructured interviews, since validity in such cases is determined by the extent to which the researcher is able to achieve access to the experience and knowledge of the participants and infer the intended meaning from the language used to communicate. Semi-structured and unstructured interviews allow adaptable interaction between the interviewer and interviewee/s, providing opportunities to ask follow-up questions during the interview in order to clarify any ambiguities explore issues in more detail or identify ones for future investigation.

Internal validity relates to the extent to which the theoretical ideas developed by the researcher correspond to their empirical data (Bryman and Bell, 2007). The method of data analysis and the rigour with which it is applied to the data will determine the level of internal validity. For example, using strategies such as explanation building, logical models and addressing rival explanations are all likely to improve internal validity (Yin, 2003).

External validity refers to the degree to which the results of research are generalisable. The main criticism of case study research is that its focus on a specific context makes the results difficult to generalise (Woodside and Wilson, 2003). Cassel and Symon (1994) however, argued that the same criticism could equally apply to quantitative research, particularly if the sample is small or atypical. They argued that qualitative studies aim to develop theoretical propositions about specific phenomena, rather than focusing on the how many, how much and how often, type of generalisation sought from quantitative studies.

Gummesson (2000) also drew this distinction , arguing that the type of generalisation sought from quantitative research is simply one type of generalisation, different to the type sought from qualitative research, later referred to by Yin (2003) as statistical generalisation (quantitative) and analytical generalisation (qualitative). Bryman (1988) noted that qualitative researchers generally attempt to offset criticisms of the validity and reliability of their work by keeping meticulous records of each stage in the research process.

3.4 Minimising Bias

Regardless of the research strategy and methods used, it is possible for bias to occur. Indeed, it could be considered an inevitable feature of research. However, in case study research, the risk of bias is higher and more difficult, though not impossible, to overcome (Yin, 2003). Bias can enter the research process from a variety of sources and at different stages. It is crucial that the researcher is aware of and vigilant regarding sources of bias such as herself/himself, interviewee bias and selection bias, as it related to selecting interviewees or cases (Saunders, Lewis and Thornhill, 2007).

There are strategies available to case study researchers to help identify and reduce bias at every stage of the process. Triangulation is one of the most commonly employed. Saunders, Lewis and Thornhill (2007) define triangulation as the utilisation of different forms of data within one research project, the aim being to make certain that what is being inferred from the data accurately reflects it. Yin (2003) argued that triangulation, achieved by using evidence from a variety of sources was a useful strategy that enables the researcher to both check and confirm the perceptions and insights of respondents, as well as search for contradicting evidence. Other strategies include carefully checking constructs and theories against evidence from a variety of sources and enlisting other researchers, colleagues, etc. who are not involved in the project, in that process (Cassell and Symon, 1994).

3.5 Addressing Reliability, Validity and Bias in This Project

In order to ensure reliability and validity, meticulous records have been kept of every stage in the research process. The entire research process is also described in detail in part II of the Methodology, entitled 'Carrying Out The Research'.

This research ensured a high level of construct validity by, using research methods that were appropriate to the aims and objectives of the project and by using multiple sources of evidence to check the reliability and validity of the inferences drawn. Care was also taken to ensure that the methods used were executed to a high standard and this involved ongoing research training and regular peer review.

The main strategy used to achieve internal validity was triangulation and constant cross-checking of data collected from a variety of sources. In this project, semi-structured interviews were conducted with a range of key stakeholders in the CHP. A

focus group was also held to gauge the views of members of the CHP's public forum (PPF) from the perspective of members of the public being engaged by the CHP. An analysis of key CHP documents was also undertaken as well as ongoing observation for the duration of the case study.

In terms of external validity (generalisability), as was discussed earlier, case study research projects such as this one are conducted in very specific contexts that may be difficult, if not impossible to reproduce exactly, making it difficult to draw statistical (quantitative) generalisations. However, since the aim of this project was generating theory, the external validity of this work hinges on analytical (qualitative) generalisation. All specifics relating to sources of data, how they were selected and data collected, as well as how data has been analysed and theoretical propositions derived from them, have been clearly outlined and referenced so that they can be externally verified.

A number of steps have been taken to reduce potential sources of bias in this project. Attendance at topical research methods workshops run by the Stirling Graduate Research School enabled the researcher to acquire and continuously improve research skills, including those associated with effectively identifying and addressing potential sources of bias. The project was also subjected to regular peer review by academic supervisors at regular intervals, as well as other academics at PhD student presentation days, doctoral symposia and academic conferences. In addition, the project was subject to an official annual progress review.

3.6 Conclusion

This chapter has outlined the methodology used for this research. Firstly it discussed the main philosophical paradigms associated with research, outlining their defining features. Secondly, it discussed research design and outlined the research

strategy used for this project. Finally, it discussed the issues of reliability, validity and bias, and the steps taken to address them. The next chapter is the second part of the methodology and describes the process of carrying out the research.

Chapter 3 Methodology (Part II)

Carrying out the Research

3.7 Introduction

This chapter details each step in the motivations for, design and execution of this research. It will describe the research processes as it was undertaken, including considerations influencing the approach to each stage of the project, whilst maintaining a commitment to the integrity of the research.

3.8 The Origins of This Research

The motivation to conduct this research derived from a smaller study that focused on the use of citizens' panels by public services. While reviewing the available literature for that project, it quickly became apparent that there was very little by way of literature to review. Although there were a few sources relating to public participation mechanisms, the majority of what was available belonged to the political and democratic spheres (related to New Labour's 'vision' for reviving local government and/or local democracy).

One of the main findings of that study were that although public engagement mechanisms such as citizens' panels were increasingly used by public services, the reasons behind decisions to use them were varied, as were the methods of populating them and the degrees of success at encouraging participation from the public. There were also early indications that one of the core reasons for these discrepancies was a widespread lack of understanding or agreement about why or how they were intended to be used.

Legislation requiring public services in Scotland to engage the public (Local Government in Scotland Act, 2003) with an emphasis on using newer and more innovative mechanisms, conspicuously lacked detailed guidance for practitioners. There was some evidence that this oversight was posing difficulties for public services as they attempted to translate the legislation into policy and practice.

Another observation was that it was difficult to understand the use of citizens panels without placing them in the wider context of innovative mechanisms. This ultimately led to the realisation that it would be equally difficult (not to mention pointless) to attempt to understand innovative mechanisms without placing them into the wider context of contemporary public engagement. How else would one distinguish between 'traditional' and 'innovative' mechanisms, the former defined by a different institutional approach to interaction between service providers and local communities, than that implied by the latter?

These questions led the researcher to conclude that further research needed to attempt to gain a more coherent understanding of contemporary public engagement as a phenomenon. It needed to answer initial questions such as 'Where did it come from?', 'What are the rationales/intentions behind it?', 'What are the outcomes it is intended to achieve?', and 'How was it intended to be implemented and by whom?' This type of 'who', 'what', 'how' and 'why' line of questioning and the researcher's epistemological style pointed naturally towards an inductive approach. First, however, the scope of the research needed to be determined, as well as what contribution it could make to address a gap in current knowledge.

3.9 Reviewing the Literature

The literature review was approached as a sensitising exercise. Since the study was inductive, the researcher needed to make sure that it would be undertaken with as few preconceived notions as possible, so that the data could 'speak for itself'. This aim was facilitated by the lack of research in this area and particularly of theoretical development in relation to the current (contemporary) context. It therefore initially focused on understanding the historical landscape that had contributed and shaped both the role of the citizenry in the civic sphere and previous attempts to understand, explain and typify it.

The available academic literature which, as mentioned earlier, was not much at all, indicated that there had historically been a piecemeal approach, with the focus determined, as

would be expected, on the current context at the time. It was therefore possible to chart the changing relationship through various iterations and clearly identify the factors influencing the emergence of contemporary public engagement. The literature also revealed that researchers were only just beginning to study this area. However, their work was strongly focused on aspects of contemporary public engagement related to politics (New Right ideology in particular) and democratic 'renewal' at the local government level.

The fact that there was legislation requiring statutory agencies to demonstrably engage the public in policy and planning, meant that there were also many aspects that directly related to the management of local public services. Given the insufficiency of guidance from the Scottish government, although public managers were required to make public engagement fundamental to their role, there would inevitably be questions regarding their ability to deliver the intended outcomes. This was an important aspect not yet acknowledged in the literature or addressed by research.

The literature review showed that in terms of a comprehensive theoretical attempt to explain or typify public engagement in the current climate, there was not so much a gap in the literature as a substantial deficit. In deciding how best to approach addressing it, and after some discussion with research peers, the researcher arrived at a fundamental theoretical question: how can contemporary public engagement be understood and explained?

It was determined that the most logical way to begin to investigate the phenomenon in its entirety would be to identify the core ideas/rationales underpinning public engagement in terms of what it is supposed to achieve or the 'ideal case', as they emerged from the literature. The result was a list of core ideas that ranged from 'recasting modern citizenship', 'renewing local democracy' through to 'improving the efficiency and effectiveness of public services' and 'giving local people more power/influence in the public sphere'.

Attempts to group the list of effects into categories resulted in the emergence of (initially) three main themes: political ideology/democracy, public service reform (public

service reform was later divided into institutional and managerial reform) and power relationships between the public and the government, and between the public and public service providers. The four dominant themes covered the main aspects of contemporary public engagement: Democracy, Institutional Change, Public Management and Empowerment of Local Communities. They were also extremely useful as sensitising concepts, which provided a useful initial model to frame the research. Having such a model made it easier to determine the focus of the empirical efforts and also provided a means of analysing the data. For example, having the model as a starting point made it possible to compare the rationales/intended outcomes against the case study data, which would yield new and valuable insights.

3.10 The Case Study

After careful consideration, the researcher determined that a case study would be the most appropriate research strategy. As discussed in Part I of this methodology, a case study would allow contemporary public engagement to be studied in the primary context within which it is intended to be used, namely the provision of local public services. Given the growing preponderance of public services being delivered by partnerships and the available resources for the project, it was decided that a typical/representative case would be a suitable option.

The Clackmannanshire Community Health Partnership (CHP) was selected primarily because of the three CHPs in Forth Valley, it was furthest along the road to establishment and was, coincidentally, at the stage of establishing a Public Partnership Forum (PPF) as its main public engagement mechanism. Representatives selected by the Forum would sit on the executive Committee, the first time that members of the public would be involved at that level in health service provision, sharing the table with health and social care managers and practitioners, as well Voluntary Sector representatives.

It should be noted here that the researcher was part of a team of researchers from the Stirling Management School (University of Stirling) working on a Knowledge Transfer Partnership (KTP) project with NHS Forth Valley, which was focused on designing an evaluation tool for the CHPs and being already known to the CHP in a research capacity, was afforded much greater access to information and individuals. The researcher determined that using this partnership as a case study would not create any potential bias, as the researcher was working on an externally funded project. An example of the access afforded was that the researcher was able to attend CHP Committee meetings and observe the partnership's governance first hand.

The case study involved conducting interviews and a focus group, as well as collecting and analysing documentation relating to the establishment and development of the partnership. Those approached for interview held core positions in the partnership or with responsibility for supporting its development, and the development of public engagement. The interview schedule (Appendix A) was based on a series of 'guiding questions' (Corbin & Strauss, 2008:72-73). Guiding questions: *'guide our interviews, observations, document gathering and analysis of these'* (ibid.). They are specific to the research project and are used to explore themes/concepts.

The table below illustrates how the four themes derived from the sensitising concepts were used to guide the development of the interview schedule.

Sensitising Concept	Interview Question
Enhancing Local Democracy	• Motivating forces behind engaging the public • Difference made by partnership arrangements • Effect of Local Government in Scotland Act (2003) • Public engagement mechanisms enhancing democracy
Institutional Change	• Role of public involvement in the new CHP arrangements • Mechanisms and the way the public is perceived • Public engagement and organisational change • Importance of the PPF and other engagement mechanisms to the success of the CHP • Public engagement and the Health Sector in Forth Valley
Public Service Management	• Benefits and drawbacks experienced by partner organisations • Ease of resource allocation in the CHP • Negative effects of public engagement for the CHP • Representation of views of community and patient groups
Empowerment of Local Communities	• PPF and power/influence of the public • Benefits and difficulties of more powerful/influential community and patient groups • PPF and changes in how Clacks CHP operates • Plans to increase the use of innovative public engagement mechanisms

Table 9: Interview Questions from Sensitising Concepts

Interviews were carried out at a location of the interviewee's choosing to minimise inconvenience and a short script was used prior to the start of the interview to assure the respondents of the confidentiality of their answers, to obtain their permission to record the interview (none objected) and to offer them the opportunity to speak off the record with the reassurance that once they indicated explicitly that they wished to do so, the recorder would be stopped and although their sentiments could be alluded to (with their permission), no direct quotations would be made or any other reference that could identify its source. The researcher dressed in a professional manner when visiting partnership locations.

The focus group was conducted with members of the PPF (all members of the local community). It was held at a central site with disabled access. Light refreshments were provided for participants. The same script used in the interviews was used at the start of the focus group. A focus group schedule (Appendix B) was used to encourage discussion, providing the researcher with the opportunity to get answers from the public partners being engaged to key questions that had been asked of the professionals during the interviews. In addition, the researcher made numerous site visits, attended committee meetings and had numerous informal conversations with key individuals at all levels of the CHP.

For the analysis of documents, the researcher focused on selecting documents that formed the foundation for the establishment and development of the Forth Valley CHPs and PPFs, as well as those which recorded the activities of the CHP Committee over the case study period as its main governance and oversight mechanism. The minutes of CHP meetings and the first annual Committee report, marking the anniversary of the CHP's establishment.

The collection of observational data was carried out primarily at CHP Committee meetings and PPF Development Group meetings, both of which took place bi-monthly (every two months). An agenda, reports and other documents discussed by the Committee were provided in advance of CHP meetings. During the course of the study, the researcher devised a system where observational notes from CHP meetings were made in the margins of the accompanying documents so that the specific context to which they referred was easier to recall during analysis. Observations were discussed with other KTP researchers and NHS Forth Valley Organisational Development staff, who were often present at meetings, to check their reliability and validity.

3.11 Collection and Analysis of the Data

The collection and analysis of case study data were conducted in a systematic way. Throughout the empirical phase of the research, observational data was recorded in the form of notes. Interview and focus group data was recorded as audio files with the prior permission of respondents and transcribed as soon as possible afterwards.

The documents selected for analysis were of two types. The first type comprised the documents upon which the CHP were founded and included the CHP 'Scheme of Establishment', accompanying 'Scottish Executive Advice Notes' for the establishment of the PPFs and the 'CHP-PPF Working Agreement'. These have been referred to in this thesis as 'foundation' documents. The second type comprised documents which were records of what was happening in practice and included minutes of CHP Committee meetings, PPF reports and 'The FV CHP Committee Review Report: One Year On'.

As discussed in Chapter 3 Part I, the case study data was coded and analysed using Thematic Analysis in conjunction with Constant Comparative Analysis. As each piece of data was gathered it was coded using a colour-based scheme to distinguish immediately between codes. As each piece of data was collected, it was systematically coded using the same method. Each newly coded piece of data was constantly compared to the previous ones. As broader themes/categories began to emerge from the data, each one was given a distinct colour code.

As the coding and analysis progressed, it became evident that in the case of some of the data, more than one thematic code could be appropriately applied. In these cases, the specific piece of data was highlighted with more than one colour to represent each of the thematic categories into which it fit. This proved quite an effective way of identifying instances in which themes sometimes overlapped (see Appendix C). Documentary and

observational data were analysed using the same methods and compared with each other and also with the data from the interviews and focus group.

The case study data were voluminous and it was decided that the best way to report/present them would be in three parts, making them easier to digest. The interview and focus group data were presented first. The responses were organised into themes and the respondents were quoted directly where possible, so that they are given a clear 'voice' in the data. The documentary and observational evidence were presented together, as they shared the same governance focus in relation to the Public Partnership Forum (PPF). The same systematic thematic approach used to code and analyse the data was used in the presentation of the findings.

3.12 Building a Conceptual Framework

There were already indications in the literature review (Chapter 2) that there were political ideological and democratic explanations for the new vigour with which the contemporary public engagement agenda was being advanced. However, analysis of the case study data clearly and strongly indicated that public managers, although their roles are subject to political interference, have very different concerns to those in the political sphere and also from the public with regard to public engagement. Did that mean that they were viewing/approaching it from a distinctly managerial perspective? How did the public view the New Labour government's drive to 'empower' them by securing their increased engagement in the civic affairs of their local area? Could existing schools of theory provide a useful starting point from which to understand contemporary public engagement and develop new theories?

The analysis of the case study data strongly indicated that the four dominant themes (Politics and Democracy, Institutional reform, Public Management and

Empowerment of local communities) represented four distinct but often overlapping aspects of contemporary public engagement. It also occurred to the researcher that they also represented four distinct but often overlapping areas of social science. The researcher therefore decided to undertake a process of applying theoretical concepts from democratic theory, institutional theory, management theory and theories of power in order to test whether they would demonstrate explanatory and, to some degree, predictive functionality in terms of how the subjects of the legislation, namely public services and local communities were likely to respond to it.

During this process it became increasingly clear to the researcher that such theoretical analysis of the core features of contemporary public engagement could prove useful as a conceptual framework for developing generalized ways of thinking about and understanding it in a holistic way. A conceptual framework is such that it guides and focuses academic thinking, and is capable of further refinement. Crucially, it could also inform the design and analysis of further empirical research.

The conceptual framework was constructed around four perspectives (Democratic, Institutional, Managerial and Power). This allowed each aspect of contemporary public engagement to be depicted as a distinct way of approaching it but also identify areas of overlap and ways in which one perspective might influence another. This was especially useful in identifying ways in which the perspectives enabled or contradicted/constrained each other. The idea was that it could not only be used to assess the likelihood of the intended outcomes being achieved but also to aid the advancement of theoretical understanding.

3.13 Revisiting the Perspectives and Developing Theory

The conceptual framework demonstrated that the perspectives approach can successfully explain the findings of the case study by applying corresponding schools of thought in a novel way, to that end. However, the researcher felt that in addition to the framework itself being a useful contribution to knowledge, it was also the core constituent in the development of theory.

The sensitizing concepts used to guide the collection and analysis of the data were invaluable to the researcher for their assistance in acquiring a depth of understanding of contemporary public engagement in its current context that would otherwise have been difficult to achieve, given the scope of the intended reforms associated with it. Where they have also been extremely helpful, has been in the formulation of theory.

This part of the research process was done in two often overlapping stages. The first stage was focused on the development of substantive theory and the second on proposing a formal theory (Glaser and Strauss, 1967; 2008). The generation of substantive theory was focused on formulating a generalised understanding of contemporary public engagement in the provision of local public services. Its aim was to identify a generalised category/theme, followed by a process of identifying the main properties of each and then arriving at a proposition/propositions that is/are applicable to that specific context. In the generation of formal theory, the main category, its properties and ultimately its main proposition moved beyond the specific phenomenon and the context in which it was studied, to a general hypothesis that has applicability beyond that phenomenon (Coffey and Atkinson, 1996; Glaser and Strauss, 2008:42;). Chapter 6 covers the generation of substantive theory and a proposed formal theory in relation to this study.

3.14 Research Training and Peer Review

One of the main considerations both at the outset and throughout the process was the development of the research skills needed to successfully complete this project. Prior to embarking on this venture, the researcher successfully completed of a Bachelor of Arts (Hons) degree in Business Studies at the University of Stirling, which involved familiarisation with social science research methods and a dissertation module that required the successful completion of a small piece of independent research. Formal research training was also undertaken in the form of successful completion of relevant courses provided by the Stirling Graduate Research School (SGRS) over the course of this project. The content of these courses included among others 'Contributing to Knowledge', 'Creative/Critical Thinking' and 'Research Ethics' (A full list can be found in Appendix D).

Another major consideration in the research process was peer review. In addition to regular interactions with designated doctoral supervisors, opportunities were taken at each stage to present and discuss this work in academic fora (Appendix E). The researcher participated in annual Department of Management Doctoral Students' presentation days during which other academics and doctoral students were invited to discuss aspects of their respective areas of research/projects in an open and collegial environment.

The researcher also took opportunities to attend relevant conferences and doctoral symposia including the Doctoral Symposium at the British Academy of Management annual conference and the Inaugural Scottish Doctoral Management Conference (University of St. Andrews, 2004 and 2005 respectively) and the 10th International Research Symposium on Public Management (Glasgow Caledonian University, 2006). The aforementioned peer review activities encouraged the researcher to reflect on the research process at every stage, which has been useful in encouraging ongoing academic development.

3.15 Conclusion

This chapter has outlined in detail the research process undertaken for the successful completion of this project. It detailed the execution of methodology and considerations affecting the research process while employing strategies aimed at preserving the rigour and validity of the research. Finally, it outlines opportunities sought by the researcher to build on existing research skills by undertaking relevant courses at the Stirling Graduate Research School, as well as peer review throughout the research process. Chapter 4 presents a case study of the Clackmannanshire Community Health Partnership.

Chapter 4

A Case Study of the Clackmannanshire Community Health Partnership

4.1 Introduction to the Case Study

This detailed case study forms the empirical part of the research. The case chosen for study was the Clackmannanshire Community Health Partnership (CHP). The findings are presented around the core themes emerging from the analysis of the data, a process which was outlined in detail in Chapter 3, Parts I & II. An inductive approach was taken to the case study with the methods chosen for data collection including: semi-structured interviews with key individuals, a focus group with Public Partnership Forum (PPF), analysis of key CHP documents and participant observation at CHP Committee meetings.

This chapter presents the findings of the case study (data). Firstly, it provides generalised background information on CHPs and the Forth Valley CHPs, giving more detailed information about the Clackmannanshire CHP. Secondly, it presents the interview and focus group data, giving 'voice' to the respondents by using direct quotations where possible. This is followed by a thematic and comparative analysis of selected CHP documents. Finally, the participant observations of the researcher are presented and discussed. The data is organised into thematic categories corresponding to the four sensitizing concepts.

4.2 Introduction to Community Health Partnerships

Community Health Partnerships (CHPs) were first outlined in the White Paper 'Partnership for Care' (Scottish Executive, 2003) and heralded as the blueprint for delivering modem, integrated health and social care in Scotland. They would do this by addressing the fragmentation between Primary and Secondary health care by creating links between them so that they could work in tandem to deliver more seamless health care. These joined-up health care teams would then work in partnership with Local

Authorities and Social Care teams and Voluntary Sector organisations. They would also seek to actively engage patients and their carers, and members of the public.

Importantly, CHPs would also have a key role in providing health education with the aim of fostering long-term, gradual improvement in the overall health and well-being of Scotland's communities, which have historically had some of the worst health records in Europe, particularly in the size of the gap between the richest and the poorest. In essence, they were to be the catalyst for a redesign of health and social care services in Scotland.

4.3 The Key Stages in Health Service Redesign

The White Paper was explicit about how these changes were to take place, by focusing attention on what were identified as key stages in the redesign of health services. The following areas seek to summarise the main reforms as laid out in it.

4.3.1 Health Improvement

The role of Community planning was seen as central to linking health with other policy areas to tackle both physical and mental health inequalities, including some of the lowest survival rates for coronary heart disease and cancer in the world, as well as lower life expectancy than in other EU counties. The aim was to tackle not only the health inequalities but some of the causes, such as deprivation and social inequalities. It also involved the development of Health Inequality Indicators and corresponding targets for reducing inequalities. Emphasis was also placed on changing public attitudes, including those of NHS staff, to health improvement activities and healthy living at all stages of life and development, including early years, during the teens and in the workplace. Joint Health Improvement Plans (JHIPs) which were to be community led but also developed in

partnership with community planning partnerships would target disadvantaged groups. It also advocated collaboration between the NHS, Local Authorities, employers, the Voluntary sector and Trades Union.

4.3.2 Listening to Patients

Patients were to be treated with dignity and respect, not as 'cases' but as individuals, and indeed as partners, along with clinicians, carers and professionals in decision-making regarding treatment and care. The views of local communities were to be 'actively sought, listened to and acted on; and treated with the same priority as clinical standards and financial performance' (pg. 18) so that the public were empowered on both individual and community levels. It included an increased role for informal carers and the voluntary sector, particularly in providing care and advocacy services. To facilitate the adoption of more patient-focused approaches and attitudes, NHS staff were to be provided with training to develop their communication, public involvement and leadership skills. The quality and accessibility of information was also to be improved and a new complaints procedure for NHS Scotland, which included the threat of severe penalties such as investigation or intervention by the Scottish Executive where there has been failure to deal effectively with complaints or respond to recommendations arising thus.

4.3.3 Quality, National Standards and Inspection

Health services were issued with the challenge to meet the expectations of service users for quality, safety and effectiveness. A new body, NHS Quality Improvement Scotland, would focus exclusively on improving the quality of clinical care in Scotland. It would set national standards, carry out inspections, provide advice on effective

clinical practice, investigate serious failures or intervene where there is public concern and produce performance reports, which would be published. Audit Scotland would be responsible for the financial auditing of health services and would work closely with NHS Quality Improvement Scotland, which would simultaneously work alongside the Scottish Commission for the Regulation of Care, whose remit includes standardising the regulation of care services in line with the National Care Standards. Scrutiny by patient representatives and the public, supported by the National Health Council would ensure that their views are taken to the core of health and service care standards and performance inspection. Another focus would be on a new research strategy to support clinical research into clinical priority areas in Scotland such as cancer, cardiovascular disease, mental and public health and provide a strong knowledge base for tackling the aforementioned.

Another focus of this part of the White Paper was on reducing waiting times by sustained improvement rather than responsive flurries of activity to clear backlogs after services have reached critical points. NHS boards were ordered to take a 'whole systems' approach to tackling duplications and bottlenecks by having more rapid access to clinical information so that the time taken to make decisions is reduced, with a waiting times database allowing for flexibility in accessing health care and utilising spare capacity in the private sector to bring relief to those waiting longest for treatment. Boards would be required to set National Guarantees ensuring patients that national targets would be met. In cases where a Health Board has failed to meet the National Guarantee for a patient's care the patient will be afforded the right to be treated elsewhere in the NHS, private sector or in another European country in extreme circumstances.

NHS Boards would also be charged with setting their own local targets for inpatient, day care and outpatient services, with the aim of meeting and eventually exceeding the National Guarantees. More investment, in the amount of an extra £30 million per annum would be available to assist partnerships to tackle 'bed-blocking' (where patients, mostly elderly, are obliged to stay in hospital because appropriate follow-up care is unavailable in their communities). Performance Assessment Frameworks (PAFs) which included quantitative and qualitative measures would allow the public to judge the performance of services.

4.3.4 Partnership, Integration and Redesign

To respond to the continuously changing demand for services (particularly that of older people) created by demographic trends such as a rise in the number of older people coupled with a decrease in the population of working age, NHS organisations must be able to quickly adapt to offer integrated solutions to meet the needs of patients. Emphasis was to be placed on making care more accessible, timely and less complicated for patients and this may involve carrying out treatment in primary and community care facilities, such as GP surgeries and local health centres rather than at hospital.

Services which rely on specialist skills, such as acute maternity care were to be provided in dedicated centres. Public consultation should be central to the success of such changes so that the public fully understand the reasons for them. Clinicians and Professionals would make best use of resources by investing in information systems and building skills and capacity on the NHS workforce. The focus would be on service redesign across NHS Board Boundaries through multi-level partnerships working and equipping staff locally to enact change.

NHS services are to be provided locally by a range of skilled staff working across communities, particularly in the area of mental health. Investment in staff

development would enable professionals to increase their capabilities and special interests to continually improve patient care. Investment to be made in NHS 24 with the aim of providing a 24-hour access to health services by professionals over the telephone. A target of 48-hours maximum waiting time to see a GP is to be reached by April 2004. A Primary Care Collaborative should be established where teams of professionals will focus on improving access and test new approaches. Local Health Care Co- operatives (LHCCs) will now be the mainstay of planning and developing community health services. LHCCs will evolve into Community Health Partnerships (CHPs).

Community Health Partnerships will have a broad remit, including responsibility to 'ensure that patients , and a broad range of health professionals are fully involved; establish a substantive partnership with Local Authority services; have greater responsibility and influence in the deployment of resources by NHS Boards; play a central role in service redesign locally; act as a focus for integrating health services, both primary and specialist, at local level; and play a pivotal role in delivering health improvement for their local communities' (pg. 35).

Partnerships are to maintain open dialogue with their communities via the establishment of a Public Partnership Forum for each CHP. Managed Clinical Networks (MCN) were to provide more specialist care when needed to support primary care practitioners. NHS Boards and Local Authorities are to extend joint resourcing and management from older peoples' services to all of community care. Better planning and co-operation is to be the goal at regional and national level to provide care in rural, island and urban areas of deprivation.

The public should be involved at as early a stage as possible in discussions about changing patterns of health care. Traditional forms of consultation are no longer

enough, e.g. consulting people after the development of a preferred option. People must be involved at the formative stage of new proposals. Modern methods should be used to communicate with and involve communities and other stakeholders who will be affected by decisions. This includes providing feedback to those consulted. Health Boards are to develop sustainable frameworks for involving the public which include the Public Partnership Forums (PPFs) and to involve patients in the work of MCNs.

NHS Boards are to put in place service redesign programmes, ensuring staff access to examples of best practice and the time and facilities to improve their knowledge and skills for leading service change. Change and Innovation Fund monies were to be awarded to Health Boards where local Change and Innovation Plans are in place. All NHS Boards are to establish Service Redesign Committees to coordinate with Area Clinical Forum and CHP members to develop and deliver Change and Innovation Plans.

4.3.5 Empowering and Equipping Staff

The onus will be on getting the right number and quality of staff by use of a more coherent approach to workforce planning, redesign of services, recruitment and retention of staff, education and training, modernised remuneration systems, development of roles and applying safe limits to working hours. Opportunities are to be provided for joint training of staff in multi-disciplinary teams. Extra investment to be made in new posts, more attractive careers, supporting local recruitment, promoting diversity and lifelong learning. Financial rewards are to be developed for clinical staff who take lead roles in redesigning services. A new contract will be developed for delivery of general medical services by GP surgeries. A new system of pay (Agenda

for Change) is to be introduced for the majority of NHS staff. Changes are underway to contracts for community pharmacists and dentists. Development of Clinical Information Systems will ensure that information is accessible quickly when patients move within or between services or care settings.

4.3.6 Organising for Reform

Dissolution of existing NHS Trusts will remove professional, institutional and service delivery barriers and boundaries and devolution of responsibility to frontline staff. The NHS and Local Authority should Build on Joint Future achievements and support the development of CHPs while involving Community Planning partners and delegating financial and professional authority. Support services must be streamlined to fit clinical needs and based on Best Value principles.

4.3.7 Roles and Responsibilities

CHPs and Local Authority services should evolve around distinct communities. There should be increased co-operation between NHS Boards for regional planning and delivery of services. There needs to be a development of a system of National Standards and greater involvement of patients and the public in service design, delivery and review. The Scottish Executive will make NHS Scotland accountable for its performance and intervene in cases of problems or deficiencies. Clinicians are expected to practice within the boundaries of agreed standards and their own professional competence, involve patients and work with professionals to provide effective services. There should be an increased role for Operational Professionals and greater scrutiny of the performance of senior professionals by NHS Boards. Patients and the public should be responsible for personal health improvement, including keeping appointments.

4.4 The Establishment of CHPs

Following Partnership for Care in 2003, the Scottish Executive produced a blueprint for CHPs in the form of a Statutory Guidance (October 2004), which laid out the explicit aims, remits, organisational arrangements, partnership structures, financial arrangements and schemes of establishment. Health Boards were required to submit completed schemes of establishment by 24th December 2004. They are summarised below.

4.4.1 Aims

CHPs were intended to be a follow-on from Local Health Care Co-operatives (LHCCs) which would build on their achievements and provide services to local communities that were joined-up, accessible and of high standard. They would achieve this by integrating primary and specialist care services with social care services run by local authorities and those run by the voluntary sector. The overall, explicit aim was to make measurable improvements in the health of local populations. The public were to be involved in decision-making regarding the delivery of health and social care for their communities.

4.4.2 Improving Services

CHPs were intended to be the focal point of service integration for local communities. They would seek to address local health inequalities whilst delivering improvements in the management of chronic diseases such as diabetes or those with more than one condition, who would require an integrated approach to their care. Staff would work in multi-level, multi- disciplinary and multi-agency teams to deliver services tailored to local people. Encouraging the development of new and innovative ways of caring for

and treating people as well as support for non-professional carers would also be a major tenet of the new approach to service redesign.

The CHPs were expected to deliver measurable improvements in outcomes, working in partnership to reduce and manage waiting times for assessment, diagnosis, treatment and care, as well as inpatient and outpatient services and to decrease the number of inappropriate hospital visits and delayed discharges. Health Boards were expected to define outcomes and explain how they would be achieved.

CHPs would lead the way in developing appropriate physical infrastructure to sustain and develop services for local people and maintain workforces. Health Boards would discuss with local frontline staff which services and budgets should be devolved to CHPs and these should be clearly defined in the schemes of establishment. CHPs were to have a key role in overall Health Board strategic planning. Partnerships with local authorities were intended to focus on the Joint Future agenda which sought to: ensure that the focus of services was on outcomes; setting and monitoring joint Local Improvement Targets; managing and recording performance through jointly agreed Performance Management Frameworks; and actioning each of the Joint Performance and Information Assessment Frameworks (JPIAFs).

4.4.3 Improving Health

CHPs would be responsible for improving the health of local communities, with the health improvement agenda driving the development of local service planning and delivery. They would have a statutory duty to participate in the community planning process, with the theme of health promotion underlying all their work. In addition, they would be charged with assisting in achievement of Community Panning Partnership

targets. Understanding and effective deployment of resources would also be central to their success.

4.4.4 Organisational Arrangements

CHPs should fit into existing Health Board governance structures, with the Chief Executive retaining final accountability for the use of all Health Board resources. They would also be fully involved in overall Board strategic planning. The CHP's General Manager would in turn be accountable for the delivery of functions and resources devolved to the CHP. Organisational arrangements in the CHP would reflect the scope of devolved functions and be based around a flexible management and decision-making framework, with the explicit aim of the active involvement of local authority partners in jointly managing or providing a range of local services.

CHPs should be established as committees or sub-committees of Health Boards or joint committees in the case of CHPs that cross-cut Health Boards. Health Boards are also responsible for ensuring that CHP committees must appoint at least one person from the following: 'a General Medical Practitioner; a general professional who will be an officer of the Health Board; a Nurse; a Medical Practitioner who does not provide primary medical services; a Councillor or officer of the Local Authority; a representative of Staff nominated by the Area Partnership Forum); a member of the Public Partnership Forum; a Community Pharmacist; an Allied Health Professional; a Dentist; an Optometrist; and a member of the Voluntary Sector carrying out services similar or related to the Health Board (pgs. 24-25). These members of the committee must all either be employed or perform services in that CHPs geographical area.

Appropriate management and decision-making arrangements needed to be put in place to ensure the long-term flexibility of the CHP in taking on new roles and responsibilities. These arrangements are not prescribed but decided by each Health Board and CHP, the aim being that services should be jointly managed in partnership with Local Authorities and other agencies, with pooled budgets and resources, and rationalised versions of existing accountability frameworks. Each CHP would have a Chairperson responsible for chairing committee meetings and being accountable to the Chairperson of the Health Board. In the case of a sub-committee, the Chairperson of the CHP is accountable to the Chairperson of the Operating Division. The General Manager of the CHP would be appointed in line with the CHP (Scotland) Regulation 5 (2004) and be accountable to Health Board or Division Chief Executive for the way in which the CHP is managed and the resources used.

4.4.5 Size and Geographical Coverage

CHPs should match Local Authority boundaries so that their organisational boundaries are coterminous with that of the Local Authority to enable more effective integration of local services. CHPs are responsible for a minimum population of 50,000. Although there is no maximum limit, they must effectively reflect the needs of localities. More than one CHP may operate within the same Local Authority boundary but they must work corporately within relevant community planning partnership arrangements.

4.4.6 Working in Partnership

The development of local Public Partnership Forums (one PPF for each CHP) would enable CHPs to engage in and maintain dialogue with local communities. They should have a formal role in CHP decision-making processes. The relationship between CHPs

and local communities would ideally be based on the same principles as the Health Board with regard to the duty to involve and consult local people and underpinned by existing or future guidance or standards for public involvement. Other local public involvement mechanisms, such as any used by the voluntary sector should also be utilised. The involvement of the PPF in the CHP arrangements would be monitored by the Scottish Health Council. PPFs should have three main roles. The first should be ensuring that the CHP not only maintains dialogue but effectively disseminates information to local people about the range and location of services in the CHPs geographical area. The second is to engage and involve local service users, carers and the public in discussions about local health service improvements. The third is to make services more responsive and accountable to citizens and local communities by involving them in planning and decision-making.

PPFs would be a network of interested individuals, local user and carer groups, voluntary organisations and other interested stakeholders. They should form the basis for the public involvement function of CHPs whilst recognising that they on their own will not always be the appropriate means of fulfilling the CHP's statutory duty to engage the public. Each CHP committee or sub-committee must have a PPF member appointed through a transparent process with input from the Scottish Health Council to represent wider patient and public interest. The relationship between the CHP and PPF would be formalised by a local working agreement, whose terms of reference would be drawn up with the assistance of the local Scottish Health Council, which would also provide external scrutiny of the relationship and prompt action from the Health Board where effective involvement of the PPF is not taking place. Proper administrative support would be provided for PPFs, funded by the Health Boards through a delegated budget to each CHP.

Another important function of CHPs is to link clinical and care teams to maximise benefits for patients by developing new and more effective ways of working between health and social care teams. This would enable more effective problem sharing and solving and the rapid implementation of local solutions.

The ultimate aim is to, over time, gradually reduce traditional barriers between primary, secondary and social care and design models of care based around the needs of local patients. This will require the alignment of professional skills, knowledge and expertise by clinicians and other professional to tailor services to meet those needs. A 'whole system' approach to service design would be needed to widen the involvement of Managed Clinical and Care networks, which would take a lead role in redesigning services, including advanced electronic clinical information systems, and deciding, along with social care professionals and professionals, how resource will be allocated to achieve those objectives.

Staff must be treated as full partners in decisions affecting service planning and delivery. Health Boards are expected to support CHPs in developing employment practice frameworks and effective local implementation of their Staff Governance Standard. To be most effective in serving their communities, CHPs need to be working in full partnership with local authorities and community planning partnerships, particularly regarding health improvement and development of joint services. Where they already exist, CHPs can build on integrated approaches developed by LHCCs, underpinned by the integration coming from Joint Future implementation. Partnership with the Voluntary Sector and access to its own knowledge and expertise in delivering services and involving local people, as well as its historical partnerships with local authorities are also crucial to the long- term success of CHPs.

4.4.7 Building Workforce Capacity

CHPs should be innovative and flexible organisations that operate in a shared culture based on partnerships and joint working with health and social care staff as well as independent contractors, to progress the health improvement agenda and the development of local services. They should do this by promoting joint learning opportunities for staff, not only in the NHS but also the Local Authority and Voluntary Sector and sharing good practice across organisational boundaries, including via research activities. The work of CHPs will also be informed by a range of organisations such as The Scottish School of Primary Care, NHS Health Scotland, NHS Education, COSLA and Public Health Departments.

A wide range of expertise is available to CHPs from numerous health and social care professionals and support staff but meeting the health needs of communities will depend on their ability to make use of this expertise when designing services. Where expertise cannot be found at the first point of contact other practitioners such as Allied Health Professionals, Pharmacists and Clinical Support Workers should be used to manage chronic disease and has significant potential to enhance community based services. CHPs will also play an important role in supporting the delivery of the new Primary Medical Services arrangements and the new GMS contract to increase investment by 33% to improve the quality of care for patients and offer better working conditions for staff. This includes considering the terms of the proposed Pharmacy Contract.

Each CHP must produce development plans which will reflect their priorities and development support needs. The extent and nature of the support needed to facilitate the

evolution of CHPs should be explicit as well as the actions that will enable them to deliver their service and care outcomes, as identified in their schemes of establishment.

4.4.8 Finance and Accountability

Health Boards should maximise funding and devolved resources to CHPs, coupled with transparent accountability frameworks, lines of communication and decision-making processes. The CHPs are also expected to participate in setting the Health Board's priorities, in addition to being accountable for joint management and joint resourcing of services provided with their areas, and pooled and aligned budgets.

4.4.9 Schemes of Establishment

Health Boards were required to submit Schemes of establishment for their CHP/s by a specified date for the approval of the Health Minister. These schemes should be able to demonstrate the involvement of stakeholders and demonstrate the inclusion of their views in the plans. Funding sources for CHPs should also be clearly demonstrated in the schemes. Schemes that have not been approved would be returned to the Health Board with proposed amendments and required to be resubmitted at a later date. When schemes have been approved, Health Boards will have a duty to implement them, with results on outcomes expected to be produced at 18 month intervals.

4.5 The Evolution of CHPs: The Emergence of Three Models

Since the publication of the Statutory Guidance in 2004, there have been no further instructions or guidance from the Scottish Executive regarding the continued development of CHPs. This has afforded Health Boards a degree of freedom in determining how their CHPs should develop to meet the needs of local communities.

The resulting evolution of CHPs has produced three discernible models (Forbes and Scott, 2008).

4.5.1 The Health Only Model

The Health Only CHP is an organisation that involves local authority councillors or other elected officers. **It** connects to the wider community planning agenda and provides a health contribution to Joint Future but its focus is on health improvement and links with primary care and on occasion, the acute sector. Examples are: Midlothian, Highlands, Stirling and Falkirk.

4.5.2 The Partially Integrated Model

The Partially Integrated CHP is based on an agreement 'in principle' between the NHS and local authority to work towards integration of health and social care services but maintains the option of remaining a health-focused CHP. Examples are: Clackmannanshire, Angus and South Ayrshire.

4.5.3 The Community Health and Social Care or Fully Integrated Model

Joint Future and the CHP are amalgamated from the outset. Staff, budgets, functions and services are aligned to provide a broad range of health and social care services with a joined- up approach to meeting the needs of patients, carers and service users. There is scope for a joined-up approach with a large number of public and community agencies to tackle cross- cutting problems such as deprivation, chronic ill-health, mental ill-health, drug abuse and crime. Examples are: all of the Glasgow CHPs, Moray and East Renfrewshire. There is also scope for another more advanced stage of development into Community Partnerships without the restrictions of concentrating

primarily on the services defined in the name. Figure 1 below illustrates where the three models fit along a continuum from health-based to fully integrated.

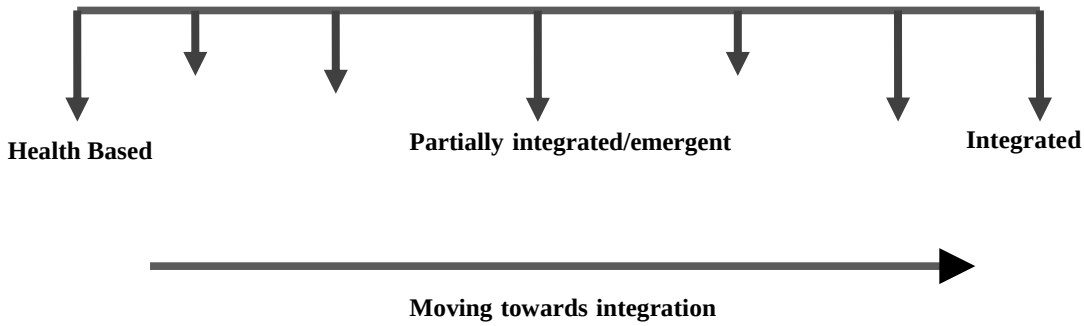

Figure 1: The CUP Model Continuum (Forbes and Scott, 2008)

4.6 The Forth Valley Area

Forth Valley is located in the central belt or 'heart' of Scotland and has been historically known as the Gateway to the Highlands. It covers an area of 2, 643 square kilometres and has a population of 287, 000. It is divided into 3 Council areas, Stirling, Falkirk and Clackmannanshire and has **1** Health Board (see Table 10 below).

FV Council Area	Geographic Area	Population
Stirling	2, 187 square km	88,000
Falkirk	297 square km	150,000
Clackmannanshire	159 square km	49,000
Total	2, 643 square km	287,000

Table 10 : Area and population of Forth Valley (Office for National Statistics, 2008)

4.7 The Forth Valley CHPs

In response to the *'Partnerships for Care'* White Paper (2004), 3 CHPs were established in Forth Valley, Stirling, Falkirk and Clackmannanshire, reflecting each local authority's geographical area. All three CHPs fall into the Forth Valley Health Board area. The governance arrangements (shown in Figure 2) for each CHP are configured in a way that is designed to encourage joined-up working from the top level in both the Health Board and Local Authority, with both Chief Executives and senior staff, e.g. Heads of Performance Management, sitting on a joint committee with a remit for facilitating partnership working.

The CHP Committee sits directly below the Joint Committee and acts as a sub-committee of the Health Board (the extent to which it also becomes jointly a sub-committee of the Local Authority depends on the level of integration), to which it is also primarily accountable. It is responsible for strategic oversight of CHP services. The Committee is led by the General Manager of the CHP (all three Forth Valley CHP General Managers and two Finance Managers are NHS Forth Valley employees) and chaired by a Non-Executive Member of the Health Board. Also represented on this committee are Social Work (Head, Deputy Head or equivalent), Head of Strategic Policy or equivalent and Elected Members (Councillors) from the Local Authority.

The local Council for Voluntary Services (CVS) holds two places via a Representative and Deputy (chosen by the CVS to represent the Voluntary Sector), with the public represented by two Public Partnership Forum (PPF) members, one the PPF Representative and the other a Deputy. Health Services and staff are represented by the Director of Strategic Planning (or equivalent), Head of Acute Services (or a Deputy), Two Clinical Leads (usually General Practitioners) representing Primary Care Services and a Frontline Staff Representative. Independent contractors such as Pharmacists,

Podiatrists, Dentists and Optometrists have one representative per service. This group forms the core committee but representatives from other specialist services such as Communications, Public Health Nursing or Health Promotion may attend meetings if they are asked to report on their services to the Committee. The CHP Management Team is responsible for the operational oversight of CHP services and reports to the Committee.

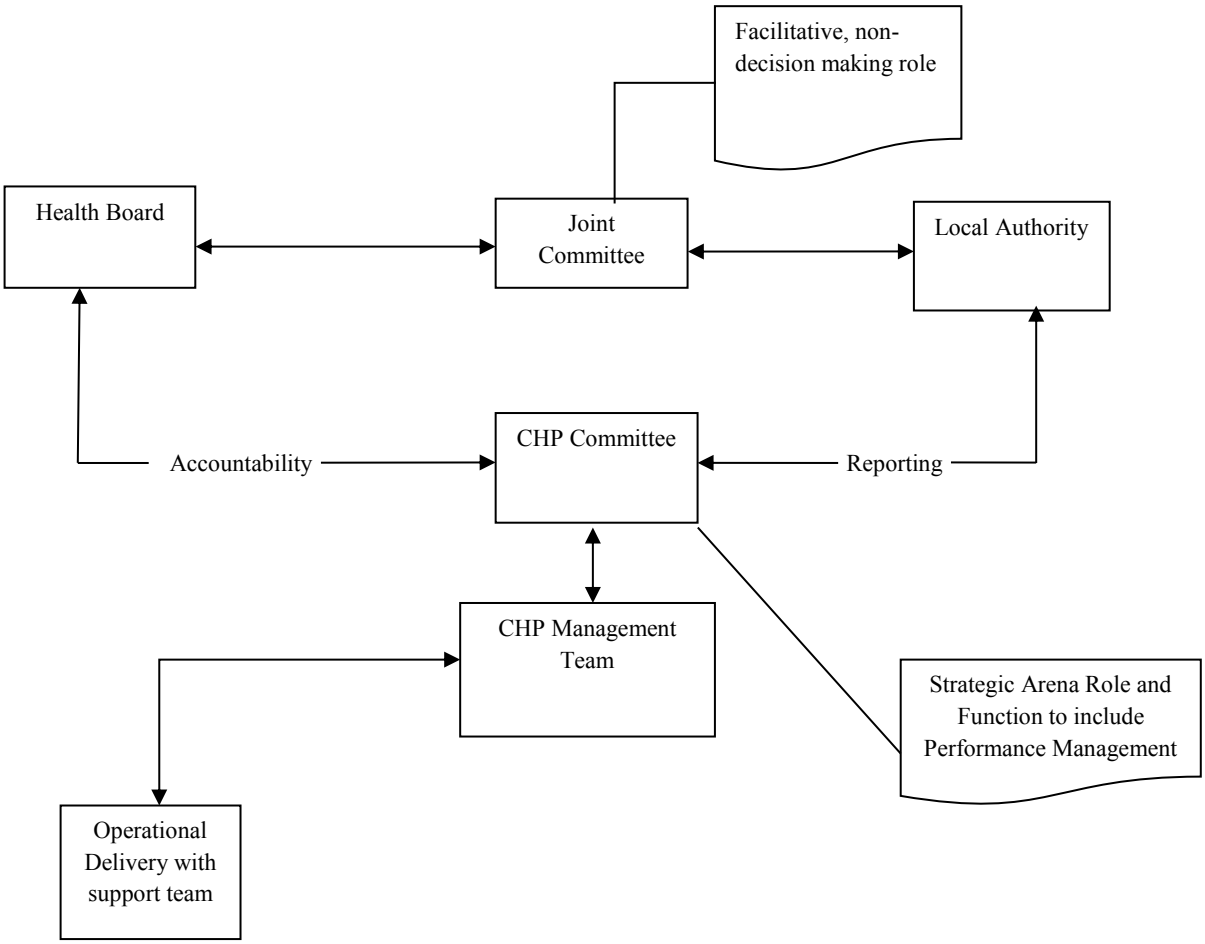

Figure 2: Governance and accountability of Forth Valley's CHPs (Forth Valley CHP Scheme of Establishment, 2004).

The Stirling and Falkirk CHPs are currently configured as the Health Based/ Health Only model while Clackmannanshire is set up as a Partially Integrated model, moving towards eventual full integration.

4.8 The Clackmannanshire CHP

As shown in Table 10, Clackmannanshire is the smallest Local Authority area in Forth Valley with the smallest population. The Clackmannanshire CHP, however, faces some of the strongest health, wellbeing and inequality challenges in Forth Valley, and in some areas, in Scotland. In public health terms, in the period 2005–2006 Clackmannanshire had the highest rate for stillbirths, peri-natal mortality, neonatal mortality and infant mortality in Forth Valley. In the same period, Clackmannanshire also saw an increase in Standardised Mortality Ratios (SMRs) although there was no change for Stirling and a decrease for Falkirk. It also had the highest SMRs for selected causes of death such as lung and breast cancer, coronary heart disease and stroke (Director of Public Health's Report, 2005 - 2006).

These health inequalities are mirrored by higher rates of social deprivation in the Clackmannanshire area when compared to Stirling and Falkirk. For example, according to the Office for National Statistics (2008), the average weekly wage in Clackmannanshire is £421.20 compared to £478.90 for Stirling and £429.60 for Falkirk. Its economic productivity rate is also the lowest in Forth Valley, at 77.8 %compared with 78.8% for Stirling and 82.6% for Falkirk.

The core stated aims of the Clackmannanshire CHP (NHS FV Official Website) are: 'Improving the Health of Local Communities', 'Extending Joint Working' and 'Delivering More and Better Services'. For 'Improving the Health of Local Communities', the main objectives are: tackling coronary heart disease and its causes, including poor diet, alcohol abuse and smoking, coupled with encouraging individuals to increase their level of physical activity; improving mental health (the Clackmannanshire CHP hosts Mental Health Services for the entire Forth Valley

area); tackling the inequalities that lead to poor physical and mental health and shifting the focus to Anticipatory Care such as health improvement and illness prevention.

The local Joint Health Improvement Plan (JHIP) has laid the groundwork for increased multi-agency partnership working in Clackmannanshire to tackle health inequalities. For 'Extending Joint Working' the main objectives are: improving local mental health services, particularly in terms of more effective referrals to ensure that users are referred more quickly and efficiently to the correct services; exploring ways to increasingly support people at home, older people in particular, so that they can receive more of their care in the community, which would involve a more joined-up approach to working with care homes to reduce and prevent emergency admissions to hospital where possible.

Finally, for 'Delivering More and Better Services' the main objectives are: improving access to services, particularly local mental health services; improving local cancer care and support services; investing in more local health and wellbeing infrastructure via a new community hospital with the aim of delivering more services locally; improving sexual health and reducing the number of teenage pregnancies in the Clacks area; and improving the communication between community health services and hospitals.

The CHP has approximately 640 staff and provides a range of health and social care services. Some examples are Learning Disability, Physical Disability, Older People Services, Adult Mental Health, Community Alcohol and Drugs Services (CADS) and Child and Family Services. It has a total Delegated Revenue Budget of £28M of which £26.5M comes from the Scottish Government via the NHS Board's

General Allocation and the remaining £1.5M from external sources such as the Local Authority, NHS Education Scotland (NES), Prisons, etc. for contracted services (All figures and approximates provided by the CHP Finance Manager).

Clackmannanshire CHP has managed to achieve a more integrated CHP model than Stirling and Falkirk in a much shorter time. This is due largely to the fact that historically, to successfully provide public service in Clackmannanshire, the Council, health Board and Council for Voluntary Services (CVS) have had to share resources and capabilities, and operate in partnership for a number of years prior to the creation of CHPs. The opposite was true of Stirling and Falkirk Councils, which have had to go through the often painful process of breaking down organizational barriers to partnerships and lay the foundations for CHPs without previous experience on either side of integrated health and social care service provision.

4.8.1 The Partners

The CHP includes an array of partners from across the Clackmannanshire area. The majority of partners are NHS Forth Valley clinical service providers to the population of Clackmannanshire. Clinical leads represent those services, such as General Practice, Podiatry, Pharmacy and Optometry on the CHP Committee. Clackmannanshire Council is represented on the Committee by its Head of Strategy, Head of Adult Care/Chief Social Work Officer and an elected Councillor. The Voluntary Sector is represented by a member of Clackmannanshire Voluntary Service (CVS) staff and the public principally by representatives from the Clackmannanshire Public Partnership Forum (PPF). Accounting and Finance management is also provided by NHS FV. In addition, all three of the Forth Valley CHPs are supported by Management Teams responsible for strategy, the FV NHS Organisational Development Adviser, Head of Performance

Management, NHS Frontline Staff Representative and the PPF Development Co-ordinator.

4.8.2 The Clackmannanshire Public Partnership Forum

In line with the *'Partnership for Care'* (2003) white paper and the corresponding *'Statutory Guidance'* (2004), three PPFs were established in the Forth Valley area, one for each of the three CHPs. The Clackmannanshire PPF was established in July 2005 after a joint effort by the NHS and CVS. The CVS was already in possession of databases of people who had previously indicated that they would be interested in being engaged and had agreed to have their details stored for future reference. These people were contacted by letter and asked if they would be interested in being members of the new Clackmannanshire PPF. The PPF was also advertised in two of Clackmannanshire's local newspapers and a series of public meetings were held to raise awareness of its existence. To date, it has 500 official members listed on its database although approximately 20 regularly attend meetings. The PPF is supported by a PPF Development Group and Representatives of all three FV PPFs and the Voluntary Sector meet on a monthly basis to discuss shared concerns and exchange ideas relating to the Fora.

The PPF functions as The CHP's main public engagement mechanism, although some services, such as Adult Mental Health also have their own patient (and carer) engagement mechanisms, such as support/discussion groups. Users of some services are also given the opportunity to complete user satisfaction questionnaires. The CHP also has access to the 'Clackmannanshire 1000', a demographically reflective citizens' panel run by Clacks Council, which has just over 1000 members and is used as a sounding board for local views on a range of issues (www.clacks.gov.uk). Clacks Council is involved in a number of partnerships and its partners also have access to the Panel.

4.9 Background to the Interviews and Focus Group

The following sections will detail the findings of the case study interviews and focus group. The data is organised into the overarching categories emerging from the thematic analysis outlined in Chapter 3. They are Democracy, Institutional change, Public Management reform and Power.

4.9.1 The Respondents

The explicit aim of CHPs is to provide responsive local community health and health improvement services, in partnership with related Local Authority social care services, Voluntary Sector support services and the local population. The case study sought to examine contemporary public engagement within the public service partnership setting, with particular focus on gaining a better understanding of the relationship between the partners (i.e. service providers and the local community). Voluntary Sector Representatives to the CHP Committee were also interviewed to gain an external perspective of this relationship, given its active role in the local community as a Third Sector supplement to a range of public services, including in the areas of Health and Social Care.

To this end, a number of respondents in key positions were interviewed from across the partnership and Health Board (where their work directly influenced the CHP). They included: the CHP General Manager, the main PPF Representative to the CHP Committee, the CHP Finance Manager, Head of Performance Management (FV Health Board), Head of Communications (FV Health Board), OD Adviser (FV Health Board), Director of Public Health (FV Health Board) and Voluntary Sector Representatives to the CHP Committee.

The focus group was made up of PPF members, two of the three were PPF representatives to the CHP Committee (the main PPF Representative, one of the two Deputy PPF Representatives and a PPF member). It was designed to get the public perspective on their relationship with the CHP, particularly their level of influence on CHP decision-making as detailed in the following sections. The researcher acted as facilitator and the group were asked open questions designed to generate discussion.

4.10 CHPs - Enhancing Local Democracy?

Held (1992) observed that democratic ideas and legitimacy seemed inextricably linked in the collective consciousness of modern political life. Public organisations have been placed, by both central and devolved government, at the vanguard of the pursuit of local democratic renewal in addition to their remit to supply responsive services that are tailored to the needs of local communities. In few public organisations are those challenges greater than the National Health Service. The NHS has found itself grappling with traditionally held views about the roles of patients and communities in redesigning local health services. The NHS and a number of Local Authorities in Scotland also face some of the UK's greatest public health and health improvement challenges.

4.10.1 Motivating Forces behind Public Engagement

At the heart of 'Third Way' ideology there at times appears to be a generally accepted view that public engagement has not hitherto been an issue for public agencies, and indeed has only really been one in the UK since the election of the New Labour government in 1997. To further explore this perception, all of the interviewees were asked the question: 'In your opinion when did public engagement become an issue for public agencies?'

Some of the NHS respondents stated that public engagement has always been an issue for public agencies, including Health, but that it maybe had not been done particularly well. The General Manager for example summed it up in the following way: *"In general terms, engagement with the public in the past was done very much through consultation. We developed policies, we developed plans and then we went to the public, and we would formally consult with them, So, there wasn't much in the way of involvement, but we were very good at consulting. In the last 5 years, there has been a move towards public engagement at a much earlier period...we've moved toward a much broader engagement where we have tried to engage key groups or individuals actually in the development of policy, plans...".*

Similarly the Performance Manager (Health Board) recounted that: *"I, in a past life I was a general manager on intermediate care, and we were required to make service changes, and it was to a physical disability service, and the only way you could do that was actually to involve the patients, because it was about probably discharging them from the service, to an extent, and that was probably my first foray into formal consultation at a low level, but it was involving, them saying: "This is what we have to do", "What are your views?", "What do you think?", and there was good support for that, and you will get that in pockets of that type of a service, but it's much more difficult if you're talking about a whole hospital".*

The OD Adviser linked it to the CHP agenda: *"I think probably, really engaging in the CHP agenda. Prior to that, really the LHCCs controlled the majority of community care, and had no public engagement agenda", further adding: But, I think it's something which, culturally, the NHS is becoming more and more aware of, and the whole ethos of "Care in the Community" is moving away from the treatment of disease towards health improvement... and that could never be done without the involvement of the public. So,*

the government's taken a regulatory stance. Unfortunately in the UK, that's how we get things done".

Others, however, overtly linked it directly to the change of government in the 1990s and specifically legislation. The CHP Finance Manager pointed to the 'Partnerships for Care' white paper (2003), saying*: "What I would say is the desire, the drive for the NHS to involve the local authorities has been driven by the White Paper "Partnership For Care", and the "Working in Partnership" Paper of 1999, and that's been the drive for why the NHS has got the local authorities and the public involved".*

The Director of Public Health also found the legislation to be the specific driver for the NHS and placed it in context with the approach of the previous Conservative administrations: *"I think it was one of the themes of the Labour Government, so it's actually been there for ten years. The previous Thatcher government engagement was more they're consumers, it's a market, you've got to meet what the market demands. I think Labour had a different approach- it was providing good services, but actually listening to what people need or want. I think there's a fundamental difference there, as market forces will exclude those who are in deprived groupings, and America is a classical example, of course".*

There was consensus among all of the respondents, (including non-NHS) that because public sector bodies were accountable to the public, engaging the public was fundamental to the provision of responsive services. The FV Health Board's Head of Communications summed up the view of all of the respondents that is had become increasingly clear that public engagement essentially needed to be *"in there with the bricks and mortar".*

The non-professional respondents were not so familiar with the details of legislation such as the Local Government in Scotland Act (2003) but were aware of

'Partnerships for Care' (2003), which related directly to the formation of CHPs. One Voluntary Sector representative saw public engagement by the NHS as: *"Central driven (sic), linking it to the Community Health Partnerships. It's because it's come from the centre and therefore politically led".*

The second question was 'What, in your opinion are the motivating forces behind public bodies engaging the public?' There were those NHS professionals who were quite sceptical about just how motivated public bodies, particularly the NHS, were to have meaningful engagement with the public prior to the 2003 Scottish Executive legislation and its formal requirement to engage and provide proof of this engagement.

The OD Manager, for example, admitted that: *"The main motivating forces are political. The politicians, especially in Scotland, part of the major political manifestos were about improving NHS Scotland, so the strategic driver for that was mainly political". Three NHS Managers stated that in certain specialist services there had been times over the years prior to legislation when lay people, patients, service providers (including frontline staff), and in some cases even local Councillors have got together on committees to resolve issues relating to services. The example given by the Head of Performance Management was as follows: "I mean, a significant amount of my clinical time was spent in midwifery, and I think all over the country you had maternity services liaison committees, engaging with the local population of lay people, of Councillors, of patients themselves, or would-be patients, so, again there will have been many different groups of staff and patients that will have come together to discuss and resolve issues about a service. However, I guess, as far as a framework's concerned, mid-nineties, when we started having more explicit frameworks".*

The CHP Finance Manager's (outgoing) response was: *"If I were being cynical, a lot of it is strategy-driven, from the centre (Scottish Executive) because there is*

that recognition at the centre that this needs to happen". Similarly a Voluntary Sector representative's answer was simply: "When the Scottish Executive said they had to do it."

The PPF focus group were unanimous in their feeling that the impetus was coming from the Scottish Executive. One participant elaborated: *"I think it's coming from the Scottish Executive. It is political, because they're getting the public to involve and engage with the Health Authorities. That's good, but you don't' know the different departments in the Health Board. "We've done our bit, tick that box, let's go on to something else- we can't do anything about that, it costs too much, forget it. You don't know where issues go after the CHP meetings. There may be something which comes up which affects housing, and there are housing representatives round that table, members from the council - we've got two Councillors on that. Does she (sic) take it back to the appropriate council committee - we don't know, but she could".*

4.10.2 The PPF and Local Democracy

All of the respondents were asked whether the PPF enhanced local democracy. There were a range of responses, from measured ones with respondents giving the reason that it was as yet too early to tell but focused on the ongoing practical issue of achieving true representation of the wider community on the CHP, to others on both ends of the scale. The General Manager's response was: *"Although you can say intuitively that public engagement does enhance local democracy or should enhance local democracy, I think the jury is out on whether it actually has and it's quite often the same groups or individuals, and they develop power but does that mean that the community has greater power? Are they true representatives?"*

One Vol. Sec. representative's response was: *"In one way yes, because if you're truly*

involving people then that's the democracy working, but on the other hand that little window of opportunity for people to get involved is minimal, because you start off at the bottom of a pyramid, through the forums, and then you work up, and it's just a few at the top who can engage directly with the ones that can make decisions. Feeding in the concerns at the bottom is quite hard". The PPF respondent also had concerns about representation: "They don't give an opinion or anything, it's like the same old faces. I don't mean it to be disrespectful, but it's the same old faces. Nobody new turns up, unless we put out leaflets. But we want more people to participate in something like that, just to see how things are run".

The Communications Manager (Health Board) responded: *"I think on one level it probably has. I think that there are dangers with it though, and that is that you've got all these agencies trying to engage people in different ways, and you could actually end up with a bit of engagement fatigue, if you're not careful about how you actually do it, but rather than more democratic, it makes organisations more accountable, though, having said that, the Health Boards or NHS Boards, have always had local authority (elected) members on, so they've always had that degree of accountability anyway. Though, within the CHPs, it does make them more accountable to the local community".* The CHP Finance Manager, however, had the opposite view: *"I don't think they enhance democracy but I think they represent a move towards achieving more of the democratic theory. The degree to which they control, I don't think they control at all but I think they provide an opportunity to influence those who do control the resources..."*

The PPF representative interviewed said that she had seen a marked increase in the confidence of those members of the public who regularly attended PPF meetings. She described her observations from PPF meetings: *"At first they were a little bit in awe but now they're in there, asking questions... there's very little at this point in time*

for us to say "that happened because of us" but it's beginning to happen and people are beginning to see those changes".

Other challenges to the representativeness of the PPF include on-going problems with attracting membership from the wider community and a recognition that the PPF has not been successful at attracting members of 'hard-to-reach' groups. Indeed, informal discussions with partners across the CHP have revealed a general feeling that the term 'hard-to-reach' is a misnomer because in reality all community groups were hard to reach. When asked if they felt that the PPF was representative of the wider community, the focus group members all answered: "No".

Among the challenges identified was accessing suitable venues in Clackmannanshire for the PPF to meet. Some of the venues chosen were uncomfortable and had inadequate or non-existent disabled access or poor refreshment facilities. A PPF Representative interviewed explained some of the challenges of not just getting members of the public 'through the door' for engagement but keeping them interested in participation. She recalled that the very first meetings of the PPF tended to last a few hours and consisted of numerous consecutive presentations by health managers and practitioners: "We had a lot of presentations - Health Board, Council, that sort of thing... They were a couple of hours-two hours back to back, in a difficult venue with hard seats and difficult access". Incidentally, the volume of information that PPF and voluntary sector representative are required to assimilate on an ongoing basis is also a source of disquiet (dealt with in greater detail in the section relating Participant Observations).

4.10.3 Community Engagement in the Partnership Setting

The requirement for partnership working in the CHP setting sought to redress a perceived democratic imbalance in health services by bringing all the key local stakeholders together so that they could equally influence the provision of community health and health improvement services. The idea of partnership with the public in particular seems to have presented monumental challenges, many of which appear to be rooted in the NHS's own historical conflicts. A number of the interviewees made reference to the historical relationship between health services and the public. One Voluntary Sector interviewee summed it up as follows: *"We haven't quite knocked it on the head yet, but it's certainly had a few hammers, the old nails that: "You do as your told", and "We know best, what to do for you", and you don't have any say in it", and I think that's really getting quite firmly squashed now".*

The Organisational Development interviewee gave the most extensive overview from a historical NHS perspective: *"Generally speaking, it's something that the NHS hasn't always been very good at, because the NHS has been a service-controlled organisation, and it's only been in the past ten years, I would say, that the NHS has begun to get to grips with the fact that we're a customer service industry, and you'd think that's quite amazing, considering we're the largest healthcare provider in the world. However, culturally, it was a take-what-you-get service. We had a number of initiatives around ten years ago, and I suppose the first one was the declaration by the NHS of what the rights and responsibilities of patients were, and we then had our Patients' Charter, which I can assure you, culturally, within a lot of areas of the NHS that was not received well – it was quite resented". The interviewee went on to talk about the SEHD's Patient Focus Public Involvement Framework: "So, about five or six years ago, the NHS launched what was called the "Public Focused Patient Involvement Approach" (sic) and gave NHS boards*

very specific responsibilities on involving the public, and consulting with the public, and involving patients. At that stage, the public involvement stuff was very much seen as a consultation process. In Forth Valley, we took the approach that it was to be a consultation process in terms of our healthcare strategy, we had a strategy, then consulted on it".

Coupled with the admittance earlier that the CHP agenda was really the first time the NHS is attempting genuine engagement with local communities as partners, it is likely to present not just challenges with recruiting and retaining PPF members, but ensuring that the information gained from them plays a role in decision-making. The partnership setting itself contains inherent challenges to creating joint plans and achieving co-ordination between partners, not to mention challenges around transparency and accountability. As mentioned in earlier quotes, however, many of the respondents mentioned that there had traditionally been the propensity for joint working between agencies in Clackmannanshire owing to its small size and significant health and social challenges, so that there is also a feeling that the partnership presents significant opportunities to achieve the effective engagement of local communities in its plans.

The General Manager explicitly detailed what she hoped to achieve through the inclusion of an inbuilt Public Partnership Forum (PPF) in the CHP: *"Just now, we're trying to link PPF into Local Authority engagement mechanisms and trying to ensure we use each other's mechanisms as appropriate. For example, in October, the Local Authorities have newly established Area Forums as local engagement processes linked to individual communities across Clackmannanshire and we're doing a joint event during October, where the PPF and Area Forums are going to come together, so that's where we're trying to link up. So, if the Council has issues coming up in relation to the Community Plan relating to health, they'll use the PPF mechanisms. Equally I think Health will want to use*

some of the Council's public engagement mechanisms to get wider community Engagement".

Other interviewees were more cautious about where the Local Authority itself was in terms of its development of and use of public engagement mechanisms. While they, like the GM, alluded to the fact that the Local Authority's approach was more structured and it used a bigger range of mechanisms than the NHS, they doubted whether its engagement was more effective than that of the NHS in terms of being faced with the same (institutional) challenges.

For example one Voluntary Sector interviewee, who also worked closely with the Council outside of the CHP had this to say: *"I think Local authorities still haven't got the idea of this public engagement stuff at all, and they're still rather floundering. I say that purely because, of course, the next round of Community Planning fora in Clacks is going to be on health, and they've got me involved in it, and they really don't have the foggiest idea".* In addition, the OD Manager commented: *"I think we're probably on a par actually. Local Authorities have different mechanisms, but I wouldn't say that their mechanisms are any more successful".* There appears to be some ongoing issues relating to recruitment to the PPF which are relevant in terms of the 'sharing' of mechanisms between the Local Authority and NHS but these will be dealt with in the later section regarding PPF recruitment.

4.11 Public Engagement in the CHP- A Driver for Institutional Change?

One of the core intentions behind the public engagement legislation was to bring about institutional change in public services. The reasoning behind it was that in order to meet the demand for flexible services that are tailored to meet the needs of local communities, local communities would need to be encouraged to actively participate in service

redesign. That participation and closeness with the community would fundamentally change the structures and culture of local public services and their relationship with local communities as they adjusted to this new reality. The interviewees were asked a series of questions relating to the role of the PPF in bringing about institutional and organisational change, particularly in the NHS.

4.11.1 The Role of Public Involvement in the CHP

This question, regarding how interviewees perceived the role of the PPF in the CHP was designed to uncover whether they made any connection between engagement of and partnership with the public in the CHP with bringing about changes to the historical institutional structures procedures and culture of the NHS as previously described. One Voluntary Sector interviewee's response was: *"Hopefully, which is why I'm involved, is that it influences some of the health policies that might come out at local level and if that is replicated across Scotland, then you will actually influence the national policy level".*

There appeared to be a lack of clarity within the PPF focus group about exactly what their role (PPF) was/would be in the CHP. Some comments were: *"CHP (sic) is a table full of partners in the community health of Clackmannanshire. Different people go to that table with different agendas, be it professional, and you only get so much information as a layperson and you don't know whether what you're saying is going to be picked up, as everyone has the pound signs up there, "How much is this going to cost?" We, as members of the public know that- can we influence money?"; "Just getting my head around some of the paperwork which I've been given in the past month...(trailed off)";" I don't see how the PPF at this stage can influence the CHP, because we're all still trying to find out where we are and what we're supposed to be doing...it's only just starting to slot into my mind-you've got the NHS Board, you've got CHP that influenced what was brought to the*

CHP, but now, apparently, I've not seen this yet, the CHP are going to be influencing the general managers more, and it's not the general managers who are going to have an influence on the CHP, because we're sort of finding our feet and where we're going to be".

The views of the NHS interviewees were generally positive and included the functional such as the Director of Public Health's response was: *"Basically, the role is that if it's meaningful, it's about patients and members of the public saying: "Sorry, we don't understand, what do you mean by that?", and "What difference is it actually going to mean for patients?", as I think there's a tendency to move to a model that is actually simplest for the professional, the simplest organisationally, but not necessarily the one that is actually most meaningful for the client. So, I would have thought that it was about reality checking". They also included the very enthusiastic, such as the CHP General Manager: "For me its pretty central to what we do, as we are about community services and we're about improving the health of local communities, and you can only do that if you've got the public engaged, if they support what you do".*

The CHP Finance Manager, pinpointed one of the dilemmas facing the CHP and public services in general relating to the influence of the local community on decision-making and the accountability issues that could raise for public services: *"I think it's very important that they are involved. So, it's critical that they're involved, but I don't think that they should be seen as replacing the management of resources, because in the vast majority of cases, they are there to advise on what the NHS could be doing and perhaps should be doing, and give their perspective, but not necessarily to manage the resources, because there is a question as to their degree of accountability, and that is an area which requires further exploration, and the public representatives may well be professional managers or have clinical expertise, but they are not charged with the responsibility of*

delivering the services, so I think that does need to be clear". This is explored further in the later section on 'Power'.

4.11.2 Responses of the NHS and CHP to the PPF

In the official CHP Scheme of Establishment, PPFs were designed to be fully integrated into CHPs. The implication of this was that services would normalise the opening up of their inner workings to public scrutiny and allow or even encourage their structures and processes to be influenced by the communities they served, with the aim of providing seamless and responsive services. All of the interviewees were asked the question: 'How has the CHP responded to the existence of the PPF, has it been integrated into existing traditional organisational procedures or has it resulted in any fundamental change to those structures and processes"?

While the General Manager of the CHP felt it had: *"fundamentally changed the way in which we deal with them (the public)"* but went on to add that: *"The PPF hasn't replaced a lot of the involvement mechanisms and processes that we had before because they are still there but hopefully the PPF just provides a co-ordinating role for some of those".* It was unclear how the PPF would link with these other groups apart from the fact that some PPF members and Representatives (to the Committee) were also patients/current users of services.

One Voluntary Sector representative summed up the view shared by the all of the respondents that it was still too early and the CHP and PPF hadn't been in existence long enough to definitively comment on whether the PPF had been integrated fully into the CHP and whether it was in a position to influence the way the partner agencies operated: *"I think it's too early to make a comment on that. I think until we actually see something we've influenced and that change then happens on the ground, it's too early".*

4.11.3 Public Engagement - a Driver for Institutional Change in the CHP?

The idea that public engagement is a force for institutional change and that the PPF would have that intended role in the CHP was explored further. Despite the fact that all of the respondents admitted that it was still early days and certainly too early to determine the extent to which the PPF was performing such a function, there were still some respondents who were willing to share their ideas about where public engagement fit into the health service in terms of service redesign and change. Again, there were a range of views.

The Performance Manager, for example admitted that there was still, in her opinion, a disjoint where public engagement was important but not as yet perceived as central: *"I don't think it's necessarily the result of public engagement but we're definitely changing the way we manage performance to be more accountable to the public on the back of the minister and the public service reform agenda, and best value, so we can illicit that we are delivering the local delivery plan - 'Delivering for Health' came into being so we could deliver for the people of Scotland, but not necessarily in relation to the PFPI agenda, and public engagement is part of that I would say at this stage".*

The OD Manager's response, however, was unequivocal: *"No they're not changing the inner workings of the organisation (NHS), I think they're being assimilated. Again, we're trying very hard but there's a cultural shift to be made in actually seeing the PPFs to be something other than 'that new thing that is separate from us'. It's not because there is resentment or resistance, it's because it takes a long time to change how people work".* The implication of this comment is that public engagement is being pulled into and being made to conform to the existing institutional arrangements. This poses a serious question relating to whether this may have the effect of neutering their potential to influence change.

The Director of Public Health felt that public engagement had changed aspects of how NHS FV operated internally: *"I think it does. I've seen people challenging "has anyone consulted with patient groups?" and it's actually about how you engage with the general public. If you don't engage with them early and properly then you're going to get tripped up further down the road. I think there's that recognition that it adds value to the process and sometimes you have to remind people, even in our own directorate at times "well we should actually be trying to find out a little more about how we provide a service to people".*

The OD Manager summed up what in her view was the scale of the challenge facing public services in relation to achieving the institutional change expected by the Scottish Executive: *"I think it's going to take five to ten years, before we see the kind of modernisation that needs to happen. That's not because staff aren't motivated to do it, or the organisations aren't motivated to do it, I think it's because of the rate of change that's expected, and all organisations are coping with huge change, within their own organisation, and are also expected to completely change their ethos, culture and organisational structure into partnership with other organisations. On paper, it all looks as if it could all be so easy- we could just tick off the boxes, all we need is structural change. So we merge with so and so, and deliver joint services, but what we're talking about is massive cultural change, and, the NHS is a very slow freight train, and I know, from a family who have worked for all three local authorities in Stirlingshire, if we're a very slow moving freight train, then the local authorities are even slower moving oil tankers. We're huge, complex, and sometimes bureaucratic organisations, and an awful lot is expected of us".*

4.11.4 Partner Perceptions of the Public

One of the most interesting and pertinent aspects of public engagement, is the relationship between service providers and the public and more specifically between professionals and the public. Having lay members of the public on the CHP Committee will be the first time for the NHS that they will be represented as a permanent fixture on a governance sub-committee of the NHS Board, and one which oversees the provision of CHP services. This section focuses on the perceptions of respondents who are on the CHP Committee about how the professional partners on the Committee perceive the public and importantly, whether they are considered equal partners in the CHP.

In terms of whether their perceptions of the public had changed because of public engagement the view of the CHP GM was: *"Our attitudes have changed. We don't see the public as a threat. In the past you kept things from the public until you had worked everything out in every little detail, so that you then went to the public with a well-developed plan, so you could answer all the questions...I think we've changed our view. If you do it well and engage them well, then it isn't a threatening process to be honest with the public and to share and debate and discuss difficult issues".*

The CHP Finance Manager indicated that in his view, the presence of the PPF Representatives on the CHP Committee hadn't changed his view: *"Personally, no. I came to work for the NHS because I believe in its raison d'être for being here is to provide the best health care service that we can so I've always been quite focused on what the public wanted. It's quite difficult to know what the public want, need or demand. Although, I speak to a lot of people about potential for people within the NHS to do what they wanted, rather than what the public wanted, needed and demanded. So from my point of view I don't think it's made much of a difference but I do think it has given more opportunity for me to firm up and informally get an idea of what the public want".*

The Voluntary Sector interviewees gave the following responses respectively: *"Yes. Because they've realised that the public are not a load of 'numpties' with no idea about anything at all, that they do have opinions and they have ideas and suggestions that are actually very workable"; "I think it's early days to make a judgment on that one...I think we're all (the public) pushing ourselves against the door about true devolution and taking some control over the budgets at local level and I don't think that has been addressed properly yet".*

The PPF interviewee had a different view on how they were perceived by the professionals. The PPF representative's response was: *"Some people seem to have a natural gift to be able to sort of 'work the tables' if you like, if that's an expression we can use. Others don't and it's maybe because they're engaging with the types of people they don't normally come into contact with. How do you engage with somebody with learning difficulties? How do you engage with somebody in a wheelchair"? When asked if they felt that they were perceived as an equal partner on the CHP Committee, the response was: "I would say no. It's not out of disrespect".*

4.12 Managing Public Engagement in the Partnership Setting

Political and democratic arguments in favour of engaging citizens, service users and other stakeholders in public organisations, particularly in collaborative or partnership settings, have failed to address the concerns of public service managers with regard to the implementation and management of engagement in that setting. The CHP is therefore as ideal a place as any to observe many of those challenges first hand.

4.12.1 Perceived Benefits and Drawbacks of Managing and Delivering Service in the Partnership Setting

The CHP GM and Finance Manager interviewed were asked to describe some of the benefits and drawbacks of managing within the CHP arrangement. The GM's response was: *"CHPs are partnerships so you're not just managing an operational unit where you're in control and all the staff report to you and you've got the budget for everything and you can make decisions. So managerially it's much more complex and you have to use different managerial skills and techniques which are more about relationship building, influencing, persuading, involving, engaging. You're using a whole range of skills which are different to a traditional operations management role and that's what it's like for me and my other managers because they have to do the same in the organisations which they are managing. Partnership is how we do things in CHPs across all our services, so we can't just decide: 'it would be a good idea if we just change this service so let's do it. We have to go through a completely different process so it's time-consuming. You have to use different managerial skills and you have to be able to communicate with lots of different people who have different knowledge and awareness of your services, so it makes the whole thing more complex"*.

Some of the benefits of the CHP to partners were obvious, such as realising the potential of the voluntary sector, particularly in recruiting to and developing the PPF. In the opinion of one of the Voluntary Sector interviewees, CHPs provided the perfect opportunity to realise such a partnership with public organisations as equals. She proceeded to explain that although the voluntary sector had extensive contact with the local community, it lacked the human resources and funding of the other partner agencies. In the CHP setting they were *"helping the public sector to get those people engaged and wanted something back"*.

For the Local Authority, the main perceived benefits were the opportunity to align health services with the social care services it provided to provide seamless health and social services to the community. They were able to integrate the local health improvement plans into the Community Planning agenda although this was prescribed by the Scottish Executive. In terms of the drawback of partnership working, an NHS manager in a supporting CHP role explained that: *"I think the real difficulties for them, is that they have no authority and all they can do is influence. So, our managers, in particular the General Managers, have to spend a huge amount of time in a leadership role, which is about influencing other people, and it's leadership without positional authority, whereas the traditional General Manager's role is a positional authority role, and is a purely management role, and, so they now have much wider areas to influence than before. So, it's suddenly expanded their job to almost two fold what it was, without any additional resources or capacity".*

4.12.2 Allocation of Resources in the CHP

One of the core ideas of public engagement is that local communities are able to influence the provision of services that are tailored to local needs. The results of the survey showed that budgeting and allocation of resources was one of the aspects over which public engagement had the least influence. The CHP Committee has a governance, decision-making and oversight function in the CHP. It therefore made sense to investigate not only how much influence they were having on this aspect of the CHP and some of the underlying reasons.

The respondents were asked the question "Is it easier or more difficult to allocate resources in the new CHP setting than it was before?". While some respondents answered in relation to the need to manage competing stakeholder demands, others focused on what

they perceived to be the resource-intensiveness of public engagement. The CHP Finance Manager responded: *"I think they do want to prioritise, and that tends to be a dangerous thing, because they will prioritise things...they will tend to prioritise the delivery of services, without necessarily considering the corporate position...and given that we've got limited resources someone's got to manage the delivery of those resources, prioritise them. There's a danger where the public are saying: "We want all these things delivered", but they will not give sufficient weight to the entire process which results, at the end, in a clinical delivery. That's where I think there may be an issue as to the extent to which the public can be allowed to stray into areas which become detrimental to the efficiency and effectiveness of an NHS involvement. It's an example of how public involvement may not give sufficient weight to ensuring the whole system works".*

The CHP General Manager's response was similar: *"That's difficult because of the resources that we have and the resources that we had. So, we haven't really done any major re-allocation of resources within CHPs to date. I think it will be a different process, because if you are allocating any new resources, then you'll need a much more extensive consultation process which you'll have to go through and ultimately, a CHP Committee will have a view on that, and the CHP brings together lots of different groups, with lots of different interests, with lots of different ideas about what priorities should be, which is why it's important that CHPs agree very clear priorities, so that if you're allocating resources, you're allocating them against what the priorities are, so it's not a free-for-all, for everyone to put their own idea. Any allocation of resources should be set against the priorities that have been agreed".*

The OD Manager's blunt reply was: *"There's little difference because we (NHS and Local Authorities) still have separate governance and accountability systems and separate budgets".* Given that so many of the CHPs priorities are predetermined by the

Scottish Executive, from which its funding also originate. The extent to which there is flexibility to set local targets and allocate resources in accordance with local need was unclear throughout. In addition, the admittance that despite the partnership structure of the CHP, THE NHS and Local Authorities were retaining their separate governance and accountability structures out-with the CHP Committee. The only exception to this in Forth Valley (and also in Scotland as a whole) is the Integrated Community Mental Health Team in Clackmannanshire, in which both staff and budgets are fully integrated between the NHS and Local Authority.

Other answers highlighted the resource intensiveness of public engagement. The Communications manager commented that the resources required should not be underestimated, particularly in terms of time. In her words: *"you cannot underestimate the resources required...it's something we take quite seriously but it is quite time-consuming"*. Similarly, the OD manager commented that: *"Even the most enthusiastic managers have to do it on top of the day job. It's an add-on. So there's such a lack capacity in any of the statutory organisations that at the moment, because they're unable to change what they're doing, because they're still dealing with the old systems and trying to promote new systems. It's seen as an extra and it is an extra because the Local Authority and Health managers, they do their full day's work and then they go out to work with the public in the evenings"*.

In addition, if public engagement took place within normal office hours, participants would need to be compensated for the time off work and any travel costs incurred. For example, in the case of engaging someone who is employed as a GP, the cost of providing suitable cover would have to be borne by the CHP engaging him/her (the same is true of other professionals attending CHP committee meetings or other activities during their normal working hours). Costs for PPF and voluntary sector

representatives attending committee meetings include transportation and child care if needed. A suitable venue would need to be sought and (in some cases) paid for and any necessary materials provided, as well as refreshments. Such issues, as well as many other were highlighted as being factors that vastly increased the resources used on public engagement.

It was also highlighted by many interviewees that the CHP did not receive additional funding from the Scottish Executive to cope with the cost of engaging the public (a small amount of funding was available through the Scottish Health Council directly for use by the PPF Development Groups), which was proving quite [2]considerable and had to do so within the confines of its existing budgets, which were still separate for partner organisations, as they still had separate governance structures.

The Performance manager explained that: *"Everyone's got such poor resources. It's not as if we've got huge budgets...so everyone wants to keep a hold of their patch ...but there are wee pockets of excellence in some services".* The lack of additional resources is complex issue, particularly in partnership settings where a number of factors, such as historical lack of trust between the partner agencies (a significant challenge for the other two FV CHPs, as opposed to Clacks) or concerns about loss of autonomy prevent the seamless alignment of budgets and resources and further compound the problem.

Interestingly, it was a Voluntary Sector representative who highlighted an issue with what they saw as perhaps the most important resource, the public, who, in the

[2] A November 2007 article in the Financial Times used Hansard government records to conclude that the Labour government had spent £2.9m on a series of five public consultations, including £1.3m on one day for a series of deliberative events with members of the public on Nuclear Power. The cost included hiring the venue, transport and accommodation for 1000 members of the public plus £772,626 to a polling company commissioned to carry out the consultation. The government was heavily criticized by the environmental lobbying group Greenpeace for consulting only 1000 people on one day, arguing that it did not amount to full consultation of the public.

individual's opinion were: *"being interviewed to death and engaged to death on the consultation process - you could do a full-time job, with just being consulted"*. Incidentally, this was true of one participant in the focus group discussion, who was actively participating in public engagement in seven different forums and mechanisms, including the PPF.

Various organisations, particularly those that carry out regular customer surveys and opinion polls constantly claim to know what 'the public' feel or want, and information of this kind is currently at a premium in an age of rising voter apathy and widespread disillusionment with the electoral process. But there is also the possibility of alienating the public through 'consultation fatigue', as public organisations attempt to fulfil the requirement to engage, often committing huge resources but asking the same questions of the same people as other agencies rather than sharing the information amongst themselves.

There were those, however, such as The CHP Finance manager, who found that: *"in going through the process of identifying wants, needs and satisfiable demand, given that public services have limited resources, that prioritisation process can only been improved by being more informed, and therefore, to be more informed, the organisations need to engage with those people who use the services"*.

4.12.3 Manager Perceptions of Being Required to Engage the Public

Managing community health services in a partnership setting has presented many challenges for service managers. All of the professional respondents were asked the question: 'Has the requirement to engage the public changed anything about the way in which you do your job'? A recurring theme in regard to ways in which their jobs had changed was in terms of communication.

The Performance Manager interviewed explained: *"In the job that I'm in now, I think I'm finding it quite interesting, in that I'll have to be careful in how I write things- I write management reports, and apparently my writing style is about the age of 19. We need to write for the public, for about the reading age of eight, so they're always dumbing down what I'm saying, well dumbing down is probably the wrong word. Quite rightly, I'm in Health Service speak for the executives, but I'm now very conscious about making it plain English for people. These are public documents, and they've got every right to understand them. I've also been involved in redrafting strategies, and we're great at redrafting strategies, but not necessarily, involving people in them".*

The Finance manager highlighted two changes. The first was also in relation to writing reports: *"I think in writing and presenting my reports to the Committee, one has to take some cognizance of the people who are going to read and listen to it. So, I think one tends to tailor the report to reflect the readers and that might be slightly different to the way in which one might write the report if it were merely to be read by operational managers. I think that there are advantages on both sides I think one focuses on the critical issues because one is aware that one can get side-tracked with detail. So the reports become more concise and are probably written in such a way that (sic) for known clinical operational people to understand what's going on. On the other hand, there is also an inclination to present things in a less detailed way and perhaps in a less hard-hitting way".*

Another issue highlighted was the increased length of time it took to achieve decisions by committee. But although the Performance Manager interviewed agreed that getting things done took longer, they disagreed with the assumption that it had made their job more difficult because it "*made us do what we're required to do"* in

terms of making sure the all of the partners are fully engaged and their feedback taken on board before decisions are made. According to one Voluntary Sector interviewee, the main benefits were that local changes to services were easier to make because there was an *"atmosphere of working together, negotiation, compromise and being able to educate the public about the challenges faced by services".*

All of the professionals interviewed were also asked if they or any of their colleagues to their knowledge had experienced any negative effects resulting from being required to engage the public. While most respondents quickly answered 'no', the Performance Manager admitted that: *"There might be negative comments, if it's what we term 'the usual suspects' - just the same people with the same gripe, rather than doing it for the god of the population, but I think that would be the only negative".* The OD manager commented: *"I don't think there are any negatives. I think it is a hugely positive thing because we are a customer service industry, we have to constantly remind ourselves that the only reason we're here is to serve our customers. But there are major difficulties with it, in that the more we involve and consult with the public and work towards partnership with them, the less realistic expectations the public have".*

The Director of Public Health admitted that he had had some bad experiences with Local Authorities where public meetings had been used for political gain at the expense of public service managers: *"I think sometimes-it's about how you define public engagement, but sometimes you get these big fixed meetings, and this is about the democratic issues, and sometimes they're, for example Falkirk Council have set up some sort of committee to scrutinise the acute strategy, setting up public meetings, and, basically, the public meetings are there for some of the Councillors to showcase themselves as saving the world etc., and that can really be quite nasty for the managers who go along to those meetings, so there is an issue about trust between organisations,*

and not one organisation setting up the other to be the "Fall Guy", or to be the guy who's going to be the "Fall Guy" so that they can get political kudos. So that's the element in the democratic process, where you think, "Oh! Why are they doing that?" People think; "Oh! They're doing that because of the election in May".

There was a general tendency when discussing public engagement from a managerial perspective with the NHS staff on the record, for them to focus exclusively on the perceived positive aspects such as building relationships with local communities and patient groups, implementing local change and an understanding of resource limitations. During the course of this research it has been markedly more difficult to get professional respondents to discuss or in many cases even admit that they did experienced any difficulties or outright negative effects. In the case of the Clackmannanshire CHP, attendance at meetings over a portion of the research period meant that the researcher was not a complete stranger to interviewees and this seemed to make it slightly easier for them to discuss difficulties although they invariably requested that specific details be kept off the record.

It was acknowledged informally that these tensions and difficulties do exist. For example, they felt considerable pressure from 'above' (high level strategic management and the Scottish Executive) to accept public engagement as a sort of panacea for all of the organisation's ills and therefore open debate or criticism were perceived as undesirable or even risky as dissenters risked being labelled hostile to public engagement, which in certain jobs, was tantamount to career suicide. This admission raises the question of to whether the professional respondents were giving purposefully positive responses to some questions to avoid potential negative repercussions.

4.12.4 Recruitment to the PPF

In order to ensure effective engagement of and partnership with local communities, public services need to ensure that their engagement mechanisms are populated in a way that ensures that the information gained from them is a reliable and valid representation of the local population. The issue of representation and difficulties with achieving it has been raised repeatedly both on and off the record. This section and the one immediately following contain the responses of interviewees to questions relating to recruitment to the PPF and representation of the public on the CHP Committee.

The interviewees were asked about their experience of recruiting people to the PPF and public engagement mechanisms in general. The responses indicated that this was an ongoing issue and interviewees described the challenges they were facing. The CHP GM's response specifically with regard to the PPF: *"It's been easier than I thought, although, initially, at the first event we had about fifty or sixty people who came along, and that seemed very good. We've got probably three or four hundred people on a database which was gathered from the CVS and our own internal sources of people who had engaged with services before. So, that bit of it was fairly easy. We're now down, in terms of the meetings that we have, we're down to a small core group of twenty or thirty people, who come to every meeting. So there's a challenge in how we widen that out again, and how we engage certain hard to reach groups who wouldn't normally engage. We don't want to get into the comfortable scenario where you've got a small group of people where we're all nice to each other, and we're not challenging each other, and we think that we've done the PPF bit. We need to strive to get to those groups who normally don't engage, and who might have a different perspective on health".*

Other NHS respondents also outlined the challenges they faced. The Communications manager's response was: *"I think to work effectively the PPFs need to have the right*

people on them. They can't have what I deem to be the usual suspects, that are probably on community councils, and lots of public involvement groups. You need a way of getting genuine public views, which is a real struggle, because if you are trying to get views that reflect the diversity of your community in terms of the ethnicity and age, and in terms of the social profile, then you don't necessarily want to just get white, middle class people, who normally sit on these committees, and that is a real challenge for us".

The OD Manager's response highlighted what was considered to be the problem of unrealistic expectations of the PPF at such an early stage in its development*: "I think they've found it difficult because again it's the challenge of you're a brand new organisation and you know, before you even figure out what you're supposed to be doing, you're expected to be effective at what you're doing. So the PPFs still haven't entirely figured out "what are we here for?", "what is it we're doing?" or "how can we do it?" The CHPs are the same and you can't possibly expect immediately high performance from brand new organisations".*

The Director of Public Health also described in detail what the challenges were as he saw them: *"I think it's a challenge. If you look at the demography, a lot of people are retired, not just over 65, they're actually 70+. They also tend to be relatively affluent, and a wee bit sort of nimbyish. There are some groups who are hugely under-represented. I think young women- young people full stop. The other thing is that people, who if you look at the agenda we have on reducing inequalities in health, you're not going to get all those people-single parents, though they do try to provide crèches and things like this. Even getting there, you're talking about people who don't have cars, public transport is too costly. There are projects out there, in Clackmannanshire- there's the Tullibody Healthy Living Centre, and, probably, we could use some of those Healthy Living Centres".*

One Voluntary Sector Representative initially claimed that it had been very easy: *"I think it's been easy, because we did it, the voluntary sector did it. We know who to approach, and how to approach them. From what I could gather from the evaluation, then the other two CHPs involving Forth Valley haven't got anything like the level of public engagement that we have". When asked directly about whether there had been any groups that had posed a challenge in terms of engagement, she admitted that there were some:" Yes, it depends on how you use the word involvement, because those groups are involved albeit from an information only point. So some of those groups will receive information but wouldn't necessarily attend meetings".*

When asked about specific groups acknowledged as being hard to reach, her response was much more explicit: *"LGBT groups, although I've actually had some come along, with one who wants to run one- so I'm hoping that will happen in the next year, that would help. Ethnic communities are quite difficult to engage with because they don't often see that their problems are the same as everyone else's. Plus, we don't have a huge ethnic minority community in Forth Valley. I have talked to ethnic groups about the PPF and the CHP, and they know that it's there, and they know that if they want to feed into it, they can, but they've never actually come forward and actually done that". She further added that there hadn't been any attempt in the CHP to specifically address the issue of hard-to-reach groups, "not apart from me reminding them".*

The other Voluntary Sector Representative interviewed gave the following response: *"I think we've got a fairly pooled cross-section of the community here. We haven't got anyone here, that I am aware of, who's from an ethnic minority background- that's quite hard, you can argue it's only a small percentage, that's a good argument to use, but…people with disabilities, we've got a couple of folk that are very involved. So we've got a broad section. The age range, the youngsters we had-early days - that needs to be*

looked at, and I have suggested that we try to dip into the youth council that's been set up, so we go to them if they don't come to us, because we're older, and boring and it's maybe not exciting enough for them, but we really need to engage with young people a bit more than we do".

The PPF Representative was also asked about recruitment issues in the PPF. She observed that: *"If it doesn't affect people directly, they're not really interested"*. She went on to comment on difficulties with retaining members: *"There has been action - young people. They were coming at the beginning but they got completely bamboozled by the jargon. There was a lot of jargon at the very beginning and youngsters dropped off"*. The PPF focus group was also asked about recruitment and members made a few comments in response: *"I've got one word for it and I think it's throughout Britain, not just Clackmannanshire and it's apathy: someone else will do it, is it really for me?"; "I agree with (name removed to protect identity) I think a lot of it is apathy. Someone the other day said they didn't know anything like this was on, but it's advertised every time, but I do think it's maybe advertised in the wrong places. If you're trying to attract a wide community, then you need to advertise in places like the supermarket, bingo halls, the people where people might congregate- a person going to them, rather than them being expected to come to meetings"; "A feeling of a lot of people, the general public- they just feel; "What's the point in getting involved, and going along to these things, because they'll just decide anyway, we're not going to change it." They have this feeling that they'll be listened to, but that's as far as anything goes, you won't get any action out of what you're saying. I think that stems out of things that have happened, especially in the Health Service".*

The specific mention of the Health service prompted a question about whether Health's approach was different in any way to the other agencies by whom all of them

were also being engaged. They described the differences they had experienced between Health and the Police and Local Authorities, for example: *"I mean the groups that I belong to- two of them are because I'm a Council tenant, so it's Council participation with the public. The other two are Safety Issues, so that's with the Police"; "With the police, we have bi-monthly meetings, and they bring reports every meeting, if they can't be there in person, they'll actually print out a report for us. Hopefully soon, we're going to get the new Chief Superintendent down to see our little group, but we can approach them in that way. We also have our weekly informal meeting in the local police station".* When asked whether they also felt they had the same level of interaction with the Health Board, one participant responded: *"At the moment, with the Health Board, no, I don't think so. For twenty seven years, I've been a patient, and I don't think the patients have been thought about".* The other members of the focus group unequivocally agreed with this assessment.

All of the PPF members interviewed (the PPF Representative and members of the focus group) were asked how they were recruited to the PPF. All of the respondents indicated: *"You just walk in*", explaining further that they had seen the PPF advertised in the local newspaper. They were also asked whether to their knowledge there was any mechanism to ensure representatives. All of the respondents said: *"no".* They were also asked whether anyone from the other community groups they were involved in had expressed any interest in becoming PPF members. The response was: *"Not really".*

When asked about their relationship to the PPF as representatives of the Clackmannanshire community, the response was: *"I don't think we ever ask at a PPF meeting "Have you got any problems which you would like us to investigate?", which I think should actually be put down on the agenda"*. These responses suggest that while there is an issue with recruiting hard-to-reach groups to the PPF, a part of the problem

may be the lack of an organised approach to recruitment and the absence of demographic weighting. There may, however, still be too few respondents to the advertisement in the local newspaper to even be able to apply demographic weighting.

Many of the interviewees and all of the focus group members made several references to distinct difference in approach to engagement between the Local Authorities, Health Board and Police. This suggests that public services might be approaching public engagement differently, depending on their particular corporate 'style' or function. For example, the approach of Local Authorities has repeatedly been referred to as being more 'structured', while the Police appear to have a more informal and 'easygoing' approach to public engagement. The Health Board is perceived as distant and aloof, although that appears to be changing slowly.

One Voluntary Sector Representative interviewed, gave this unprompted comparison of the Local Authority, the Voluntary Sector and the Health Board approaches to engagement: *"I think the Council is probably trying to engage more and they've also set up forums with themes, which is good. The Voluntary Sector has always been one, trying to work with the community. I know that from early days, and the Health Board, I think, was the one that was behind and is catching up. I think that it was always seen as the distant body - up there - nameless and faceless, but now it's beginning to be dragged into a proper engagement with the public".*

It appears, based on the responses of the interviewees, that there is a relationship between the approaches of the different public services to engagement - the public perceptions of them in particular, and the willingness of members of the public to engage with them. This may help to explain some of the additional challenges faced by the CHP in recruiting to the PPF, in terms of needing to first overcome an extra hurdle in the form of negative historical public perceptions of the NHS.

From the perceptions of respondents, although the voluntary sector had less of a structured approach and more of a 'hands-on, relationship-building' approach to community engagement, it was viewed by all of the respondents as being the most successful at it in the CHP. A Voluntary Sector Respondent recounted a conversation with the CHP's General Manager who was keen to utilise the expertise of the Vol. Sec. in setting up the PPFs and her frank advice, based on years of experience working closely with local communities, was: *"if we say consultation no one will come...People hate that word... It has really bad connotations, because they see consultation as something that bodies, like the Health Council do, when they've actually made up their mind exactly what they're going to do, and they're going to go ahead and do that anyway, and they just have to "consult" with the public, just to play safe. That's the way the public see it"*.

4.12.5 Representation of Community and Patient Groups on the Committee

The public are represented on the CHP Committee in two ways; by the presence of local elected Councillors and three representatives (one PPF Representative with full voting rights and two Deputies, to ensure that the PPF is represented on the Committee at all times) chosen by the wider PPF. While the Councillors have gained their legitimacy as representatives of the local population through local elections in which all eligible voters were afforded the right to cast a ballot, whether they did so or not, the PPF Representatives are elected by what has been admitted to be a small, unrepresentative group of individuals. This means that from the outset, there are obvious questions relating to their legitimacy as public representatives. The repeated reference to 'the usual suspects' appears to be being used as an indirect way of questioning the legitimacy of the PPF and by extension the PPF Representatives to the CHP Committee.

There were also comments by the interviewees that suggested there were other issues under consideration regarding the PPF Representatives, such as those raised by the Performance Manager: *"I find it quite interesting, because it's a governance committee, and it's quite different from sitting round the Board. I reflect on other committees, like the clinical governance committee, that have lay representation on them, and I think it's all about capacity and the understanding of individuals round the table, and their ability to influence, because otherwise, if you've just got representation, then you're just ticking a box. I think it's maturing, and it's taking time to mature, and you always need to keep building that capacity. I still think there's a feeling, probably, within the PPFs maybe more so, how are they actually influencing the agenda and how can they influence at the actual meeting"?*

There were also other more practical issues such as: *"It's a lack of knowledge that the public have of what the professionals do, and I think the other part of that is how somebody with a learning disability is viewed. It goes back to what people first tried to do-to try to change that person's perception of themselves. It's not somebody who just receives services, but has a voice and something to say, and is respected for that viewpoint, even if they don't always get what they want. So, we try to build the capacity of the individual, we try to get them to view themselves as important and valuable to people, and then, from there, we try to get other people to view them as valuable. I think there's still a lot of work needed there".*

Another issue related to PPF Representation on the CHP Committee was a lack of clarity of how exactly they were supposed to influence the proceedings. It has already been mentioned in the previous section that the PPF are not being asked if they have any items which they would like placed on the CHP Committee's agenda. In addition, the PPF Representative and members interviewed seemed unclear about what and how they were

supposed to be influencing the CHP. This is dealt with in more detail in the following sections relating to Power.

4.12.6 Use of Additional Mechanisms by the Partnership

In the CHP Scheme of Establishment, although the PPF was to be the main public engagement mechanism for the CHP, it was expected to use others as well as needed. Respondents were asked if there were any current or future plans to increase the use of innovative public engagement mechanisms in addition to the PPF by the partnership. The CHP GM responded: *"We don't have any immediate plans to introduce anything like that. That's not to say we wouldn't be open to...that's more of a long-term process. We're just getting it up and running at the moment and doing some training with the PPF members and offering them some community development training. What I would quite like to see is members of the PPF taking responsibility for doing particular bits of work on behalf of the CHP and exercising some leadership around that. We're not quite there yet".*

This appears to contrast with the response of one Voluntary Sector Representative: *"Yes, we've been talking about tying it together with the Patient Involvement Forum and (name removed) is doing a whole piece of work on that, anyway. Forth Valley have (sic) also asked the Voluntary Sector help them to actually put their sort of framework for working with the Voluntary Sector into place and make that happen and what is needed to take that forward. We've actually written a paper and submitted that".*

However, the response of the OD Manager was aligned with that of the CHP GM that while there were as yet no plans, there could be such developments in the future: *"I don't know. I think at the moment we're still in very much a development phase, for both the CHPs and the PPFs. So I think we need some development and consolidation time to try to embed what we're doing, why we are here and why we might be useful, before we*

start thinking about what else we can do...and I think that at some point in the future we'll have a network of user involvement and a partnership. The first step is employing users within the partnership".

Interestingly, the Finance Manager initially answered: *"If the CHP were to decide to expand the range of public involvement structures, then the CHP would have to fund them, or not - they might express the desire to expand the structures, but I suspect that what they might do is try to expand without incurring a cost".* This statement lends support to the idea that the range and number of (particularly innovative) public engagement mechanisms used may be more dependent on the budget available than other factors.

4.13 Power

Like any other social setting, the partnership one can be defined in terms of power relationships. One of the explicit reasons behind engaging and involving the public at a strategic level in the CHP is to redress a historical imbalance of power in health service provision that has been almost exclusively weighted in favour of the provider. Long-established/historical power relationships, however, are notoriously difficult to alter. The following sections explore the relationship between the CHP and PPF in terms of whether it is having/likely to have the desired re-balancing effect and what challenges are involved.

4.13.1 Public Power, or Not?

The question of who has power and how much pervades the CHP setting at all levels, from the SEHD to frontline staff and the communities they serve. Power in such a setting is almost exclusively related to ownership of resources and the decisions about how they are allocated. All of the respondents were asked "Have public engagement mechanisms

such as the PPF made members of the public more powerful or influential than they have been in the past?".

All of the NHS respondents said that they thought it had. The CHP GM answered enthusiastically: *"Yes, without a doubt. The proof in the pudding is the outcomes which we achieve, and it's too early days to demonstrate that, but the very fact that they're sitting round the CHP Committee table means that they have the opportunity to influence".* The Performance Manager gave a more measured response: *"Probably not yet, but if it is handled appropriately, I think it could be. The potential is there but the onus is on the PPF and the onus is on the CHP to nurture that. Also, on careful population of the PPF, so that so that if you've got somebody out there waving the flag, saying: "I'm on the PPF, and I'm influencing the Board", and gather up steam- and that's not what it's about. They need to listen to the people, whom they are representing and come to a sensible view on how that could be represented. That's where individual of the PPF might want to have discussions with management, as in somebody keeps coming to me saying: "Can we discuss this?, "Can we discuss that?" So, I think there's scope, but you have to equip some of the PPF to cope with that".*

The Communications Manager, however, focused on other aspects: *"Yes, I think they have. I think power is quite an aggressive word. Perhaps, it's given them the influence that they deserve to have. The danger of this is to look at this and say that it is something new, and I think for some areas, it is new, it really is new. I think Forth Valley has been quite dynamic in its way of engaging the public. This hasn't always been met well, as you have a public who are not used to you coming out and saying "We need you to help us solve this problem." You get people saying: "Why do we pay you all this money, if we're coming up with the ideas".*

The OD Manager viewed it in terms of progress for the Health Board: *"Yes I think they have. I think the very fact that we've got Board sub-committees that have members of the public on them. It wasn't that long ago that Board meetings were private meetings. The very idea of having members of the public turning up at Board meetings was under no circumstances. So we have no members of the public on our Board because they're statutory Boards, but I don't think it will be very far off".*

The Finance Manager saw the developments as positive but qualified them in terms of how much influence they were permitted to have: *"I find the PPF being involved in the CHP has given them the formal voice and formal opportunity to attend., and then the formal opportunity to influence. It depends whether you call the influence power - I think it's a degree. It depends on your definition of power. I think they are able to influence, but the only reason they're able to influence is because those in power allow them to influence".* The Director of Public Health framed his response in terms of added value: *"I think it does but also partly because I think there was a recognition that they actually do have an authority and they do add value".*

One Voluntary Sector Representative felt that it had given the public a voice: *"Yes. Because it has given them a voice that they can use. They know that what they say is going to be looked at and will be taken into account. If it's a specific problem, it is hopefully going to be dealt with".* The other Voluntary Sector interviewee's response was more measured: *"I think the test will come again with time, because of the two-way process of us receiving information, passing it down there, back and forward. If the folk at the forum don't feel that there have been any changes, then they just won't come along. You can only judge whether something is successful if the people you're aiming to it at are actually feeling that something worthwhile is happening in Health Improvement".*

As far as the PPF Representative interviewed was concerned it hadn't: *"It's hard to say. The overall feeling I get from it is 'no'. It's like they collate the views but the hard bit is what they (the CHP) do with them and what they give back to people...I think we should have more power. I don't think we've got enough".* The PPF focus group felt that in terms of the way the NHS operated within the CHP setting, there were some changes but not enough: *"We need to see the influencing that the public has done"; "I totally agree. There's a lot of stuff there and you'd think there would be some ideas coming out that are different to what they just seem to be doing. And well, the cynic in me feels as though they're just ticking the boxes"*; *"There's a bit more than just tokenism. I think part of the Health Board quite welcomes patient/public involvement. I don't one hundred percent feel it's because statutory (sic) they must have it. They do like some feedback from the public as to what's going on. However, I don't think that they would be doing what they're doing just now if it weren't for the requirement by the Scottish Executive".*

There appeared to be a general consensus that the PPF is a long way from reaching its full potential. However, there does not appear to be any consensus on precisely what its full potential is and the professionals appear to have very different views to Voluntary Sector and PPF members on exactly how much power the public should have in the CHP, particularly over the allocation of resources. From discussions with different CHP partners, it appears that power is an issue about which many feel strongly, and that the tensions of the past about professional versus public power have been transferred to the new CHP setting.

Although there was an acknowledgement that the public need to have more power and more influence at the strategic level, the use of terminology, particularly by managerial and professional respondents relating to their opinions on how much power the public should be 'given' or 'allowed' to have suggests that the seat of power still

very much lies with them and they therefore ultimately determine how much power or influence the public have or will have in the CHP, which is an inherently inequitable relationship and in stark contrast to many of their responses about whether they viewed members of the public as equal partners in the CHP.

4.13.2 Perceived Benefits and Drawbacks of a More Powerful Public

All of the respondents were asked what, in their opinions, were some of the perceived benefits and drawbacks of a more powerful or influential public. All of the respondents with the exception of the PPF Representative answered in terms of potential drawbacks and difficulties, suggesting that they may be harbouring certain fears about the idea. One Voluntary Sector respondent saw it in terms of challenges for the NHS in particular: *"They are going to have to make really fundamental changes to the way in which they work, and yes, that's coming, but there is still a lot of work to be done on that. I suppose they have their own ways of doing things and their ways have to change unfortunately. Nobody likes being uncomfortable. Nobody likes sticking their heads above the parapet, but they're going to have to".*

The second Voluntary Sector interviewee's response was: *"There are two aspects to that. There's the one who cries the most gets the most milk group, and you get the individual voice, which actually then gathers other peoples' support, and so it can come from group pressure, or you've got the individual who persuades everyone else that what they're pushing is important. It depends on what national priorities are coming down. So, say it's mental health, that's on the agenda on the Scottish Executive Health Department, then that will be accepted and carried through, but if it's not, then that drops down. So, they've still got control of the agenda and the money that goes with that".*

The PPF Representative felt that the drawbacks related to the lack of resources: *"At the end of the day it all comes down to resources. We bang on about something - people want x, y and z from services - people at the top making the decisions say "well that would be great but we can't afford this"*. The Director of Public Health felt that decision-making could become far more complex if there were polarised views and no desire to compromise: *"It's a broader issue, but when you try to achieve health service change through hospital closures you can end up with a very polarised approach to what's happening. You end up with people saying "They're doing that because of x" and sometimes people are not prepared to listen - I've certainly been in meetings where, despite trying quite hard, people are just not prepared to listen. They come in with a fixed mind and you can see that their attitude is "I'm not going to listen, I'm going to make my point, which is to save my hospital". It can also take out the informality and the constructiveness of the process and people go defensive".*

The Finance Manager saw it as quite a threatening prospect but a democratic one: *"That becomes a theoretical question. The theoretical answer would be: if you have a more powerful PPF who are, effectively, able to control, then the danger is that they take decisions which are not implementable, through either limited resources, and therefore, they could turn round and say: "We want every service provided in our local area", and they want every single service delivered, and it's not financially sustainable, so that and they want consider travelling. That wouldn't be sustainable or implementable, because you might not have the facilities to provide it, you might not be able to recruit the personnel with the relevant expertise, and it would be from the economies of scale perspective completely unsustainable. Then, there would be a financial problem and a service delivery problem because it wouldn't be possible to recruit the appropriate specialties. If they were sufficiently powerful what they might do is say: "Well, we'll get*

someone else in who can deliver this", and then there would be a continual change of manager, and then the people that were trying to drive those through, from the PPF perspective, may find themselves under pressure from those who put them in post, and what you then get is, well democracy".

The CHP GM's response also focused on drawbacks: *"I guess the perceived difficulties (sic) is that if community/patient groups perceive that they have more influence and power, they're not constrained by the organisational arrangements we're constrained by. So they can potentially adopt techniques to get what they want. They can go to the press, they can go to their MSP/MP, they can create pressure for change that might not accord with CHP priorities. Their expectations are "We've got influence within this, this is what we want to happen". They can go outside the CHP mechanism to press for their priority and they're not constrained by things that we're constrained by. They can go to the press and give confidential details about how badly treated somebody was. We can't reveal those details, we're constrained by confidentiality, data protection stuff. So there's a challenge there to make sure that patient groups exercise the extra influence and power they have in a constructive way and sensible/mature way. It's about building honest relationships with them, so they don't feel they have to use these other mechanisms".*

When prompted about whether there were any benefits, the response was framed in terms of it being a benefit mostly for the public but also in terms of prompting action by managers: *"For them, they are exercising power. They're getting things on to the agenda that they couldn't get on to the agenda before and sometimes in the Health Service, managers are so busy doing their day-to-day job that it does take a campaign on an issue by a particular group to get you to deal with it, to focus on a particular issue. So, sometimes it can be quite beneficial".*

While the public were far more comfortable with the term 'power' and its potential implications for giving them more influence in the strategic process, the professionals appeared far less comfortable with the idea of a 'powerful' public, and envisioned the public potentially 'wielding' power like a weapon in a confrontational manner. The views of the public seemed far more measured and they appeared to view potential power as carrying an inherent duty to attempt to understand the challenges faced by service managers and professionals and a responsibility to use any power acquired in a way that benefits their communities. Such a gulf between both groups in terms of how they viewed power, particularly the views of the professionals, suggest that whilst the public feel ready and capable of using any power gained responsibly, there is still a lack of trust from the professional perspective that they are as yet fully capable of doing so.

4.14 Making Statements

The final part of the interview took the form of statements, which took a different approach to generating responses from interviewees. They were designed to encourage interviewees to respond to some of the recurring public perceptions in the media about public engagement by public agencies. The responses to each statement have been grouped into 'Professionals', 'Voluntary Sector' and 'PPF'.

4.14.1 Statement 1

The first statement was: "Public agencies today are engaging with the public but aren't taking any notice of the results".

Professionals

"I think I would disagree with that. I think that happens. I'm not suggesting that there isn't a degree of tokenism in the way in which we agree with the public, and then there are occasions where we go out and engage but we just do what we were going to do anyway. However, I think there is increasing evidence that we do go out and we do consult and make changes to what we do, and I think particularly in the areas of Mental Health and Learning Disabilities, there is evidence of where public engagement has influenced what services have looked like at the end of the day".

"No, I don't agree with that. I agree that we're moving forward. We maybe don't always do what we should do or take notice of all the results but it is certainly not a black and white 'yes' or 'no'.

"I can only speak for my public agency and I would say in my public agency that is simply not the case. They are engaging them. We changed completely the plans for the A&E on the back of public engagement".

"I don't think that's entirely true. I think there have been situations elsewhere, where there has been lip service consultation processes, but I think in Forth Valley, I see regular demonstrations of things changing and things being done differently because of public engagement".

"In some areas, I would agree and in some areas I would disagree. I think that if you look across Scotland agencies take notice of what the public say and that will influence the decision but it depends on what weighting we give to what the public say".

Voluntary Sector

"It depends on the public organisation. I think Health is certainly beginning to take that on board. The Local Authority is engaging the public but doesn't seem to be listening to what they're saying. Generally, where there is public engagement, it is still

early days yet, plus in some instances the public don't feel too happy about coming forward and sticking their necks out, because they've never been listened to in the past".

"I suppose in part I would agree with that and I think it's probably down to finance. There's a finite amount of money in the public purse and the politicians will want to drive the spending of that in their particular areas. So if the public say "we want this" and they say "we can't afford to pay for that", then we're not going to get it. It's centrally driven by finance. If it fits into the agenda of the politicians then it will happen. If it doesn't then I'm afraid it gets sidetracked".

PPF

"I agree with some of that. I think they're taking notice of some but they're leaving some".

4.14.2 Statement 2

The second statement was: "Public engagement has raised public expectations of services too high".

Professionals

"I don't know whether I agree with that. I think public engagement has rightly raised people's expectations of services. What you have to do is manage those expectations, but I think it's a good thing that people's expectations of services are raised because that's what puts the pressure on services to continually improve. If there's continual pressure from patients or other groups to continually improve. What you then have to do is have that engagement with your discussion and debate about what's possible. I think the issue is about how you manage those expectations in a mature way".

"I don't think it's raised them too high, I think it's raised them quite rightly, because to me, the performance management is actually about performance improvement".

"Yes I think that certainly is a huge difficulty...it's not just public engagement, it's the information age, so we have huge amounts of information at our fingertips that we never had before. Anybody can use the internet to find out the best treatment you can get for x, y and z, and it increases expectations without having an awareness of the resources that are actually available. Then we engage with the public and sometimes the services feel victimised, because they're working very hard and the public thinks that they're not doing very much at all".

"No, I disagree with that because of the words "public engagement has raised public expectations too high". I think it might be that it's raised them unrealistically at this point".

Voluntary Sector

"No I don't think so. I don't think that it's raised expectations too high, it's put expectations at the level that the public want, which is not necessarily at the level that everyone else wants, you know, the public bodies. I wouldn't say their expectations are high, their priorities are just different".

"No I don't think they can ever be too high. I'd say no to that".

PPF

"Some people want things laid out on a plate for them. There's no way they'll get them because it's the cash".

4.14.3 Statement 3

The third statement was: "Public engagement has created an illusion that the public have an influence in the policy process".

Professionals

"There's probably some truth in that, in the sense that health policy is centrally driven and that's not negotiable. You have to question the extent to which public opinion has shaped national policy through the political process. Health is told what to do and we are told what to do in a fairly directive way, and we have targets to fulfill. We can't just create what we want. Public engagement can shape how we influence that policy locally, so there's still a lot of scope for public engagement to shape how it looks on the ground. Our local policy is the implementation of national policy, so public engagement is not going to change the fundamentals of care principles".

"It's difficult. It depends on what level we're talking. I think it's more than an illusion but I can understand where the question came from. I think there's always the cynical side that suggests "Okay, have they made a difference to policy? If you're asking the question of Scotland as a whole, or you're asking the questions of the actual PPFs, what's happening locally, that's more than an illusion but it might be to the wider population that you're just ticking a box, and it is an illusion".

"It depends on what level you're talking about. I think there is an illusion in terms of strategic policy, that again back to the political thing. The strategic policy is dictated by politics and regardless of what the public think of that, that will happen. However, at the local level, there are real examples of the public having influence in the policy".

"That's a tricky one. If it's a political policy then I'm not sure. And then you're into the political parties and how they engage, and do these policies actually reflect what the public want. You're into fundamentals about democracy there. I do think proportional representation is going to help a bit".

Voluntary Sector

"Of course the public have a influence in the policy process! It's not created an illusion because they do very much have a part in the policy process, but again, it's building that trust and the awareness that they can actually do that and how they do that".

"Probably, in part, I would agree. I think it comes back to what I said earlier. It's early days for Community Health Partnerships to say whether we have influence, and whether it's just the tokenism. We engage and the public see that, tick the box, Scottish Health Council, we've done that, but in the end, it's the outcomes of that involvement and that engagement. Is that positive for the health of the population? I mean we might not know how the health's improved for another fifteen, twenty years".

PPF

"I still don't think they have...(trailed off). Some but not a lot".

4.14.4 Statement 4

The fourth statement was: "All public engagement has done is create more work for public service managers and placed even further strain on scarce resources".

Professionals

"It has created more work for managers and we don't have sufficient capacity to do it to the level we need to do it. It's been done on a bit of a shoestring. We've now got money for a PPF Co-ordinator but that's one person across the Board, so it does put a strain on scarce resources but that doesn't mean that it's not the right thing to do. It's important that it's embedded what managers do and not seen as an add-on, but there's no doubt that pressure to do a whole range of things. Everyone agrees that involving the public has to be

an integral part of what you do but there's no extra capacity in the system to enable that to be done as well as people would like to do it".

"I'd agree with that, but it's not all its done. It's absolutely placed strain and stretched resources but it's what we think we should be doing and I don't think it's the wrong thing to do, I think it just needs recognised".

"Public engagement is very, very resource-intensive, there is no doubt about that. To say that's all it's done is a complete misnomer".

"I think that's true but I don't think that's all it's done. I think there are huge benefits to it and public service managers see these huge benefits".

"I disagree".

Voluntary Sector

"Yes, I suppose it has done that. It has done that initially, because, well, it's not actually placed a strain on resources yet, but it will. I foresee that happening because priorities are different, and what the public wants isn't necessarily what the health trust, or the Scottish Executive wants, or the local authorities see as their priorities. This is now just beginning to come out into the open where the public are saying "we want to see this happen", with other bodies saying: "we need to ensure that this happens", but the public saying: "We're not bothered about that".

"I would think yes. From my early days on the Community Health Partnership, my understanding was that it was done within existing resources, so I would think yes, it's been an extra burden that we've had to carry. I don't know whether or not they've had extra money from the centre to do it since. The other scarce resource are the people out in

the public who are actually being interviewed to death, and engaged to death on the consultation process- you could do a full-time job, with just being consulted".

PPF

"Yes. There are some benefits as well".

The fourth and final statement was: "Public engagement is just another political initiative that will only last until the next public service reform agenda".

Professionals

"No, I think the genie is out of the bottle in that sense. It doesn't matter what political party is in power. I don't think the public or patient groups or the Voluntary Sector will allow it to go back into the bottle. It's there, it's intrinsic in what we do. It's maybe not done as well as it should be done but I don't think as a result of change in political administration, the public and patient groups are just going to stand back and say "It's okay if you don't consult me anymore or you don't engage me".

"No definitely not. The public won't let that happen".

"I don't think so. I think that it's built quite a momentum. I think it would be very hard to stop. It's all about citizenship and people's expectations to influence the services. It's part of everything. Thirty years ago, you went along to see the doctor and the doctor told you to do this- it's not like that anymore. What you do now is you go in, you've surfed the internet, you've practically diagnosed yourself, this is what you want, this is what you don't want-it's so much more of a partnership. The attitude of people towards public agencies has changed- they appreciate that they've paid for them, so should have an influence in how they are run. I don't mean an individual influence, I mean a community influence".

"Yes it is a political initiative but it's about long-term cultural change and I don't think for one minute the public will only let it last until the next reorganisation agenda. There may be new initiatives, but it's public engagement, but in a slightly different way. CHPs have PPFs but that is a huge step forward because prior to that, we had no organised engagement groups. It might look as if it's slightly different but it's a step towards a true engagement model. No government is going to take steps back from that - they would be taking their life in their hands".

"I don't think so. I suspect that there will be increasing public involvement regardless of who is in political power. I think it's shades of grey - it may become a lighter grey or a darker grey but it'll never become white and it'll never become black - it'll just go up and down in a grey scale. I think you'll always get involvement. I think the question will be to what extent it will influence".

"I disagree. I think it's here to stay. The will of political parties have changed. You've only got to her Mr. Cameron in England (Leader of the Opposition) and the dynamic is different. Part of why they've been out of power for ten years is because they didn't listen and engage with the public".

Voluntary Sector

"This had better not! I think the public still feels that to some extent that it might go out of fashion. To be honest, once you've started that process, you can't turn the time back".

"I'm not sure about that one, because I think the public, whoever they are, I think now we've got our teeth into something, I don't think we'll go quietly back into the corner again, and I think people are beginning to realise that we've actually got a voice, and whether they do it through a pressure group, whether it's "Save our school from being

closed" or "Stop our hospital services being cut". I think people have always demonstrated and felt "We want that" so, no. Obviously, the politicians they come and go every four or five years, but the community is still there-it gets up the following morning, and gets on. When something they've come to enjoy or expect gets removed, they'll make a noise".

PPF

"The public needs to see what the benefit of all this is, otherwise it's just a complete waste of money, because that's what a lot of people think".

4.15 Conclusion to the Interviews and Focus Group

There appears to be a large amount of credible evidence that much of the pressure in favour of public engagement comes from the Scottish Executive and is therefore political in nature but that most of the day-to-day issues and challenges were institutional and managerial in nature and were therefore perceived differently by the CHP, which adds validity to the use of perspectives approach to understanding contemporary public engagement. While public engagement appears to be slowly altering historical public and professional perceptions of each other, there is as yet no evidence to suggest that it has or has the capability to bring about major institutional change to public services. Rather, it appears to be being assimilated into existing frameworks.

Managers appear to be facing certain difficult dilemmas and challenges. They are finding themselves having to balance the expressed views and needs of local communities with the centrally-directed targets and funding that is predominantly tied to them. It takes away some of their scope for local flexibility and places constraints on them which they feel that the public don't always fully appreciate. They are also experiencing both resource and capacity issues around public engagement due to its resource intensiveness and the

absence of additional funding from the Scottish Executive, which means that they must fund it from existing budgets.

This means that resource limitations will undoubtedly be a managerial concern when selecting what mechanisms to use and how many different ones they are able to employ. With regard to the information gained from public engagement, it is evident that it lacks any power of enforcement. The public managers interviewed admitted that while it was sometimes taken on board, it was also sometimes ignored. That was very obviously completely at their discretion, a fact that was not lost on the PPF members. There appears to be an acute awareness from both perspectives of many of what they perceive as potential benefits and pitfalls of a more powerful and influential public, although most of respondents were focused on the potential pitfalls, which is interesting. The next part of this case study will be an analysis of CHP documents and participant observations.

4.16 Analysis of Clackmannanshire CHP Committee Documents and Participant Observations

4.16.1 Public Engagement in the Clackmannanshire CHP

The FV CHPs Scheme of Establishment (SoE) (Section 5.3.3) states that the Clackmannanshire Public Partnership Forum (PPF) 'should build on what already exists rather than become additional group or set of groupings' (p. 57). This approach is entirely dependent on using well established networks that have been in existence prior to the statutory requirements around Community Planning. However, for the CHP, the PPF is supposed to form the hub of a 'formal and cohesive strategic framework for community engagement, which augments and enhances the current arrangements' (p. 57), although it must also 'avoid duplication and role confusion with other national and local bodies' (Section 5.3, p. 55). These existing Clackmannanshire-wide arrangements from which PPF would be populated and with which it would work closely, were outlined in Sections 5.3.3.2 and 5.3.3.3 (p. 57-60) and include:

- A Joint Community Council Forum, which meets quarterly and is comprised of representatives from the 9 community councils in Clackmannanshire.
- A Council for Voluntary Service (CVS) created by a steering group comprising Clackmannanshire Council and Scottish Enterprise and managed by representatives from local community and voluntary groups. It is represented at Alliance level by a Manager employed by the CVS Board.
- Clackmannanshire Tenant and Residents Federation, which brings together the tenants of the three main landlords in Clackmannanshire (Clackmannanshire Council, Ochilview Housing Association and Paragon Housing Association). It had already been in existence for a decade prior the SoE.
- A planned Forum for the Clackmannanshire Alliance, which will represent the views of the public regarding Clackmannanshire-wide issues.
- An Area Regeneration Forum, which will represent the views of communities in the Regeneration Outcome Areas (ROAs).

The SoE (p. 60) also states that the Clackmannanshire CHP partners 'are aware that a range of methods will be required to be used in tandem with the more traditional methods,

particularly to engage with some of the 'difficult to reach groups" and goes on to list those which had already been developed as:

- Citizens' Juries;
- A People's Panel in Alloa South & East (with potential to be augmented by a Clackmannanshire-wide People's Panel);
- E-citizen projects;
- Planning for Real (used recently in Alloa South & East by the Community Planning Team (CPT);
- Drama (aimed at engaging with young people);

Though it is notably unclear about which of the partners had/were using these more contemporary engagement mechanisms.

4.16.2 Working Agreement between the Clackmannanshire CHP and PPF

The Working Agreement (February, 2006), based on the 'Community Health Partnerships: Involving People' (SEHD Advice Notes, December 2004) sets out the working arrangements between the CHP and PPF. It covers the following areas:

- Purpose of the Working Agreement - to ensure that the agreed working arrangements between the CHP and the PFF are clearly outlined to 'maximise the effectiveness of the PPF as the primary mechanism by which the CHP engages, communicates and maintains a meaningful dialogue with the public' (p. 2).
- Aims of the Public Partnership Forum - the Forum's main aims are to: build on existing public involvement mechanisms and ensure that the Representatives (both PPF and Voluntary Sector) and their Deputies, are able to represent the views of the wider Forum and the local community 'in an inclusive way' (p. 2) on matters directly relating to Health and Social Care services.

- What the PPF and CHP expect of Each Other - the principles by which the relationship between the CHP and PPF is underpinned include: 'openness and honesty; listening to and having respect for each other's views and opinions; giving and receiving feedback; learning from each other; and a commitment to improving services and health improvement.' (p. 2)
- Role and Responsibilities of the PPF - the main role of the PPF is to allow the CHP to 'engage, communicate and maintain a meaningful dialogue' (p.3) with local communities. The PPF is expected to promote positive changes in health, voluntary and social care services, 'represent the views of all members of the communities served by the CHP, paying particular attention to those who could be socially excluded or face discrimination when accessing services' (p. 3). It is also expected to provide information to the public not only about the range of services available to them and where they are located, but also to allow the wider community to link into CHP discussion and decisions relating to the provision of local services. In addition, it has a responsibility to ensure that both the PPF and Voluntary Sector Representatives are appointed in fairly and are mandated to represent the views of the wider Forum. It is expected to support wider public involvement in the planning and decision-making of the CHP and finally to help the CHP to 'break down the barriers that prevent equal access to services by promoting the principles of equality, diversity and transparency in all aspects of its work' (p. 3).
- Membership of the PPF - Membership to the PPF is open to service users, those who care for people receiving services, or those who live, work or are connected in any substantial way to the geographical area served by the CHP. In addition, it is also open to any organisation having a significant connection with an interest in the CHP the services it provides, and the way in which it delivers those to local communities, as

well as organised groups such as local community planning-related groups/fora, community councils, support groups, voluntary sector organisations, and self-help groups (p. 4).

- How the PPF will work - the PPF will be supported by a Development Group (up to 12 members), which will oversee its operation and continuing development. It will coordinate the flow of information between the CHP and the PPF and between the PPF and the wider public in Clackmannanshire, as well as any activities that relate to participation and involvement of the wider public. It is also charged with maintaining a database of PPF members in accordance with Data Protection rules and recruiting to the PPF, with an emphasis on 'developing strategies and mechanisms to involve 'hard to reach groups" (p. 4.). It must also encourage networking and coordination between individuals, groups or organisations within the PPF membership in areas of common interest. It must organise at least 4 meetings of the wider PPF per annum, make decisions regarding how the PPF will respond to requests for the involvement of the PPF either from its membership or from the CHP or NHS Forth Valley and must monitor the working agreement and review it on an annual basis.
- Structure (PPF in relation to the CHP) - the wider PPF will be supported by the PPF Development Group which will coordinate its interaction with the CHP Committee.
- Election Process (For PPF Representatives and Deputies - The election of PPF Representatives to the CHP Committee will occur annually, with a third of the Representatives facing re-election every year. While the election of PPF Representatives will be overseen by the CHP on behalf of the PPF Development group (to ensure fairness and transparency of the process) the process itself will be agreed between the PPF and the Development Group. The Clackmannanshire Council for

Voluntary Services (CVS will be responsible for electing Voluntary Sector Representatives to the CHP Committee.

- Communication - Although the PPF Development Group will be responsible for coordination communication between the wider PPF and the CHP, and establishing the main communication routes and mechanisms, it will not be the only mechanism for communication between them.
- Accountability - All PPF members will be issued with a copy of the Working Agreement and asked to abide by its principles. Those Representatives of the PPF and Voluntary Sector elected to sit on the CHP Committee will be accountable to the wider PPF membership for views communicated to the CHP Committee. It will be the role of the Development Group to ensure that there is agreement with the wider PPF regarding issues that are raised at the CHP Committee. In addition, the Development Group is responsible for determining how to proceed when the PPF is asked for specific involvement in any area of CHP operation/service delivery.
- Time Commitment of PPF/Voluntary Sector Representatives & Development Group Members - Individual members will determine what level of time commitment they can make to the CHP. Regular activities will include: 'Reading information provided; disseminating information as appropriate; attendance at meetings/events; Arranging feedback; Attending training and development events' (p. 6). Members of the Development Group will be expected to attend bi-monthly meetings, with attendance expected at a minimum of 4 meetings out of 6 per annum
- Code of Conduct - PPF members are expected to observe the codes of behaviour contained in the 'National Standards for Community Engagement' and the principles contained in the 'Ethical Standards for Public Life' (Scotland) Act (2000). In addition, individual members of the PPF are not allowed to interact with the media on behalf of

the PPF without the prior consent of a majority of the membership. PPF members may speak to the media on the understanding that they are not acting on behalf of the PPF but as individuals. The CHP General Manager's office will be the first point of contact with the media and it will be responsible for making the wider CHP aware of correspondence with the media as well as ensuring that the CHP is provided with an opportunity to respond prior to publication of any related details. PPF members are expected to maintain the confidentiality of individuals when raising any issues related to the use of health services. Finally PPF members are expected to declare any conflicts of interest that are financial, personal or related to associations. The Working Agreement advocates a 'common sense will prevail' (p. 7) approach to dealing with conflicts of interest.

- Support for the PPF - The CHP is charged with providing the PPF with any support or resources it requires to fulfil its role, including financial (including travelling expenses, course/conference fees or other expenses accumulated in the discharge of their duties), administrative (including information, facilities, etc.), training and development (CHP staff to work with the Development group to identify needs), and professional (e.g. Health Promotion). The PPF Development Group is expected to indicate PPF needs and agree with the CHP General Manager on how best to meet them.
- Role of the Scottish Health Council - The role of the Scottish Health Council will be to 'ensure that the NHS Board is carrying out its statutory duties to involve the public and promote equality of opportunity through the work of the PPF and other involvement mechanisms' (p. 8).
- Review - The Working Agreement is subject to annual review and those wanting to comment or contribute to that process are provided with details of how to contact the NHS Forth Valley Corporate Services Manager.

4.16.3 Thematic Analysis of Selected CHP Documents, Minutes of Meetings and Observations

While the previous section outlined the contents of the SoE and the Working Agreement specifically with regard to community engagement in the CHP, this section uses the four sensitizing concepts Democracy, Institutional change, Management and Empowerment - as a framework for analysing the CHP's approach. They provide a means of evaluating the approach of the Health Board and the Partnership, against the core themes underpinning contemporary public engagement in terms of what it is intended to achieve.

Local Democracy

The SoE outlines a range of existing engagement mechanisms in Clackmannanshire, such as the Forth Valley-wide Patients Panel, community councils, databases and networks operated and maintained by the Council for Voluntary Services (CVS), Clackmannanshire Tenant and Residents Federation, and a number of community fora that deal with community planning, area regeneration, etc. In 'Other Approaches to Community Engagement' (Section 5.3.3.4) the SoE also points to the use of more contemporary/innovative mechanisms by partners, such as Citizen's Juries, a People's Panel, e-citizens projects and drama.

While the terms 'democratic' and 'local democracy' do not explicitly appear in the any of the CHP documents (including minutes, reports, etc.), the term 'active citizenship' does appear in the SoE, both in describing the 'strong local commitment to active citizenship and community engagement within each Local Authority' (p. 55) and in relation to what the partnership aims to 'promote' in the local community (p. 59). This rhetoric is inextricably linked to New Labour's intentions for public engagement in providing opportunities for democratic engagement beyond the ballot box. In addition, the language of the Community Learning Strategy also hints at democratic underpinnings. It aims to

create, among other things: a vibrant, successful and inclusive community and voluntary sector; well-organised and managed community and voluntary groups; and communities where people can get involved as active citizens at a level that suits them, and on issues that matter to them (p.59).

This focus by the CHP on developing community capacity for greater engagement in public services is designed to result in more community engagement in the delivery of local health and social care services. It remains to be seen whether this is something that the NHS in particular is institutionally ready for, as it is striking that of the mechanisms touted in the SoE as being used by the 'partners', most of the established ones and the more innovative ones in particular have very obvious origins in the Local Authority. This suggests that the Health Board is relatively new to the level of and approach to public engagement planned for the CHP.

It should be noted that while the language of inclusiveness is used, for example, where the SoE and CHP-PPF Working Agreement mention 'hard/difficult to reach groups' (SoE, p.60; Working Agreement, p. 4), and the role of the PPF Development Group in managing recruitment to and development of the PPF, there is no obvious priority given to/mention of any plans to specifically address the admitted lack of and difficulty with the engagement/representation of these groups/communities in the databases and other organised community groups and fora from which the CHP intends to populate its PPF. This strongly suggests that existing inequalities and lack of representation by certain groups will almost certainly be reproduced in the PPF, even as it allows the CHP to claim the legitimacy that is inherent in being able to demonstrate that it is engaging/has engaged with the local community in developing its plans.

Another interesting point relating to representation is the dedicated seats on the CHP Committee for both local Councillors as well as PPF Representatives. There is an ongoing

tension that is directly related to the legitimacy of their views as public representatives, particularly if they differ/disagree during the consideration and discussion of CHP business. Since only the elected representatives are able to claim the legitimacy of the democratic electoral process, the legitimacy of the views of extra-electoral public representatives would always be vulnerable to being delegitimized or simply ignored by CHP decision-makers, without recourse. There is an apparent lack of clarity around representation where there are both elected representatives and lay members of the public representing the public simultaneously.

Institutional Change

The Clackmannanshire CHP (and the two others in Forth Valley, namely Stirling and Falkirk) were established as the result of the White Paper 'Partnerships for Care' (2003) and the National Health Service Reform (Scotland) Act (2004). They were designed to replace the two Forth Valley Local Health Care Cooperatives (LHCCs) which were established in 1999. The establishment of CHPs means that NHS Forth Valley would take a stronger partnership approach to the delivery of integrated services aimed at improving the health of local population. The SoE is explicit about the need to 'change the way services have been historically provided' in relation to the NHS, 'both nationally and locally' (p. 6); essentially to bring about institutional change.

It identifies the challenges facing the NHS at both national and local level, including: 'predicted changes in population; shortage of skilled professionals and the subsequent risk to continued stability of services; new regulations; changing working arrangements for staff; and the need to maintain and improve the quality of services and meet new clinical standards and guidelines' (p. 6). It then goes on to outline the programme of change for 'almost every aspect of healthcare delivery in Forth Valley' (p. 6). It also

notes that the review of the LHCCs found that while the co-operatives had achieved: 'clinical engagement, effective strategies for clinical effectiveness and prescribing and establishing multi-disciplinary communication networks', there were areas in which significant improvement was needed. They were: 'more effective joint working with local authorities, voluntary sector and service users' (p. 8). This suggests that there was some awareness that the traditional institutional structures and culture of the NHS were either resistant to and/or experiencing some difficulty in undertaking effective joint working across established organisational boundaries (with the local authority and voluntary sector) and changing the nature of the relationship between its services and their users.

What is immediately evident from the SoE, is that the institutional changes intended for public services in Scotland and particularly for the NHS, of which the CHP approach is arguably the most significant, are the result of legislation and statutory guidance from the Scottish government. This is not to say that pockets of good practice did not exist prior to the statutory requirements but it can be deduced that they were not typical of the service as a whole. Within the context of the broader institutional change being imposed essentially top-down on Scottish public services by the Scottish government, sits the Patient Focus Public Involvement (PFPI) or community engagement agenda.

PFPI is discussed in the context of being one of the national priorities laid out in the Health Plan, with its progress measured against 'four 'pillars' of involvement, namely: Building capacity and communication; Encourage involvement; Provision of information; and Responsiveness of local services to address the aspirations and concerns of patients and local communities' (p. 13). In section 2.1.2 PFPI is also mentioned in relation to the 'Fair For All' agenda, which is aimed at 'mainstreaming diversity and tackling inequality' (p. 13), to include those affected by 'a range of cross-cutting issues for example poverty and homelessness, mental ill-health, involvement in the criminal justice system and other

hard to reach groups' (SEHD, CHPs: Involving People Advice Notes, 2004:3) with an NHS FV Action Plan designed to achieve this. The PPF is also intended to feed into this broader agenda but, as mentioned in The Democratic Perspective, there does not appear to be any clear link made between the recruitment process for the PPF and achieving the outcomes of the wider equality agenda.

It is clear from the SoE that from the outset, some partners were more dominant than others and that their institutional norms were highly likely to dominate in the CHP. The Health Board and Local Authority are very clearly the dominant partners (the Health Board is acknowledged to be the 'lead agency responsible for the development of CHP's' (p. 8), with the Voluntary Sector and the public obviously much less so, if for no other reason, due to their distinct lack of 'clout', financial or enforcement. This could be the inevitable result of two things: firstly, the Health Board and Local Authority are funded through taxation and are subject to the outcomes of the democratic/political process, which makes them accountable in ways the Voluntary Sector and lay people are not and affords them a kind of 'official' legitimacy that they lack. Secondly, the CHP's funding comes from the Health Board and Local Authority via the Scottish Executive and is inextricably linked to national priorities and agendas such as (Community Planning, Joint Future, Hall 4, etc.).

The lack of reliable funding has been an ongoing historical issue for the Voluntary Sector. It should be noted that both the NHS and Local Authorities have often relied and continue to rely quite heavily upon it to support, augment or fill gaps in their own community services. It receives some funding from Health Board and Local Authority budgets on an ad hoc or project basis, in addition to a range of other ad hoc sources and there is as yet no indication that this is likely to change, despite its inclusion as a partner in the CHP. This may put it at a distinct disadvantage in terms of its influence in the CHP's decision-making structures and processes, particularly on the CHP Committee, even as the

other partners are able to utilise its expertise as grassroots infrastructure, especially with regard to locating and engaging with hard to reach or disadvantaged groups.

The SEHD's 'Involving People Advice Notes' for CHPs (2004) is explicit about the role of the PPF in the CHP setting. It outlines (p. 5) three main roles for the PPF. The first is to 'support and enable the CHP to, through the PPF and other means, inform local people about the range and location of services and information which the CHP is responsible for, including NHS Board wide services which are available in the CHP area'. It is intended to improve the access of local communities to services. The Second is to 'support and enable the CHP to engage local service users, carers and the public in discussion about how to improve health services, the wider health improvement agenda and raise health issues from the community perspective. The PPF must ensure that it represents the views of the communities served by the designated CHP area, paying particular attention to those who could be socially excluded or face discrimination when accessing services'. This is intended to feed into the process of determining local priorities and the development of CHP work plans. The third and final role is to 'support wider public involvement in planning and decision-making whilst contributing to the cultural change within the public sector for public involvement...The CHP should adopt a range of methods and approaches to enable them to reach all sectors of the community'. This 'cultural change' is intended to result in more responsive and locally accountable (to citizens and communities) services.

The intended role for statutory public engagement in achieving changes to the institutional culture (from established accountability, decision-making and resource-allocation structures to informal rules-in-use) of public services is a significant one and in the CHP setting, the interaction between the CHP and the PPF will provide clues about the extent to which this is achievable in practice. The 'Involving People Advice Notes' (SEHD, 2004) explicitly states that 'PPFs must have a formal role in decision-making processes of

CHPs' (p. 3). It recommends that the PPF 'should', by fair, open and democratic means, select at least one member of the PPF to serve on the CHP Committee' (p. 6) and stipulates that 'This member will have voting rights on behalf of the PPF and therefore should not be presenting their personal views. They should have the mandate of the PPF to represent the views of members in this role.' (p. 6). The Advice Notes also recommend the election of deputies so that the PPF is always represented at CHP Committee meetings.

This is significant, as it means that for the first time the public will have a voice at this level (the CHP Committee is a sub-committee of the NHS Board), although the voting power they have been allocated may in reality be quite limited and potentially easily overruled when compared with that of the other committee members, a majority of whom are representing the NHS and Local Authority. The same observation could be applicable to the voting power of the elected members (2 sit on the Clacks CHP Committee) and the voluntary sector representative with voting rights, when compared with that of the NHS and Local Authority representatives on the Committee.

Another way of gauging whether the CHP's approach to public engagement will bring about the intended institutional changes to the way health and social care services are provided in Clackmannanshire, or indeed anywhere in Scotland, is to examine the decision-making and accountability structures to see the extent to which the PPF/public views is/are able to feed into them. The table below illustrates the governance and accountability arrangements for CHPs.

	1 April 2005	Year 3
Who sets CHP objectives?	➢ NHS Forth Valley (80%) ➢ Joint Commissioning for integrated services/integrated planning groups (20%)	➢ Shift in balance between the two as breadth and range of services within CHPs expands
Who will CHPs be accountable to?	➢ Formally the NHS FV Board and the PCOD[3] (initial 6 months) ➢ Local Authority CHP Committee Members - Formally to the relevant Local Authority Committees and informally to community planning boards and integrated services	➢ Joint Accountability/ Governance Board ➢ Whole system scrutiny
Who manages within CHPs?	➢ General Manager (NHS FV employee) reporting through PCOD CEO to NHS FV Board CEO ➢ Links to Joint Future groups for integrated services	➢ General Manager to be a joint post between Health and Local Authority ➢ Joint developed/pooled budgets ➢ Increased joint management posts within all levels of CHP
Delivery	➢ Status Quo	➢ Whole service vertical integration of care groups with horizontal professional leadership ➢ Local CHP interpretation of national priorities where practicable

Table 11 : CHP Governance and Accountability Arrangements (Forth Valley Community Health Partnerships Scheme of Establishment, December 2004).

Although the management and decision-making structures will be examined in greater detail in The Managerial Perspective, it is noteworthy that this table does not mention the public nor indicate what role the public (patients and local communities, etc.) will have in governance and accountability in the CHPs (it is possibly that it may simply be implied but it isn't explicit in the documents). These structures appear to sit squarely within the established institutional arrangements of the Health Board, with a view to being integrated by year 3 with those of the Local Authority. Given that the NHS and Local Authority in Clacks have a history of joint working that predates the CHP and which it aims to strengthen further, it is questionable whether the public (or the voluntary sector) can/will

[3] Primary Care Operating Division (NHS FV)

easily gain entry into this relationship as equal partners or having sufficient influence or authority to encourage major changes to the way these services operate. It is evident from the SoE and CHP-PPF Working Agreement that the CHP and PPF have been set up and will almost certainly be run according to the institutional and organisational ways of working of the dominant partners.

Management and Accountability

The initial accountability arrangements for the Forth Valley CHPs come under the umbrella of NHS Forth valley, with a view towards eventual joint governance arrangements with the 3 Local Authorities, in whatever configuration best suits each of the CHP (SoE, p.43). The Accountability arrangements for the Clackmannanshire CHP can be seen in Table 11. At the strategic level, the Health Alliance/Joint Forum has a facilitative function, and will be a forum for discussion of joint Health and Local Authority business. It makes recommendations and issue guidance on issues relating to policy or strategy. Although there is no direct line of accountability between it and the CHP Committee, it will issue statements of agreements, which would be 'passed back to the Local Authority and Health Board who, on approval would delegate actions via the CHP Committee to the CHP Management Group' (SoE, p. 45). The membership of this group will be subject to review but would initially include: 'executives, including elected members, senior Local Authority officers, NHS executives and non-executives (including Acute Operating Division representatives, Chair, Clinical Led and General Manager from the CHP Committee' (p. 45). There are plans to consider eventually merging this group with the CHP Committee.

The SoE describes the role and remit of the CHP Committee as being to: 'promote organisational change and drive forward the service improvement agenda, ensuring

effective delivery of devolved functions. The Committee will operate across health and local authority sectors and will have a key role in making local policy decisions and influencing national priorities and opportunities for further integration of healthcare & partnership services through membership of the Chair/General Manager on the NHS Forth Valley and Service Redesign Boards. The Committee will inform and influence a range of plans (local health plan, Community plan, JHIP, etc. and will empower frontline staff to improve outcomes and the delivery of quality services within a clear accountability framework. The Committee will, jointly with its management team, prioritize resources for the population it serves based on need and develop joint service plans with partners. The Committee will also ensure compliance of the CHP against corporate, clinical and staff governance standards and will monitor the performance of the CHP, reporting to the NHS Board.' (p. 49).

The CHP is supported by a Management Team, which is led by a General Manager, who will also be responsible for making appointments to it. The Management Team's responsibilities include: 'the development of local service delivery plans, ensuring community engagement in the process. They will have some responsibility for some delegated functions currently within the community planning agenda and will work towards achieving greater integration of services and making tangible progress in line with action plans to improve health and tackle inequalities in health. The Management Team will be expected to deliver the Forth Valley corporate objectives for CHPs and the Organisational Development Plan and be responsible for the financial management of the CHP' (p. 49).

In terms of the leadership arrangements (p. 49-50), the CHP has a General Manager and a Chairperson, both of whom is appointed by the NHS Board. An appointed Clinical Lead sits on the CHP Committee and this role involves engaging with heads of service,

lead clinicians and care groups (professionally accountable to NHS FV Corporate Leads) at the level of policy and strategy, while they retain operational responsibility for the delivery of services. The Clinical Lead is accountable jointly to the CHP Chairperson and the General Manager and professionally to the Primary Care Operating Division (PCOD) or the Medical Director of the Health Board. In addition, the Clinical Lead's role involves: 'Identifying local health needs and priorities and developing integrated strategies to address them; Further support and developing clinical and care networks; Ensuring continued adherence to clinical governance standards to improve quality and ensure patient safety; Facilitation and dissemination of information through established communications networks and forums; Promote multi-disciplinary education and training; and Embrace opportunities to develop new models of care created as a result of implementation of new contracts'.

What is immediately striking about the management, leadership and accountability arrangements is their entirely top down and strictly hierarchical nature. The management, leadership and accountability arrangements for CHPs have very obviously been dictated by the Scottish Executive and implemented by the NHS based on its internal systems, neither of which shows any indication of openness to input from local communities in FV about what they consider to be the most appropriate arrangements for their local CHPs.

The locality arrangements that were used in the Local Health Care Co-operatives (LHCCs) and which were replaced by CHPs, have been reviewed to take into account what worked well but also to 'take account of the broader partnership working remit of CHPs to include additional input and liaison with users, local authority and the voluntary sector' (p. 51). This is, again, a tacit admission that although some things worked well in the LHCCs, such as 'bringing multi-agency groups together to discuss issues pertinent to local communities through effective networking' (p. 51), when their initial agenda was broadened they

experienced 'capacity issues and the need to minimise duplication of work' (p. 51). This included the admission that more needed to be done to facilitate the inclusion of a wider range of partners, including the public, in the design and delivery of responsive local services.

The CHPs are supported by 'a range of professionals including Finance, Information & Technology, Quality, Planning & Human Resources' (p. 52). The staff who carried out these functions in the LHCCs have been 're-deployed on a ring-fenced basis according to their substantive post and the requirement of the CHP' (p. 52). This suggests that the same people who fulfilled these roles in the LHCCs will in reality be doing the same jobs in the CHPs. Although this makes sense in view of their specialist skills, there is, however, the no indication of whether the broader remit of the CHP and the fact that staff in key positions such as these will undoubtedly find significant changes to their jobs as a result of partnership working and public engagement, has encouraged any specific plans, e.g. additional recruitment or training, to support these new realities, particularly given the specific set of difficulties experienced by the LHCCs.

The SoE notes about the LHCCs, that 'As the Co-operatives have developed, additional responsibilities and challenges have arisen that were not identified in their original constitutions. The emphasis on partnership working, Joint Future, service redesign, managing prescribing and clinical effectiveness have placed additional demands on clinical managerial capacity' (p. 7). Although clinical managers were highlighted as having greater demands placed on them as a result of these new institutional and organisational realities, it is unlikely that managers as well as other professionals and staff in other areas have escaped the demands of having to make similar adjustments.

Performance Management is another interesting area that offers an opportunity to explore how CHPs are assessed against their objectives. The SoE (p. 53) outlines the

performance management arrangements for the FV CHPs, which are linked to the Performance Assessment Framework (PAFs) and Accountability Review, both of which link into the FV Area Performance Management Framework. It also indicates that 'Significant work has been undertaken via Joint Futures to develop a Joint Performance Assessment Framework' between NHS FV and the three Local Authorities and by extension, across the 3 CHPs. The aim is to achieve performance management and reporting where the information is presented consistently across Forth Valley.

With regard to the setting of specific targets, the SoE states that 'Some targets and objectives are set nationally through the Accountability Review process and others will be set locally within and overall planning and performance management framework. Through the performance management framework, objectives are cascaded to teams and to individuals for delivery. This will facilitate the devolution of decision making to each CHP' (p. 53). It does not indicate what proportion of the CHPs' targets will be determined nationally as opposed to locally.

The SoE is liberally littered with national targets, guidance and objectives emanating from the Scottish Executive. It is questionable how much scope public service managers will actually have from the outset to determine what their local targets should be and the extent to which they will be achievable, given their (NHS Board and Local Authorities) funding arrangements with the Scottish Executive. The Clackmannanshire CHP's Committee Development Plan 2006/07 (26th April 2006) bases its High Level Objectives on those in the SoE, Local Delivery Plan, NHS FV's own Corporate Objectives, Local Healthcare Strategy Development and Implementation and Joint Future targets and actions (p. 2).

Of the High Level Objectives and Priorities outlined in the document, 4 were entirely locally generated (by the NHS and LA partners), i.e. not influenced by/based upon

legislation or national priorities, and they related to the development of a new Clackmannanshire Community Hospital, development of an Integrated (NHS and LA) Community Mental Health Service, transitional arrangements for services during the CHP's implementation to minimise disruption, and ensuring 'easy, safe and consistent' access to the centralised acute in-patient services at the new main NHS FV hospital in Larbert. In addition, there does not appear to be very much opportunity in any of these purely Scottish Executive and public service-focused/determined arrangements for local communities or the voluntary sector to have any significant influence over the way that national or local targets or indeed resource allocation are determined.

There is a wider observation to be made regarding the aims, objectives, targets, etc. as well as the leadership, governance and accountability arrangements outlined in the SoE. While there is a clearly stated commitment to engaging the public in the management and delivery of services, in line with legislation and guidance from the Scottish Executive, it is unclear how engagement will be operationalised in terms of more specific pathways for how the information/views expressed by local people will feed into management, accountability and decision-making or strategic local planning. Indeed, in practical terms, the PPF as the primary public engagement mechanism for local CHP (health and social care) services appears to be insulated from some critical managerial decision-making aspects of service provision, such as resource allocation and organisational development (e.g. management structure review and development, and workforce development), for which the NHS retains complete central control.

Where the SoE (p. 74) outlines the way in which resources will be allocated and decision-making relating to resource-allocation e.g. how much of the NHS Board's revenue will be devolved to CHPs (48%), provisions in the Scheme of Delegation and Roles and Responsibilities Framework (outlines the levels of devolved decision-making around

resourcing), or developing joint resourcing, governance and accountability arrangements with the three Local Authorities in FV (as CHP partners), input from the voluntary sector and public partners is conspicuously absent. This directly contradicts two of the key community engagement goals of the Clackmannanshire CHP, specifically 'to help create: communities that influence and shape public policy and practice' and 'communities that control local assets and services' (p. 59).

Public managers in Scotland are key actors in the requirement to create more locally responsive public services, which places them at the intersection of the Scottish Executive's directives, the institutional frameworks and culture within which they must operate but also act as change agents, and the needs of local communities. In terms of the CHP setting, it will present every person from the General Manager to frontline staff with opportunities, through effective engagement of and partnership with service users and local communities, to design and deliver responsive community health and social care services. It also, however, presents them with conflicts, contradictions and dilemmas that may act as countervailing forces to the achievement of those objectives. This is a direct reflection of the factors identified in the TF as belonging to the role and environment of modern public management and with which managers in the CHP must grapple if they are to fulfill that role effectively.

Empowerment of Local Communities

Power is a cross-cutting theme, owing to its pervasiveness in social interaction. The CHP setting, like every other aspect of society is an arena within which power relationships determine the interaction of agents and groups. Such a setting is particularly interesting to explore because its aspirations and success are predicated upon the equality of the partners. For the CHPs to succeed in this endeavour, they (the NHS in particular) must achieve

changes to long-established power relationships, particularly with service users and local communities by engaging them in the design, development and delivery of services.

The FV CHPs are underpinned by a set of principles outlined in a section of the SoE, entitled 'Our Approach in Forth Valley' (p. 8). Among them is the principle that 'partnership means equality'. What is less clear is how equality is defined in the CHP and for those partners, namely the public, who have traditionally been in a position of disempowerment, acquired. Power in the CHP context is also likely to be a highly complex affair as the NHS and Local Authority attempts to simultaneously comply with statutory requirements to engage the public in the delivery of local community health and social care services and to meet the national targets and fulfil the Performance Assessment Framework imposed by the Scottish Executive.

As mentioned in the previous section (Management and Accountability), the CHPs replaced Local Health Care Co-operatives (LHCCs) and the 2004 review of LHCCs found that although they were able to achieve greater clinical engagement of NHS staff in key areas, they were less successful at joint working with the Local Authorities, voluntary sector and service users. The SoE mentions that following on from the findings of that review 'a number of approaches have been used to ensure continued involvement and engagement of key partners:- awareness raising sessions about CHPs held in each of the three local authority areas and one in rural West Stirlingshire, recognising the specific needs of a rural community; Multi-agency visioning workshops to inform the planning and implementation of CHPs; Discussions with care groups and other specific interest groups to ascertain areas of concern and continue the engagement process; Multi-agency development planning workshops within each local authority area; Development of an internal website, regular communications via Staff Newsletter and CHP Briefing Sheets' (p.8). The description of these activities is quite vague and does not provide enough detail

to ascertain the actual extent of community engagement or involvement in planning for the implementation and development of the FV CHPs.

In outlining NHS FVs vision for the 3 CHPs, the SoE states that: 'We will empower those who provide care across the health and social care spectrum, including the voluntary sector, to deliver service improvements through changes in the way skills and resources are deployed' (p. 6). This statement is difficult to interpret as it does not specify what is meant by 'those who provide care', a term which could be equally applied to NHS and Local Authority service providers, or unpaid carers in the community, who, though a part of the wider local population would not necessarily be able to represent the full spectrum. There is, however a wider consideration, and that relates to the question of specifically what type/s of power is/are being referred to and what empowerment means in the CHP setting.

The potential obstacles to achieving a more equal partnership with the public are substantial. For example, the management, leadership and accountability structures of the CHP have been predetermined by the Scottish Executive and have been implemented by the NHS according to its existing institutional norms and internal systems. The use of a PPF as the CHPs' main public engagement mechanism has also been by SEHD directive. The SoE is quite specific about how CHPs will be resourced (p. 73-74) and how those resources will be deployed (p. 73-74), with the exception of the PPF, whose resource needs would be determined after their establishment. The lack of any attempt to even speculate in the SoE about what those resource needs might be suggests that they were at the time completely unknown. This raises questions about how they would be determined, who would decide what resources are/aren't available and what would be considered the most appropriate use of those resources. The CHP-PPF Working Agreement states that: 'Support requirements will be defined by the PPF Development Group and agreed with the CHP General Manager' (p. 7). This implies that while the PPF Development Group can make

requests for resources or support, the CHP General Manager must agree to the request and will make the final decision about what resources will be forthcoming. The voluntary sector is not mentioned at all in the SoE with regard to the distribution of resources.

What is clear from the documents is that resource decisions about the provision of CHP services would be made exclusively by the NHS and Local Authority partners through their established channels, putting the voluntary sector and public partners in a comparatively disempowered, purely advisory role in the CHP. Although this is due in no small part to the accountability of the aforementioned agencies to the Scottish Executive, it also creates a dilemma with regard to the idea of NHS FV and the Local Authorities also being accountable to local communities and the voluntary sector as empowered, equal partners in the CHP.

4.17 The CHP-PPF Relationship in Practice

This section is an analysis of the minutes of 6 CHP Committee meetings over the course of one year[4] (February 2006 - April 2007). While the previous section sought to provide an analysis of the documents that outlined the foundations upon which the CHP and its public engagement aspirations are based, this section will explore how the relationship between the CHP and PPF was conducted in practice over the aforementioned period. Since the CHP Committee is the main hub of the CHP, it is here that the interplay between the CHP and the PPF as its main public engagement mechanism could be most clearly observed.

<u>The CHP Committee Meetings - General Information</u>

CHP meetings took place every two months. Papers for meetings were distributed to

[4] Papers from the meeting in June 2006 (including Minutes from April 2006) and August 2006 (including Minutes from June 2006) were unavailable (missing from NHS FV's records) so the Minutes from two additional meetings - February 2007 and April 2007 were used to make up the shortfall and ensure that the analysis of Minutes is based, as much as is possible, on a continuous record. A list of meetings and agendas can be found in Appendix F.

attendants approximately a week in advance. Meetings were held at Dunmar House Hotel in Alloa, which was identified as being a central and accessible location (with disabled access and facilities). Meetings began at 12.30pm and lasted for an average of 3 hours with an average of 13 agenda items. Average attendance was 24 people, with 15 from the NHS, 2 from the Local Authority (Social Services) and 2 Elected Members (of the 3 FV CHPs, Clacks was the only one that was able to achieve consistent attendance by Elected Members at Committee meetings) for a total average of 4 from the LA, 3 PPF Representatives (1 Rep and 2 Deputies), 2 Voluntary Sector Representatives (1 Rep and 1 Deputy) and 1 unaffiliated attendee. Each item and accompanying paper on the Agenda was labelled with one of the following: 'For Information', 'For Noting', 'For Consideration', 'For Discussion' or 'For Approval'.

Date	22/02/06	16/08/06	18/10/06	05/12/06	29/02/07	18/04/06	Avg.
Total Present	20	24	22	26	30	23	24
NHS	12	14	12	16	20	15	15
Local Authority (Social Services)	1	2	2	2	3	3	2
Local Authority (Elected Councillors)	2	2	1	2	1	0	2
PPF Representatives	2	3	3	2	3	2	3
Vol. Sec. Representatives	2	2	1	3	2	2	2
Other Attendees	1	1	2	1	1	1	1
Meeting Duration	12.30-3.15 (02.45)	12.30-3.30 (03.00)	12.30-3.40 (03.10)	12.30-4.00 (03.30)	12.30-3.35 (03.05)	12.30-3.15 (02.45)	03.00
Agenda Items	12	14	14	12	12	12	13

Table 12: General Committee Figures

The PPF and Public Engagement in the CHP

During the period that this research was conducted, the CHP was just coming to the end of

its induction phase and the PPF had only recently been established, with some posts on the Committee, such as the Clinical Lead, yet to be filled (Item 3.1, Minute 22/02/12). There was very much a sense that in terms of the PPF, this was an 'experimental' phase, where the Health services in particular were entering unchartered territory in terms of having a public engagement mechanism built into the CHP and consequently having lay members of the public as permanent fixtures on the Committee. The papers from CHP meetings over this period have been used for two purposes: firstly to identify the proportion of the CHPs business in which the PPF had any direct involvement, where they did, what form their involvement took, and whether and to what extent their views, ideas, recommendations, etc. were taken forward through decision-making pathways and what feedback if any, was received by the PPF.

The Committee meetings were structured around recurring reports from the CHP Management Team, CHP Finance Manager (Financial Position), Public Partnership Forum Update and Clackmannanshire Community Health Services Project (pre-planned construction of a new Community Hospital). Other business included presentations about the ongoing development of local community clinical and health improvement services such as Podiatry and Community Mental Health (multi-disciplinary joint Health and Social Work team), as well as the development of a Joint Health Improvement Team (JHIT) to take forward the development and execution of a Joint Health Improvement Plan (JHIP) between the NHS and LA. There were also other one-off or infrequent presentations/reports, such as the annual report from the Director of Public Health.

At this initial stage of the Committee's life, there were two CHP Committee development days held (16/11/05 and 25/01/06) with plans to hold a development day to bring the Committee and the Management Team together in the same room (Item 3 part ii, Minutes, 22/02/06). There were ongoing issues around the clarification of roles and

functions of Committee members and how the Committee itself was intended to function in relation to the Management Team, PPF, etc. The development days were also used to discuss the development of a Joint Health Improvement Plan (with the Local Authority) and agree the CHP's local priorities. There was an ongoing consideration around performance management and the determination of specific local targets, and how they would be measured and reported on.

In terms of the public engagement function of the PPF, a PPF Development Team, which consisted of representatives from the PPF, Voluntary Sector and Scottish Health Council were tasked with taking forward the development of the PPF in relation to the role envisaged in the Scottish Executive Involving People Advice Notes and the SoE. Its primary role in practice, therefore, is determining the engagement support needs (such as effective public speaking, which would increase their skills and confidence to speak in Committee meetings, Forum meetings and in community groups/events when giving presentations or representing the PPF) of PPF members and representatives to the Committee and making them known to the CHP General Manager, who would essentially determine whether, how and by whom these needs would be addressed.

As mentioned in the previous section, each item on the agenda/additional document for every Committee meetings was labelled 'For Information', 'For Noting', 'For Consideration', 'For Discussion' or 'For Approval' (vote). As highlighted in the thematic analysis of the CHP's foundation documents, only the single PPF Representative (not Deputies) had full voting rights on the Committee. Votes for Approval, such as one approving the establishment of an integrated (with the Local Authority) Joint Health Improvement Team (JHIT) (Item 4 part ii, Minutes, 16/08/06) took place immediately after presentation of a paper that 'outlined a proposed system to devolve health improvement responsibility to a Core Integrated Health Improvement Team (CIHIT) which would be

accountable to the CHP Committee and the Community Planning Partnership and would bring together considerable knowledge and expertise into the one team'.

The Minutes (16/08/08) recorded that 'following discussion, the Committee approved the proposal to establish a Joint Health Improvement Team with immediate effect', noting that quarterly progress reports and the Team's (implementation) work plan would be brought to the Committee and the Community Planning Partnership. Since the JHIT and its work plan would be a joint effort between the NHS and LA, in response to a directive by the Scottish Executive, the plans will have been known in great detail to those members of the Committee prior to the presentation of the paper at this meeting and the vote. The PPF Representative, however, participated in the vote (there were no abstentions recorded) without the opportunity to discuss it with the wider PPF. It should be noted that over the 6 meetings for which the Minutes were used, the revised CHP Committee Terms of Reference (Item 5 part ii, Minutes 28/02/07) and a paper containing proposals for succession planning for members of the Committee (Item 9, Minutes, 18/10/06), which was endorsed by the Committee (to be sent on to the NHS Board for Approval) were the other items which were approved by Committee vote. In both of these cases, as in the previous one, the vote immediately followed presentation of a paper by the CHP General Manager and brief discussion.

The PPF Update reports to the CHP Committee during the research period revealed details about how the PPF was developing and its relationship to the CHP. PPF meetings took place every two months and consisted of presentations from different CHP services that were design to inform and familiarise PPF members with the range of CHP services such as the Out of Hours service, aspects of CHP operations such as Private Finance Initiatives and projects such as the New Clackmannanshire Community Health facility (Item 7, Minutes, 22/02/06). The PPF meetings were also used for discussion (and

approval) of items such as the CHP-PPF Working Agreement (which was originally produced by an NHS FV Quality Manager for the Stirling PPF). The PPF updates covered different topics and concerns from those discussed (and voted on) at CHP Committee meetings and there did not yet appear to be coordination between the PPF and the CHP Committee.

The PPF Development Groups for all three of the FV PPFs (PPF and Voluntary Sector Representatives) met on a monthly basis to 'share ideas/good practice' and to identify PPF development needs, such as 'Health Issues in the Community' training for members of this joint group. The group made a successful request for a PPF Development Co-ordinator post to be created by NHS FV, to provide full-time support to the FV PPFs. NHS FV agreed to fund the post. Interviews were scheduled for August 2006 and the appointed individual took up the post on 2nd October 2006 (PPF Update, 18/10/06). It also made the decision to use the £15,000 Scottish Health Council funding allocated to the FV PPFs to develop publicity materials, training, purchase equipment and hold a 'Health Fair' in Clackmannanshire (Item 7, Part 1, Minutes 16/08/06). It was in this area of the CHP that the Voluntary Sector was primarily involved (supporting the PPF and very much driving its development).

Interestingly, in the one PPF Update report (18/10/06) over the research period in which attendance at the Clackmannanshire PPF was mentioned there had been 17 members present from a large database of interested individuals, fora and other organised community groups from across Clackmannanshire. The small numbers in attendance at PPF meetings was an ongoing problem and not one unique to the NHS or PPF, since a report from the Local Authority's Area Forums (held October 2006 and also attended by PPF Representatives) by a representative from the LA to the CHP Committee admitted that attendance at the meetings 'had not been particularly high', but that there had been 'good

qualitative feedback', with plans to discuss the issues raised further at an upcoming Health Improvement Event (Item 6, Minutes, 28/02/07).

There was no subsequent mention of information from those discussions being communicated back to the Area Forums or PPF. Coupled with the fact that the PPF Development Group consisted of a small group of PPF and Voluntary sector Representatives, which had a considerable degree of autonomy (subject to the availability of support and funding from the CHP and Scottish Health Council) this meant in practice that approximately 20 PPF Members (including the Representative and 2 Deputies on the CHP Committee) and Voluntary Sector representatives were essentially the core members of 'the public' actually available to be engaged on a regular basis by the CHP.

There was no direct link between the PPF and the CHP Management Team, which was responsible for operational planning and decision-making. The PPF was not represented on the Management Team and PPF members had not been invited to attend meetings. Reports from the Management Team, Finance Manager, etc. were presented to the Committee but it did not vote or make any decisions related to operational matters, in contradiction to its governance and accountability remit. Prior to the December Committee Meeting (05/12/06), operational reports to the CHP Committee (Financial Position, Management Team Executive Report and other services/project-related reports) were presented as separate agenda items. From that meeting and thereafter, all operational reports were made under the single agenda item of Performance Management. This was the result of a paper presented at the previous Committee meeting (18/10/06) by the NHS FV Head of Performance Management, regarding progress on the development of a Performance Management Framework for CHPs.

Areas highlighted in discussions on the topic were 'the need for a robust framework to allow CHP Committees to take ownership of Performance Management' and 'the

importance of linking performance management to the governance and accountability role of the Committee'. Furthermore, 'the proposal that a small group of key individuals from each CHP Committee should meet to further refine the phases, consider timescales for reporting and measuring performance of what was happening on a local basis' (Item 4, Minutes, 18/10/06). The group consisted of the Committee Chair (NHS FV), Chief Social Work Officer (LA), OD Adviser (NHS FV), Head of Podiatry Services (NHS FV) and the CHP General Manager. There were no PPF or Voluntary Sector Representatives on this group, supporting the observation derived from the SoE relating to the fact that some of the operational aspects of the CHPs appeared to be detached/insulated from public reach/input. Similarly, a concurrent review of the general management structure in NHS FV was being undertaken internally by the Chief Operating Officer.

Despite the many issues around the use of the wider PPF as a public engagement mechanism in terms of its ability to achieve the ambitious aims and objectives set out in the SoE and the Scottish Executive Advice Notes, there were specific attempts to attain the involvement of PPF Representatives in a range of activities. For example, during the PPF Update Report at the February 2006 CHP Committee meeting, it was revealed that the Health Board's Clinical Governance Committee, had requested a presentation from the lead PPF Representative regarding the development of the Clacks PPF. During a presentation to the Committee (22/02/06) given by the NHS FV Head of Podiatry on redesign of the service, representation was requested from the PPF and Voluntary Sector for a short-term steering group, which would explore issues raised in implementing a new service model across FV. Plans to involve the PPF and LA Community Fora during the Clacks Community Health Services Project both in the design of the buildings (Item 11, Minutes, 16/08/06) and as a channel for communicating plans and progress to the local community (Item 7, Part ii, Minutes, 18/10/06). Work was also ongoing, facilitated by the new PPF

Development Co-ordinator, to develop publicity materials for the CHP and PPF to be displayed and distributed by PPF and Voluntary Sector Representatives at local health fairs/other community events (Item 6, Minutes, 28/02/07).

The first Annual Review of CHP Committees (CHP Committee Review – One Year On: Final Report, December 2006) took place in September 2006 and took into account information that had been acquired from four sources: a CHP Evaluation Tool that had been 'developed in partnership with the University of Stirling as part of the Knowledge Transfer Partnership Programme', the Audit Scotland Self-Assessment Tool (Governance in Community Health Partnerships), CHP Committee Annual Reports and the output from an interactive, half-day joint workshop for the 3 FV CHPs (p. 5). The findings of each review were distilled into key points.

Key cross-cutting points relating both indirectly and directly to the role of the PPF and its representatives. The report highlighted the need for greater understanding of 'roles and responsibilities, feedback mechanisms, and responsibilities of individual Committee members in particular whether Committee members were representatives 'of' or representatives 'from' various groups or bodies (p. 6). The lack of clarity had contributed to 'inconsistency around feedback mechanisms that may or may not exist to wider bodies and constituencies' (p. 11). The development of the PPFs was 'very encouraging but was still at an early stage and further support would be required to enable public representatives to contribute more fully' (p. 6). With regard to governance and accountability, it was found that ' aspects of governance and accountability had been quite difficult to understand with varying levels of understanding amongst members regarding the linkage to both NHS and other agencies' governance and accountability models' (p. 12).

It was found that members generally viewed the Committees as beginning to function effectively but now needed to become more influential with regard to the

development of key priorities. However, agendas were also considered to be 'complex, driven by the Management Team and often too long and that clarity regarding the role of the Committee in developing the CHP as a whole required further clarification' (p. 10). Another aspect highlighted was the 'excessive amount of information and papers provided to the CHP Committee and that it had been difficult for some members to filter the key issues' (p. 10). Members felt that a good level of 'trust, respect and openness' had developed among Committee members with emphasis on 'success regarding the individual development of members of the PPF and Voluntary Sector who had perhaps the steepest learning curve' (p. 11) was suggested that 'an induction pack and mentoring process' be developed for new Committee Members (p. 15) and 'an organisational chart clarifying the organisational structures of the CHPs should be developed' (p. 16).

4.17.1 Participant Observations - CHP Committee Meetings

The attendance of the researcher as a participant observer at CHP meetings was on the basis of short term employment on a Knowledge Transfer Partnership (KTP) Project between the University of Stirling and NHS FV to develop an evaluation tool for CHPs. This required the researcher to work as part of a team of academics at the University of Stirling but be based within the NHS and attend CHP meetings in order to have the extraordinary access required to successfully complete the project. These observations were acquired during meetings and also from informal conversations with Committee members.

As mentioned in the previous section, an average of 13 agenda items were covered at each meeting, consisting of reports, discussions and often presentations. This meant that a large number of documents needed to be read in advance of meetings, just to be able to follow the proceedings. It also meant that meetings lasted an average of 3 hours (shortest 2:45 and longest 3:30, Table 12), with a light lunch served half an hour prior to the start

and often a brief (10 minute) coffee break in the middle. All of the participants found the length of the meetings extremely taxing (for many of the participants, it was very often not their only or even second meeting of the day) but the PPF and Voluntary Sector Representatives admitted to having 'lost the will to live' by the 13:30-14:00 mark.

The reason was not simply the aforementioned, but also the fact that the 'language' used in the meetings and documents included a high volume of terminology and acronyms familiar to NHS and (often) Local Authority members but not to PPF or Voluntary Sector Representatives, or indeed the researcher. This prohibited the PPF and Vol. Sec. members in particular from being able to follow the proceedings, let alone participate fully in them. At the time the researcher began attending meetings the Committee had met a few times previously, so the complaints about the use of jargon in particular, were not new. Informal conversations with PPF and Vol. Sec. members revealed that they found it extremely intimidating, and it made them feel 'stupid' and not confident about speaking at all, even during discussions, or asking questions.

It should be noted that the General Manager acted upon this complaint and in addition to producing a comprehensive glossary of terms, the Committee instituted the use of red and green coloured cards at meetings. The red cards had images (stop sign on one side and the words 'I need to ask a question' on the other) and words on them, indicating that the individual holding the card needed to ask a question or have something explained. The green cards had words and images (an image of a person with one hand aloft on one side and the words 'I would like to speak' on the reverse). This was also intended to facilitate the inclusion of one of the Deputy PPF Representatives, who had a learning disability and participated in meetings with the aid of a facilitator. Instead of the cards being used by just one individual, it was felt that all members would benefit from their use and the Chair observed that when the cards were used it was much easier to notice when people wished

to ask questions or speak.

There appeared to be a high level of enthusiasm from the General Manager about the PPF and having PPF Representatives on the Committee, something that was acknowledged repeatedly and appreciatively by both PPF and Vol. Sec. Representatives. The hope was that the GM's enthusiasm would drive and sustain the development of the PPF, and encourage those less enthusiastic to gradually change their view. It should be noted that varying degrees of enthusiasm were observed at meetings (from very high to evident discomfort) by professional members to their presence, particularly during discussions on complex clinical issues. This meant that whilst the atmosphere in CHP meetings was generally collegial (much more so in Clacks than in the other two FV CHPs), there were times when power discrepancies between members of the Committee and the organisations they represented were unmistakable.

Another major issue was the widespread and persistent lack of clarity of roles, remits, governance and accountability structures, feedback mechanisms, etc. The root of this problem appeared to be the fact that despite its recent establishment in the Autumn of 2005, the CHP was not in a position to wait for Committee members to become familiarised with their roles, etc. as it needed to provide continuity and minimise disruption to the provision of community services, the delivery of which it retained full responsibility for throughout the transition (from an LHCC to a CHP). The need to maintain continuity of service throughout the transition was also a concern strongly voiced by the PPF (Item 7, Minutes, 22/02/06). Committee members were therefore required by circumstances to 'learn on the job'. This meant that individual Committee members were are very different stages in their understanding of their role on the Committee and the Committee's role in the CHP.

One of the areas in which this was most evident was the lack of/lack of knowledge of

communication structures/channels and feedback mechanisms. Information, from the PPF and Voluntary Sector in particular, appeared to flow, with few exceptions, in just one direction - to the Committee, steering groups, Clinical Governance Committee, etc. Although the PPF and Voluntary Sector Reps. were asked to participate in things and were afforded the opportunity (though they sometimes found it difficult to take it up for the aforementioned reasons) to give their views. There was, however, no indication of whether/how their views influenced decision-making or simply allowed the CHP and those services that requested their involvement, to claim that the public had been engaged. Informal conversations revealed that even as they were participating in these activities, PPF Representatives were as yet unclear about whether they were representing the wider PPF or themselves as individuals and their unique experiences and views. This was a question that was not unique to PPF representatives but more difficult for them to answer, since they did not have the benefit of shared institutional norms, policies, etc. that the NHS and Local Authority members did, respectively.

There was no evidence/discussion/feedback regarding whether or to what extent the views of the PPF were considered in final decisions, particularly where they had to be balanced against those of other stakeholders. There was also no attempt to explain how decisions had been arrived at and this was noted by PPF and Voluntary Sector Representatives both in the research interviews and in informal conversations. They felt that the CHP (the NHS Board in Particular) for the most part did what it wanted to do anyway, regardless of public views and that their presence often simply enable rubber stamping of predetermined decisions. They didn't feel this about the members of the Committee personally but how the NHS and Local Authority operated internally. The standard response to issues raised by the PPF and Voluntary Sector Reps during CHP meetings was "I'll pass that on" but very little/nothing ever came back regarding how it

was received or what the response was.

The way that Committee votes to approve items, actions, etc. were conducted raised some interesting issues around representation on the Committee. As mentioned in the previous section, votes were taken immediately following the presentation of proposals and brief discussion. This meant that the PPF Representatives participated in binding Committee votes without the ability to take the issues back to the wider PPF for discussion first. This did not appear to be intentional but rather an oversight, as Committee members simply did not appear to notice that conducting votes in this manner might have the consequence of disenfranchising the wider PPF and local community. However, it could help to explain why PPF Representatives were as unclear about who they were representing as they were.

The development of the FV PPFs revealed some interesting insights into the resource implications of public engagement and the decisions managers would be required to make. It was noted earlier that the 3 PPF Development Groups in FV jointly requested dedicated developmental support for the PPFs. The heavy reliance on Scottish Health Council funding to carry out development activities, training and to purchase equipment suggested that the CHP was either not able or willing to provide or match this level of support. Informal conversations and observations suggested that the resource intensiveness of administering and supporting the PPF, particularly the additional burden on clerical staff in the CHP General Managers' Offices, who found themselves supporting the PPFs on top of their main workload from the CHPs, was a significant factor in the NHS approving the creation of the FV PPF Development Co-ordinator post. They also did not possess expertise in organising and supporting the development of ongoing public engagement as opposed to one-off events. The new post allowed the NHS to both acquire an individual with expertise in administering and developing public engagement and also remove the

additional burden of administering the PPF from clerical staff. In that case, the need of the PPFs for dedicated support and the needs of the NHS to manage resources around engagement were in sync. This of course begs the question of what the outcome might be if/when this is not the case.

4.18 Conclusions

This analysis of CHP documents has provided another opportunity to applying the sensitizing concepts to analysing the data, further adding substance to themes that help to give insights into how the CHP has approached its public engagement remit. In terms of enhancing local democracy, there were clear intentions for the PPF to not only provide the Partnership with a means of engaging local communities in the design and delivery of responsive Health and Social Care services but to explicitly promote and support active citizenship and community interest in engaging with public services as equal partners. The documents from Committee meetings were used to explore the CHPs approach in practice to achieving this objective. What the exploration of these documents found was that while there were PPF Representatives on the CHP Committee as members with full voting rights, the way that votes were conducted actually prohibited them from representing the wider PPF and community in the way that was intended.

The problems with low attendance at PPF meetings, the Local Authority's Area Forums and other community events suggests that this is proving a significant challenge. It also suggests that despite the often large databases of individuals and community groups held by public services, the pool of people from which they are attempting to gain 'community' views are actually much smaller than they might be willing to admit and as a consequence, highly likely to be unrepresentative of local communities. This has not, however, prevented services from claiming that they have engaged with user groups and local communities in their plans.

The foundation documents were also quite explicit about the intention for partnership with the public to be a catalyst for institutional change in the partner agencies, particularly in Health. This is an area in which the Scottish Executive guidance, and to an even greater degree the SoE, were evidently contradictory, in that they managed to both suggest that institutional change was the desired outcome whilst simultaneously setting up the governance, accountability and leadership frameworks for the CHP and the PPF in accordance with the Health Board and Local Authorities' own existing institutional systems. Indeed, there was evidence that greater homogeneity between them was precisely what the Scottish Executive was aiming to achieve. In addition to consolidating and strengthening rather than challenging existing public service institutions, this will force the PPF and Vol. Sec. to operate within those systems, thus neutering any ability they might otherwise have had to significantly influence outcomes, let alone instigate institutional change. Furthermore, it was evident that the NHS would retain complete control over certain organisational areas, which would affect CHPs but not be open to public scrutiny or involvement and where decisions would be made entirely internally.

The Committee Meetings documents revealed ongoing issues relating to a lack of clarity surrounding roles, representation and CHP structures (governance, accountability and communication in particular), both on their own and how they linked into broader NHS and LA structures. This lack of clarity contributed to what was acknowledged to be a 'steep learning curve' for the PPF and Vol. Sec. Representatives. This suggests that it was less so for NHS and Local Authority members, most likely owing to their prior familiarity with those norms. Indeed, participant observations during meetings revealed that even the language used was unfamiliar to anyone unused to operating out-with the NHS and Local Authority and created additional barriers to the full participation of PPF and Vol. Sec. Representatives as they struggled to follow the proceedings and contribute to discussions.

The foundation documents were also strongly focused on producing responsive local services and clear that this necessitated involvement of local communities in shape their local services. The role of the PPF as the CHP's main community engagement mechanism in ensuring that public views made their way into governance and decision-making was also highlighted, with the stated intention that the ideal scenario would be one where communities controlled local assets and services. Although members of the PPF were members of the CHP Committee, no members of the public sat on the CHP Management Team, which were responsible for the operational aspects of the CHP, and whose remit involved managing its resources, with final decision-making the responsibility of the General Manager.

In addition, one of the issues highlighted by the Minutes of Committee meetings and the 'Committee Review: One Year On' report was the fact that the agenda for Committee meetings was primarily driven by the Management Team and the difficulty that created for other members, such as the PPF or Vol. Sec. members to bring items to the CHP Committee. There was a lack of clarity surrounding the extent to which the views or items raised by the PPF Representatives played a role in decision-making. There did not appear to be reliable channels either for passing on public views or giving feedback to the PPF. There were clear transparency issues around decision-making in the CHP and beyond, by the Health Board and Local Authority regarding CHP services.

With regard to supporting the development of the PPF, there was evidence to suggest that there were largely unanticipated resource issues (financial, human, etc.) related to its ongoing developmental and administrative support needs. The SoE was explicit about how CHPs would be resourced but did not make any conjecture regarding what the resource needs relating to the PPF and community engagement in general would be. The most obvious reason was that they simply did not yet know, which suggests that the Health

Board was inexperienced at undertaking public engagement on an ongoing basis, as would be a necessity with having a PPF built into the CHP. The eventual appointment of a FV PPF Development Co-ordinator both provided much needed expertise in developing public engagement mechanisms and also consolidated administrative support for the PPFs. Although the PPF Development Groups requested support, the final decision rested with the General Manager and ultimately the Health Board about whether the funding would be approved and the post created.

The idea of equal partnership in the CHP between the NHS, Local Authorities, Voluntary Sector and the public was one put forward repeatedly in the SoE. In practice, this appeared to be decidedly aspirational with regard to the public and the Voluntary Sector. The way that the CHP is set up does not allow the PPF to have the level of influence anticipated in the SoE. In practice, the difficulty participating in Committee meetings because of the use of jargon and the way that votes were conducted served to disempower the PPF representatives, who were outnumbered by NHS and Local Authority representatives to the extent that their votes could have been easily overridden.

The way that the operational aspects of CHP services, including how resources were managed kept them distanced from PPF influence. This may be due to the fact that the Health Board and Local Authority are both accountable to the Scottish Executive for their use of resources, which are linked to achieving very specific targets. This means that they are bound in terms of what they can do with that funding, presenting them with an obvious dilemma.

In addition, the lack of clear communication channels and feedback mechanisms meant that there was no guarantee of any information relating to public views or concerns being taken into account in decision-making beyond being invited to give their views with the promise to pass it on to the relevant recipients. What was happening in practice

contradicted the notion repeatedly put forward in the SoE that all partners in the CHP were participating as equals, despite the enthusiasm of the General Manager for having PPF Representatives on the CHP Committee.

Scottish public services are often faced with conflicting directives from the Scottish Executive, such as where the Involving people Advice Notes for CHPs both explicitly encouraged them to populate their PPFs from existing local databases and community groups and also to avoid duplication of engagement activities. Perhaps the most obvious risk with populating the PPF in this way is precisely that it will lead to duplication and services all engaging from the same pool of enthusiastic (but unrepresentative) people who participate in several community groups and fora. The low rate of attendance at PPF meetings and the Local Authority's own fora (of which a high proportion of PPF members were also members) is a perfect example of this. There are clearly difficulties, conflicts, contradictions and dilemmas involved in engaging the public in the provision of local services and they are reflected in the CHP documents.

Chapter 5

Perspectives in Public Participation: A Conceptual Framework

5.1 Introduction to the Conceptual Framework

One of the most important aspects of qualitative research occurs when the research process moves 'from a descriptive to an interpretive and explanatory mode' (Bowen 2006:21). The coding and analysis of the case study data demonstrated the usefulness of the four sensitizing concepts as a framework for the research. The dominant thematic categories which emerged from the data during coding, thematic and constant comparative analysis (Democracy, Institutional Change, Public Management and Power) moved beyond sensitizing concepts, developing into four core Conceptual categories, which also reflect distinct but often overlapping theoretical areas of social science. The literature review in Chapter two indicated that there were ideological and democratic explanations for the contemporary approach to public engagement and its increased centrality to local public service provision.

This conceptual framework applies theoretical concepts from democratic theory, institutional theory, management theory and theories of power to an analysis of the four dominant thematic categories in a novel way. It aims to contribute to the development of generalised ways of understanding contemporary public engagement in a more comprehensive manner than previous efforts. It approaches each aspect of public engagement as a distinct perspective from which it could be understood but also highlights ways in which the perspectives might influence each other and ultimately provide new insights into how public services and local communities might respond to the legislation requiring them to engage/be engaged.

The Democratic Perspective uses democratic theory to explain the development of contemporary public engagement as a response to/attempt to address emerging threats to the legitimacy of representative democracy in the 21st century. It explores the rationales behind modern engagement, the emergence of new democratic models and issues

surrounding attempts to translate the ideologically-based rationales into the renewal of local democracy and the reform of local governments and services. The Institutional Perspective uses New Institutional theory to explain the development of contemporary public engagement from the perspective of attempts to reform public institutions (structures, culture, etc.) from being highly bureaucratic and dependent on set rules and procedures, to being less hierarchical and more flexible in order to respond to the diverse needs of local communities. This perspective explores contemporary public engagement in terms of institutional change and uses the theory and literature in this area to gain insight into how public institutions are likely to respond to the requirement to engage the public and how this may affect public engagement in practice.

The Managerial Perspective views contemporary public engagement in terms of the Public Management role. It uses Management theory, to explore the development of the public management role and attempts to reform the relationship between public service providers and citizens, service users and local communities. It seeks to gain insights into how public managers are likely to perceive and respond to the legislative requirement to engage the public in the design and delivery of public services. It therefore explores the factors that are likely to affect the way in which public managers and services approach public engagement and the challenges they are likely to face in designing and implementing effective public engagement strategies.

The Power Perspective uses theories of power as a way of explaining the rationales behind contemporary public engagement in terms of service user and community empowerment. It also uses theory to identify factors which result in and sustain disempowerment over time and to examine whether contemporary public engagement is likely to achieve the intended empowerment of citizens, service users and communities in their relationships with the state and public services.

5.2 Key features of the Democratic Perspective

This perspective provides a way of viewing increased public engagement from the perspective of democracy. It applies democratic theory and historical practice to frame the debate around the modernisation agenda of New Labour, and its perceived potential to encourage active citizenship and renew local democracy. In addition, it provides a useful way of analysing the engagement strategies and activities of local public services, to predict how they are likely to respond to the requirement to encourage increased civic interest and engagement in the provision of services and the extent to which they are likely to achieve services that are more responsive to the needs of the local population.

Firstly, the idea of contemporary public engagement as a response to emerging threats to the traditional model of democracy will be explored. Secondly, there will be an examination of New Labour's claim that they have the potential to transform the practice of democracy or the way democratic will is exercised by the citizenry, particularly at it relates to local government and public service provision. Finally, the sharp increase in the use of mechanisms beyond the ballot box, particularly the use of more contemporary/innovative engagement mechanisms will be placed into the context of attempts to reform the democratic process.

It is important, for the purpose of shaping this Perspective, to first understand the historical context within which New Labour's modernisation agenda, and in particular the democratic renewal aspect fits. Secondly, the Democratic Renewal aspect of New Labour's modernisation agenda will be outlined and discussed in more detail as it relates to contemporary public engagement practice and its ability to achieve the stated objectives.

5.3 Traditional Democratic Practice and Citizen Roles

The core idea underpinning democracy in whatever form is that of the sovereignty of the 'demos' or majority. As democracies were transformed from democratic city-states to democratic nation-states by the increasing size and complexity of societies (Dahl, 1989), these changes resulted in the development of complex systems of government, with the creation of institutions to undertake the business of governing, decision-making privileges having been delegated to representatives by citizens via an electoral system (Fuchs & Klingemann, 1995).

The classical definition of political participation in a representative democracy is dependent on instrumental acts, with voting considered the quintessential one (Topf, 1989b). It is also not limited to national elections but includes local, regional and European (representative institutions of the European Union) (Topf, 1995). Although the centrality of voting as the ultimate expression of the political will of the 'demos' is largely undisputed, it has by no means been the only traditional participation mechanism afforded citizens. A system of local government has been part and parcel of the democratic tradition of Western Democracies. Apart from voting to elect representatives, other traditional mechanisms commonly used at the local level include town meetings, question and answer sessions (ODPM, 2002) and in those situations where it is deemed necessary, civil disobedience, such as the campaign against the imposition of the poll tax by the Conservative government of Margaret Thatcher between 1987 and 1990 (Rootes, 1997).

5.3.1 Local Government and Local Democracy

Historically, local government has been characterised by its diversity, depending on geographical location, demography, patterns of settlement, local civic traditions and

culture (Lowndes 1999). Even so, there are key features which all local governments share, and for the purposes of this Perspective, it is easier to work from a general understanding of what they are.

Although this thesis is focused on Scotland, there are key features which are common throughout local government in the United Kingdom. (Midwinter 1995) identified six core features. The first is that it is directly elected by popular franchise, and as such contains a built-in representative function. The second is that it is multi-purpose. The third is that is has responsibility for service provision within a defined geographical area. The fourth is that it may act within the specific powers set by parliament. The fifth is that it has the power to levy local taxes and the sixth is that it is corporate, in the sense that each individual council has power vested in the full council (p. 13).

Theories of local government have focused on philosophical ideas around its necessity and legitimacy, both for providing public services and as a basis for local democracy. They exist on a spectrum between the two polar opposite categories of 'functional' and 'dysfunctional'. In the 'functional' group, J.S. Mill in (Acton 1992) represented the orthodox view when he argued that central government was ill-suited to perform more than a very small portion of what he called the public business of a country with any effectiveness, and that separate officers, who were directly elected by the local population, were needed to perform duties of a purely local nature. He also argued in favour of local self-government as a means of enhancing democracy by developing the democratic education and character of its citizens.

On the other end of the spectrum, the 'dysfunctional' orthodoxy argues that local government undermines the democratic state by requiring more government and therefore more bureaucracy, as well as focusing on differentiation from the majority and thus placing

local government, by its very nature, in opposition to central government and the needs of the majority (Langrod 1953).

It is not difficult to see the connection between the functional school of theory and traditional Socialist/Social Democratic political ideology, and the dysfunctional one with the traditional Conservative ideology. It follows, therefore, that New Right ideology, with its combination of principles drawn from both orthodoxies, attempts to straddle a middle ground. This is significant to the discussion around New Labour's reforms. Another point worth making here is that because citizens elect political representatives at both national and local levels, and given the variations in localities, it is not unusual for the political party in central government to be different from the one controlling local government. Even in cases where the same party controls both, it is not overstating the case so say that local governments inhabit a highly politicized environment and it is in this environment that the exercise of local democracy takes place.

It was Held's (1992:10) view that 'Democracy bestows an aura of legitimacy on modern political life: laws, rules and policies appear justified when they are 'democratic". Historically, democracy has been the subject of much theoretical conflict about what it actually means, which has resulted in the development over time of three basic models. The first is Direct/Participatory democracy, defined as 'A system of decision-making about public affairs in which citizens are directly involved'. The second is Liberal/Representative democracy or 'A system of rule embracing elected 'officers' who undertake to 'represent' the interests or views of citizens within the framework of the 'rule of law'. The third is the One Party Model, popular in Eastern Europe and the Soviet Union until fairly recently, although there is doubt in many corners about the legitimacy of this model as a form of democracy (ibid.11).

By these models, it is clear that western democracies have traditionally practised the Liberal/Representative form of democracy under both Right-wing Liberal and Left-wing Social Democratic political parties in government, otherwise referred to as 'Incumbent democracy' - liberal, representative, institutional and characterised by political parties competing for votes or 'survival of the fittest' (Blaug, 2002), albeit with very different concepts of what the role of the state and the citizenry should be.

The key principles of democracy are popular control and political equality, which Beetham, in his 'Theorising Democracy and Local Government' (King, D. and Stoker, G. 1996) argued were essential, not only to institutional reform at the local level, but as a means of assessing how democratic any collective decision-making really was/is. He further argued that historical attempts by the local populace to make government more democratic have been based on two conceptual ideas. The first idea was around popular 'authorisation' of key decision-makers in government via election by universal suffrage which, in a representative democracy, was the only rightful source of political authority, with a written constitution directly approved by popular vote. The second, was around the 'accountability' of elected officials to the population for actions and policies undertaken while in office, with the threat of being removed from office by popular vote if the public is displeased with their performance on its behalf. Crucially, for the public/citizenry to successfully hold officials to account, they would require access to independent information about the activities of the government (national or local) and an electoral process that did not give an inherent advantage to incumbents (p. 31-32).

These arguments, present an 'ideal' of what democracy should be and are reliant upon certain assumptions about elected representatives and eligible voters, which may not match the reality. The ideal model assumes that every member of the voting public has equal access to the democratic arena, is equally equipped to participate in providing the

'authorisation' of representatives to act on their behalf, as well as the scrutiny that is required for achieving the 'accountability' that is required of them, and is equally motivated to participate in the civic arena.

Gyford (1991), however, identified a raft of inequalities in the 'public' that so many theorists refer to when they talk about political participation. These were based on social class, race, gender, disability, etc. Another example, is the fact that elected officials are themselves unrepresentative of the communities they serve in local government and are becoming increasingly so. McConnell (McConnell 2004) pointed to the results of two surveys in 1999 and 2003 by Vestri and Fitzpatrick, and Scottish Executive Social Research respectively, which found that the profile of Councillors in Scotland did not reflect the demographics of the Scottish population.

They were overwhelmingly male, older than the population average (the average age being 35 and the average age of Councillors being 53 in 1999 and 55 in 2003), more likely to belong to the middle class and to hold professional qualifications, and only 1.1 percent belonged to an ethnic minority, which was lower than the population average of 2 percent, but a slight increase from 0.5 percent in the 1999 survey (p. 94-95). In their study of Local government in England, Fenwick and Elcock (2004) also found that '...the demographic profile of Councillors differs greatly from the population as a whole, within the sample, as across the country.' (p. 524).

5.4 New Labour's Modernisation Programme and Democratic Renewal Agenda

New Labour came into power in the general election of 1997, 'New' because ideologically it was different from traditional Labour in that it combined the old Social Democratic principles of the tackling social inequality and empowerment of the

working classes (Sassoon, 1996; Schmidtke, 2002) with the Neo-Liberal principles of capitalism and consumerism of the preceding Conservative government, which were recognised as creating inequalities (Clarke & Vidler, 2005). The marriage of these two very different ideologies would create a dilemma with regard to civic society because they contained conflicting ideas of the role of citizens.

For some political philosophers, New Labour's ideological approach represented a 'Third Way 'beyond left and right and beyond the centralised state and the private competitive market' (Giddens, 1998; Benington, 2000:3) in direct response to specific dilemmas associated with the New Right (O'Brien, 2000) namely Globalisation, the development of Information and Communication Technologies (ICTs), Welfare and a plethora of other cross-cutting social issues (Freeden, 2003; Bennington, 2000). There are others, however, who disagree with this conclusion on the grounds that a shift towards 'Third Way' politics also occurred in France and Germany, neither of which experienced the same popularity of neo-liberalism as did Britain, citing, rather, the same international economic developments, to which they believe the development of neo-liberalism was itself a reaction (Hall, 2002).

New Labour has set about on a program of what it views as preparing both the institutions of government and citizens to deal with what it sees as 21st century challenges to the traditional model of representative democracy. Central to this, was ‘restoring’ the institutions of local government neglected and undermined by the Conservatives (Stoker, 2004). The three main themes were firstly, that instead of competing with each other, public services would work in ‘partnership’ with each other and local people; secondly, that local authorities would encourage and build a relationship with ‘active’ citizens; and finally, that they would show improved public service performance in meeting local needs

(DETR, 1998a:12). In Blair's view, local government required a new democratic legitimacy (1998b).

Leach and Wingfield (Leach, Wingfield 1999) identified four key elements to New Labour's democratic renewal agenda: proposals for improving electoral turnout in local elections; a commitment to community leadership and a proposed legislative framework for facilitating community leadership; a set of proposals for transforming the internal political management structures and processes of local authorities (centred on the idea of an executive/assembly split); and guidelines aimed at developing opportunities for citizens to participate in local government (p.46). Although New Labour's agenda for 'democratic renewal' is ambitious and manifold (Pratchett, 1999), it is the prescriptive use of contemporary public participation mechanisms with which this research is chiefly concerned.

5.4.1 Contemporary Public Engagement: Rationales and Prescriptions

The centrality of enhanced public participation mechanisms to New Labour's modernisation agenda for local government was noted by (Lowndes 2001). Ranson & Stewart (1994) believed that the challenge was to provide conditions in which democratic citizenship can thrive in a learning society. It is essentially a response to the view that Western Liberal democracies are facing challenges to the legitimacy of the traditional Representative model. This section will explore the basis of these challenges and the proposed role of contemporary or enhanced public engagement in addressing them.

The main challenge is an increasing perception of apathy to the electoral process. As far as the democratic legitimacy of nation-states is concerned, there are few more potent symbols than the electoral system, yet there is as yet no agreement on what

constitutes the ideal level of turnout in elections (Topf, 1995), particularly in those democracies where voting is voluntary. What is generally accepted, though is that the level of turnout whether national, local or supranational is widely used as an indication of the strength or weakness of democracy, and that turnout falling below some generally acceptable level in any of the aforementioned is legitimate grounds for concern.

In reference to the 1992 presidential elections in the USA, Barnett (1996:168) observed: 'Were we to look back to some earlier society than our own and note...a voting participation of less than 50 per cent, would we call it a 'democracy' even if it did have a strong culture of rights?'. Electoral turnout in the 2001 British general election was just below 60 per cent (Electoral Commission, 2002b), the lowest in British history, and 32.8 per cent in the 2002 local elections; the gap between them being the widest of any Western Democracy (Stoker, 2004).

One way of explaining the phenomenon, would be in terms of rational choice. According to Downs' (1957) original model, the decision on whether to turn up or not is based on a calculated probability of whether that one vote is likely to make a significant impact on the outcome. Downs argued that the effort and material cost of presenting oneself as the polling station is almost inevitably likely to exceed the potential influence of that one vote on the overall result, and therefore a rational person would decide that voting was not worth the effort.

Critics of the rational choice approach disagree with the fundamental premise that voting amounts to irrational behaviour. Hill (2002) argued that the rational choice approach was problematic in light of recent highlighting the consequences of not voting. That, she claimed, is both the inaction of the government as far as their needs and others like them are concerned, and more attention to the demands of those who do.

Blauner's (1964) ideas on alienation, although sociological in nature also provide a potential explanation. His concept of alienation resulted from the inability of individuals to control their activities, and inability to find adequate means of self-expression and deprivation of a sense of purpose.

Fukuyama (1999) blamed what he referred to as the new information societies which empowered people and made them more confident in their own abilities to organise collective action and challenge existing political institutions. If they then lacked options for influencing these political institutions, apathy would be a reasonable reaction.

It should be noted, however, that some academics and analysts have questioned the tendency to draw negative conclusions about the strength of democracy from low electoral turnout. Indeed, some believed maximal electoral participation to be unnecessary and potentially counterproductive and low turnout, in contrast, an indication of satisfaction with the existing political system (Lipset, 1959; Dittrich and Johansen, 1983).

The main problem with this view, however, is the nature of the electoral process in representative democracies. It could be argued that voting is the ultimate and only public engagement mechanism in this model of democracy that gives the public the power to selected representatives and to replace those with whom they are dissatisfied. When considering the fact that this opportunity arises only approximately every 5 years in the United Kingdom for general elections, every 4 years in local government elections and every 5 years for European Parliamentary elections, it would be very difficult to argue that being elected with a fraction of 32.8% (2002 UK local government elections) of eligible voters does not do some damage to the validity and legitimacy of the results (McConnell 2004) .

Another important consideration is the fact that it is virtually impossible to remove an elected official from office without a public vote, regardless of their conduct in that office, up to and including criminal conviction and imprisonment. The final consideration with regard to the representative model is that until the arrival of the next election year, the only means of any influence whatsoever on the behaviour of elected representatives is limited to mechanisms such as public meetings, question and answer sessions and various means of protest/civil disobedience. Even then, the public have influence only insofar as they are able to influence the final decisions of their elected officials, which are accepted as pre-ratified by the public vote.

While these factors might go some way to explaining the current perception of alienation with the electoral system, they are also what preserve the democratic process in the representative model by making it difficult to overturn the choice of the electorate. What the widespread perception of apathy and disengagement with the traditional electoral process ultimately provides is the opportunity to scrutinise the traditional model of representative democracy and determine whether as the core public participation mechanism, it is still able to stand on its own as an adequate means of expressing the public will in the very different world of the 21st century.

New Labour's plans to address low electoral turnout has two main strands. The first is electoral reform, aimed at increasing and improving voter registration, provide more opportunities to vote in different ways, e.g. increasing the use of postal votes, varying polling stations and times, and plans to introduce Proportional Representation (PR) to replace the traditional First Past the Post (FPTP), or winner-takes-all system (DETR, 1998).

The second is to increase public participation via the use of a range of contemporary mechanisms, which, unlike the more traditional ones, requires a closer relationship

between local government and its institutions, and members of the public, with an increased or 'active' role for them in deciding local priorities and in addressing local needs (ibid.). In essence, it seeks to use mechanisms associated with the participatory model of democracy, to supplement and strengthen the traditional democratic model (Stewart 1995) ; Burns et al, 1994). This is aimed at encouraging citizens not only to exercise their 'rights' to participation in the democratic process, but also to see it as a 'responsibility' (Pratchett 1999) ; Gray & Jenkins, 1999), in theory, resulting in both an increase in electoral turnout, and increased interest and engagement in the business of local government and public services. This, however, places the onus on local government to take a proactive approach to developing the democratic character of the local population by providing increased opportunities to participate, particularly as a key element of achieving Best Value and in the provision of responsive public services (Scottish Executive 2002a).

Another underlying aspect of public alienation from and apathy to the democratic process is a perceived lack of public trust in officials, both elected and non-elected (e.g. public managers). There are two facets to this goal. The first relates to practices in local government and public service provision and the second, to the relationship between elected officials and the public. With regard to the first, there is a general tendency to view this problem as a direct result of the programme of public service reforms undertaken by the Thatcher and Major Conservative governments, which Wright (1996) described as 'transfixed with quasi-market models, eschewed all collective means of user empowerment and eroded public accountability to a point where nobody seemed to be responsible for anything anymore' (p.8). Marquand (2004) argued that the effect of these changes on civic culture, although providing the citizen with the choices and rights of a consumer of public services, was to destroy the traditional collectivist essence

of citizenship; of reliance on society and community focusing rather firmly instead on self-reliance and individual rights.

The literature, however, points to the problem of public alienation from the democratic arena to be a direct consequence of forms and practices of government going back decades that are presenting serious challenges to the traditional model of democracy (Hirst and Kilnani,1996; (Pratchett, Wilson 1997). The most obvious of these is the use of Quangos to perform public sector functions. Quangos are non-elected bodies appointed first by the Conservatives and then under New Labour. They were used for three main reasons (Stoker, 2004:32-33):

The first was the Conservatives' desire to bypass local government, in which there was significant distrust. The second was the desire to bring a variety of skills into governance which the traditional electoral process was seen as unable to do. The third was the view that they would assist in bringing private sector-style management to public services, in line with the principles of New Public Management. Stoker (ibid.) argued that these factors contributed to a decline in public trust of government and its officials. It is noteworthy that the use of Quangos to perform public sector functions has increased significantly under New Labour.

New Labour's approach to attempting to reset the relationship between public representatives and services, and the public is through its new Community Governance framework. (Kooiman 1993) defines governance in the 21st century as being characterised by changing relationships between public, private, voluntary sectors, etc. in response to an increasingly dynamic, diverse and complex world, requiring the combined use of elected representation, networks and market mechanisms. This allows for both reclaiming and redefining the role of elected local government, whilst also acknowledging the complexity of the modern democratic environment. It also aims to overcome the solid professional

and organisational boundaries characteristic of local government and public services, so that more integration is achieved between the policy-making and implementation and ultimately result in continuous improvement (Sullivan 2001).

Whilst inter-sectoral partnerships are also seen as an integral part of the solution to the problem (DTLR, 2001), they, along with quasi-governmental organisations continue to raise issues of transparency, representation and democratic accountability whilst at the same time the New Labour administration is explicitly attempting to advance its agenda for achieving precisely the opposite goal of clearer lines of democratic accountability. This joined-up approach to tackling cross-cutting issues will be discussed further in the Institutional Perspective.

Fung and Wright (2003) have further developed Clarke and Stewart's (1992;1994) idea of 'community governance' into 'empowered participation in governance', which they viewed as enabling the highest level of democratisation where communities exert direct influence over the activities of local government via established democratic frameworks such as community councils and other public engagement mechanisms. Somerville (2005:120), however, noted that in the United Kingdom, the aforementioned forms of participatory democracy were conspicuous by their absence, citing the examples of housing, health and education, where only a very small number of services were provided on a democratic basis as defined by community governance.

There is an explicit role for elected members as Community Leaders (DETR 1998; 1999) to facilitate a closer civic relationship with the public via public participation mechanisms thus developing what Putnam (1993) referred to as Social Capital, which put simply, is the capacity for collective action and an expectation of responsive government

and services. Research by (Copus 2003), however, found that political affiliation was a reliable indicator of attitudes towards citizen participation.

Furthermore, research by Orr and McAteer (Orr, McAteer 2004), found that Councillors and other local officers still find it easier to relate to the public as customers rather than active citizens and that while they are open to consultation with the public via participation mechanisms, they still considered themselves to be the most effective channels for public involvement. In addition, a majority agreed that Councillors should use their judgment, rather than the results of public participation exercises, to make local decisions (p.138).

This suggests that Councillors still see their legitimacy as representatives elected by public vote, as overriding that of the results of public participation mechanisms, holding very much to traditional views. This goes some way to explaining the negative views that members of the public hold about Councillors, who are perceived as inaccessible and unlikely to be interested in their concerns as they perceive them (Lowndes 2001). If public managers are found to hold similarly paternalistic views to Councillors, it could raise questions relating to the level of their understanding of the democratic aspects of enhanced public participation, and their commitment to it. This will be explored in greater detail in the Managerial Perspective.

5.4.2 Key Dilemmas, Tensions, Threats and other Critical Considerations

The New Labour government's democratic renewal agenda is wide-ranging and ambitious (Pratchett 1999). There is no argument about the fact that despite the centrality of enhanced public participation and active citizenship to the democratic renewal agenda, these proposals are by far the least prescriptive in terms of how to achieve them in practice (Leach, Wingfield 1999).

The government has made it is legislative requirement for Scottish Local Authorities and public services to consult and engage the public in achieving Best Value, with the threat of sanctions for those who fail to do so, and the promise of the award of 'beacon' status for those who are able to demonstrate that they are doing so successfully (Scottish Executive, 2003). Leach and Wingfield (Leach, Wingfield 1999), however, argued that in terms of demonstrating that they are engaging the public, showing that they are doing *something* will be more important than demonstrating that that engagement is meaningful, thus making it surprisingly easy to marginalise or pay lip service to it where a genuine commitment to enhanced public participation is lacking (p.47).

Another related consideration is the conspicuous lack of/contradictory government guidance on what it considers best practice in relation to engaging the public. That Communities Scotland, a Scottish Government organisation produced a set of National Standards for Community Engagement (2005), was indication of the need for comprehensive guidance on public engagement. While the Standards, go a long way to outlining a wide range of mechanisms and their possible uses, it is still left to local government and public service managers to decide on their own public engagement strategies and what importance they are ascribed. One major tension alluded to in the previous section, is between representative and participatory models of democracy. While New Labour's approach to democratic renewal essentially calls for the combination of the traditional model of representative democracy with the more contemporary participatory model in order to address perceived deficiencies in the former, there is a clear indication that there are barriers to achieving this in practice (Lowndes, 2001; Copus, 2003; Orr and McAteer, 2004).

Perhaps the clearest threat to New Labour's plans regarding contemporary public participation and active citizenship is their failure to address the underlying causes of

alienation and apathy. There is a clear indication that some societal groups are more prone to alienation from the democratic sphere than others. In Britain, turnout is chronically low among young people and Black and minority ethnic groups (Electoral Commission, 2002b), among others. Since the point has already been made that elected representatives do not reflect the demographics of the population, particularly those of disenfranchised groups, the participatory model of democracy that contemporary public participation mechanisms represent will almost certainly exhibit the same flaw.

Leach and Wingfield (1999) confirmed that their case study reinforced the findings of other research, namely that often, the level of interest in public participation was low but that even then, they reproduced patterns of social exclusion, with better off, more articulate and better organised social groups poised to take advantage of participation initiatives, especially where their interests were directly involved (p.55-56). The first challenge, therefore, would be to identify and understand the processes that are preventing certain groups from participating and becoming active citizens. Perhaps different groups will require the use of different methods, with an emphasis on building up their engagement capacity (Barnes 2003). Highlighting the cost of failure to tackle these issues, Gray and Jenkins (1999), cautioned that unless the underlying alienation felt by some societal groups is specifically addressed, these democratic renewal initiatives will not achieve the desired effects.

In conclusion, it is obvious that there are many inherent dilemmas, tensions and threats to New Labour's democratic renewal agenda and consequently the ability of enhanced public participation to achieve the expected outcomes. This does not, however, decrease its wide appeal based on a number of key factors. For example, as (Pratchett 1999) pointed out, it is ideologically neutral, which would make it difficult for any political party not to find something to its liking, even if they disagree with other aspects

of its detail. This gives it a universal normative appeal and widespread support, owing to a tendency to ‘mean all things to all people’, even though the way it is interpreted and implemented might vary (p.1-2). This suggests that although there are significant barriers to overcome in terms of establishing a truly participatory form of local democratic governance, there is ample evidence of the centrality of contemporary public participation to ideas about what modern democracy looks like.

5.5 Applying the Democratic Perspective

As noted in the case study findings, the term 'local democracy' was not explicitly used by the partners in the CHP, nor was the language of 'enhancing' it an explicit theme of the CHPs work. However, the analysis of CHP documents showed that encouraging 'active citizenship' was one of the aims of the CHP from the outset (Scheme of Establishment). Although some interview respondents (exclusively professional) insisted that public bodies had always in some form or another engaged with service users, there were respondents across the spectrum who were adamant that engagement in its current forms would not have been possible without legislation and is primarily politically motivated (Section 4.9.1). The Scottish Executive Health Department was explicit about one of the main reasons for establishing CHPs being to redress a historical imbalance in the relationship between health and social services and the public and also to give individuals and communities a more active role and shared responsibility in achieving health improvement outcomes.

The Democratic Perspective captures and explains one of the inherent tensions in contemporary public engagement, namely between the Representative (Elected Members) and Participatory models (lay members of the public) of democracy, when they are being used simultaneously, such as in the CHP setting. The findings of the case study support

the findings of Lowndes (2001), Copus (2003), and Orr and McAteer (2004) that this tension is an inevitable feature of contemporary public engagement. The epitome of this is the presence of both elected members and lay members of the public on the CHP Committee, both 'representing' the public but with only one group, the elected members, doing so with the legitimacy of the ballot box.

Another case study finding explained by the Democratic Perspective is related to another aspect of representation in the CHP, and that is around the apparent difficultly the CHP was experiencing in its efforts to recruit members to the PPF who are more demographically representative of the local community. There was an ongoing issue with the same small group of people being engaged by different local public services and an inability to engage with certain cross-sections of the local population, marginalised societal groups in particular. These difficulties represent real challenges to the implementation of the legislation and the success of New Labour's community engagement reforms, particularly in terms of it being able to successfully 'enhance' local democracy.

5.6 Key Features of the Institutional Perspective

The previous perspective viewed public engagement in terms of enhancing local democracy. The Institutional perspective views the legislative requirement for public services to engage the public in service design, planning and provision, in terms of driving institutional reform in order to achieve the stated objectives of creating more citizen/user-centred and responsive to the needs of local communities. It uses institutional theory, together with some insights from organisational theory where appropriate, to explain how established public service institutions are likely to respond to the legislative requirement to engage the public.

The first part of this perspective presents definitions of institutions and outlines the historical development of institutional theory as a way of understanding institutions and institutional change. The second part examines the New Labour idea that engaging the public has the ability to exert transformational influence over the existing institutions in public services. This strand also examines the additional context of increasing partnership, collaboration and networks in the provision of public services in terms of the various, and often competing institutional rules and cultures, etc. at play in partner organisations, and attempts to understand how engaging the public might affect/be affected by this setting. This perspective offers a way of analysing the institutional responses of public service organisations to the compulsory nature of the change to a more citizen-centred focus and the requirement to demonstrate that they are engaging the public in new and innovative ways. An institutional perspective can therefore be viewed as another key context of the ongoing discourse surrounding public engagement.

5.7 Institutions in Context

March and Olsen (1989) define institutions as a set of formal and informal principles or rules designed to impose order on complex realities. They are governed by laws and complex rules and procedures designed to define and distribute both authority and responsibilities. They also ensure that officials fulfill their obligations and that rights are conferred on appropriate groups or individuals.

North (1996: 3-4) defined them as: '...the humanly devised constraints that shape human interaction' and compared them to the rules used in sport, in the sense that they are 'the rules of the game in a society' and are explicitly designed to 'reduce uncertainty by providing a structure to everyday life.' Furthermore, they contain a

combination of constraints, both formal (rules) and informal (culture). He also (p.5) alluded to the symbiotic nature of their relationship to organisations, which he defined as: 'groups of individuals bound by some common purpose to achieve objectives'; one in which institutional frameworks fundamentally influence the existence and evolution of organisations and they in turn exert considerable influence over the evolution of those institutional frameworks.

Powell (1991), however, stressed that although '...rules and routines bring order and minimise uncertainty...the creation and implementation of institutional arrangements are rife with conflict, contradiction and ambiguity.' (p.28). (March 1996) observed that there is a simultaneous adaptation of institutions to their environments and vice versa, and that institutional development over time is as much a product of the origin and history of an institution, as it is of attempting to satisfy current political and environmental conditions.

If we accept that institutional frameworks, like the rules of a game, are designed to constrain individual behaviour by reducing the choices that are available, excluding certain courses of action and inhibiting certain patterns of resource allocation (Powell 1991), then we must also accept that the shape and stability they provide to organisations must make them resistant to change or alteration, even though it is a permanent feature of both their internal and external environment (Hallinger, 1998), and one to which they must inevitably respond in order to maintain their legitimacy. The legislative requirement to engage the public in the provision of public services contains an explicit requirement for public services to demonstrate that they are doing this, which will require some form of institutional response. The next section explores institutional theory as a way of understanding and explaining what that response/those responses might be.

5.8 Theories of Institutionalism

'Institutionalism' is a term most commonly used to describe a specific approach to studying phenomena in the social sciences, yet its meaning often differs depending on the discipline to which is it applied, including organisational theory, with 'institutionalists' focusing on disparate macro and micro aspects of institutions and ascribing differing degrees of importance to them (Powell 1991). Consequently, institutional theory is a huge and rapidly growing body of knowledge that influences a range of disciplines in a variety of ways. For the purposes of this study, therefore, it necessary to focus only on those common aspects of institutional theory that are relevant to this piece of research, namely, an understanding of key theoretical developments relating to the study of institutions and ideas about institutional change.

Traditionally, theories of institutionalism have focused primarily on applying rational choice theories to the behaviour of 'actors' within the constraints of the institutional setting. They viewed the choices available to those actors as both maintained and constrained by established institutional processes (Selznick 1949, Wildavsky 1987). There are myriad ways in which institutions define choice and which options are acceptable, as well as where information originates, how and where it flows and how it is interpreted (North 1990) . What action is taken, either individually or collectively, therefore, is based not only on rationality, but also on 'a logic of appropriateness associated with roles, routines, rights, obligations, standard operating procedures and practices' (March 1996), so that the organisational reality is essentially a creation of established institutions. This has led (Dworkin 1986), among others, to observe that spouses, citizens, etc. are institutionalised identities, which means that they, along with every other manner of individual and collective identity are created by and exist within the framework of institutions.

More recently (1970s), another school of thought, New Institutionalism, emerged largely based on a critique of the traditional rational choice theories and moving the discourse towards attempting to achieve a more contextually dependent understanding. Three theoretical approaches are clearly identified as belonging to New Institutionalism.

'Political' institutionalism focuses on the relationship between the state and society, as well as the historical influence of the state on policy processes (Hall, 1986; Steinmo, 1989 and 1993) at both the national and international levels. (March 1996) identified two distinct stories to the way democratic politics has been conventionally understood. The first views politics as a set of exchanges or more precisely, '...a market for trades in which individual and group interests are pursued by rational actors'. Its emphasis is on "voluntary" exchanges and negotiating coalitions. It gives little weight to the collective values of the citizenry and investment by the society in citizenship. The second story views it in terms of institutions. It delineates politics '...in a more integrative fashion, emphasizing the creation of identities and institutions as well as their structuring effects on political life', encouraging human beings to extend their concern away from pure self-interest, towards a more collective identity.

'Sociological' institutionalism (March and Olsen, 1984, 1989; Kato, 1996) uses an organisational sociology perspective, in which institutionalization is understood as a result of the interplay of actors within established social relationships. It has a distinctly cognitive basis and is focused on the study of 'conventions' (synonym used in all three theoretical approaches for 'institutions') but only those that fit the criteria of "...a rule-like status in shaping social thought and action" (Douglas 1986). Consequently, as noted by (Meyer 1991), while this approach is more restrictive than the other two, in that it specifically studies behaviour, it views this analysis as applicable to a virtually unlimited range of human types of interaction, from the family setting to world-wide systems.

'Economic' institutionalism (Shepsle, 1989; North, 1990) focuses on the extent to which individual self-interest and organising costs determine how organisational processes are shaped. From this approach, institutional (rational choice) theory and economic history are applied to the study of organisations and entire economies in an attempt to account for their economic performance at the institutional level by the ways choices are made in the constant search for efficiency, through weighing the transactions costs of a range of (institutionally valid) choices against intended/desirable outcomes. Finally, it studies how they evolve by being forced to alter their institutional frameworks in order to take advantage of opportunities in their environment (North, 1990: 8-9).

It is clear from this outline of traditional and new institutionalism, that although they approach the study of institutions in different ways, in practice they are by no means mutually exclusive, though they fit most comfortably into different academic disciplines, being adapted to the necessities of study in those specific areas. It is possible, for example, to see how each of the three main new institutionalisms represent distinct possibilities for gaining insights into the political (relationship between citizens and the state), sociological (cognitive aspects of the behaviour of actors) and economic (financial efficiency in relation to outcomes, though not in the traditional free-market sense) aspects of public services and the effects of contemporary public engagement on existing frameworks. In order to gain the clearest insights, however, for the purposes of this study, it is preferable to focus on using the 'Political' institutional approach which can be most readily applied to understanding public services, given their origins, common institutional frameworks and environment, particularly in regard to ideas about and drivers of change, both at the institutional and organisational levels of public services.

5.8.1 Political Neo-Institutionalism: The Historical vs. Positive Approach

Central to an understanding of Neo-institutionalism in the political sphere is an examination of the two distinct strands of theory around which contemporary thought has congealed – Historical and Rational Choice. They represent two approaches to understanding and exploring the institutions that shape politics and public services, and everything taking place within them. They are outlined in this section, and then compared and contrasted.

The crux of the Historical perspective is the idea that the way in which actors perceive current choices and what options or possibilities are available for future ones, is determined by past ones (Ertman 1997) and that once the institutions within which these actors operate have been create and well established, they have the effect of manufacturing continuity in subsequent decision-making (Campbell 2004). Not only do they create roles, and constrain behaviour and the options available to actors, they may also endow them with certain powers, such as that of professionals. The focus of institutional analysis from this perspective therefore, is on '...providing a detailed account of the specifics of institutional forms because they are expected to exert strong effects on individual behaviour: structuring agendas, attention, preferences, and modes of acting' (Scott 2008). Historical theorists view such institutional arrangements as particularly susceptible to unintended consequences/outcomes as a consequence of their focus on following rules (March 1984).

Alternatively, the Rational Choice perspective is a modified version of Economic Institutionalism (Williamson 1985) (Pierson 2004), which views political institutions as frameworks consisting of both positive rewards and negative regulations/restraints deliberately designed and constructed by individuals in order to promote or secure their own self-interested goals and agendas ((Peters 1999). The essence of this theoretical

perspective was summed up by (Moe 1990) - that political and economic institutions are similarly structured in order to solve collective-action problems and maximise gains from 'trade' or the interplay of actors, while minimising transaction costs. He also observed that there is recognition among proponents of the rational choice approach that in reality, political and social choices are quite stable, because institutions play a distinctive role in limiting the choices available (p.216-218).

Scott (2008) and Thelen (1999) summarised the main similarities and differences between them. Scott observed that although both shared a common belief in the importance of institutions in the political sphere, rational choice theorists were focused on the way in which institutions are conceived and created for the purpose of solving collective action problems, so in other words, their 'micro-foundations', whereas historical theorists are focused on a 'macro-perspective', which queries how institutional forms affect the choices and behaviour of actors as they evolve over time (p.35). Similarly, Thelen framed the differences between the two as their simply being attracted to different sets of problems. In her explanation, rational choice theorists began from a starting point of identifying observed patterns of behaviour, which differed from those suggested by the theory and historical theorists began from a starting point of observing behaviour and then attempting to solve/explain it in theoretical terms (p.374).

Before moving on to addressing the unique contribution of Institutional theory to an understanding of change in public services and by extension the institutional environment in which public engagement is taking place, it should be noted that there are some significant gaps in Neo-Institutional theory. Political Institutionalism is not exempt from this observation, particularly as it relates to institutional change. According to theorists such as (Pierson 2000), political scientists have made much greater strides in developing an understanding of institutional effects rather than origins and change. (Powell 1991), for

example, observed that it is a routine occurrence in political change, to arrive at findings that do not match either of the two main theoretical accounts. For example, "Administrators and politicians champion programs that are established but not implemented; managers gather information assiduously, but fail to analyse it; experts are hired not for advice but to signal legitimacy" (p.3). In addition, it has also been observed that contrary to accepted institutionalism principles, the main one being that of the existence of institutions as a means of solving collective-action problems, once institutions have been established, they have been known to both exist and persist, even when they do not/have ceased to serve anyone's interests or when they only do so at a sub-optimal level (Ackerlof, 1976; Zucker, 1986 in (Powell 1991).

5.9 Neo-Institutional Theories of Change and New Labour's Modernisation Agenda

In her 1996 article which formed a comprehensive critical appraisal of the varieties of New Institutionalism, (Lowndes 1996) argued that far from being a systematic body of theory, the New Institutionalism consisted of 'many streams of argument and debate', which, though (as mentioned earlier) they share some common assumptions about the nature and function of institutions, 'develop in many different directions' (p.182). In addition, in direct contradiction to theorists, such as Rhodes (1992: 55 in Lowndes, 1996) who accused institutionalism as being 'a subject in search of a rationale', she argued for the centrality of institutional research to political science and public administration, pointing to a burgeoning research agenda prompted by the increased pace of change in public services, particularly in the areas of management, decision-making and citizen relations, concluding that despite charges to the contrary this has led to an approach to understanding institutions and institutional change that is increasingly theoretically informed (p. 181). This section will explore neo-institutional ideas about change in

political institutions within the context of institutional arrangements for the delivery of public services and public engagement.

There are some characteristics that distinguish the political institutions giving structure and meaning to the public sphere from those in the economic (maximising economic performance) and sociological spheres (structuring social interaction). The most obvious is that they are designed and established on the basis of concepts of achieving the 'common good', in which individuals act not out of individual or group interest but based on what is good for the community (March 1996). It is the difficulty in accurately defining what that is in practical terms, particularly given the increasing diversity of communities, that can make it extremely difficult to measure what exactly is being exchanged in political 'markets' (North, 1990b: 362 in (Pierson 2000).

An increased tendency towards 'isomorphism' or homogenisation in populations of organisations, such as public services, which share the same 'institutional myths' (Lowndes 1996) or symbolic templates that define political institutions, make them particularly susceptible to a 'contagion of legitimacy' (Zucker 1991), a concept addressed earlier. Again, this is thought to be owing to a lack of the same kinds of easily quantifiable goals/outputs that exist in the private sector, on which their performance could be easily judged. They therefore base their legitimacy not on outputs but on other elements such as 'professional, educational and training programmes, legal and public policy frameworks, public opinion and prevalent ideologies' (Lowndes 1996).

The predominant focus remains on achieving compliance with prevailing beliefs and frameworks rather than achieving outcomes. (Powell 1991). (Pierson 2000) argued that this can cause institutional arrangements to be dysfunctional in terms of failing to be responsive to local contexts/needs. This is a concept which we will return to later on as it

relates to the premise behind the Public Engagement aspect of New Labour's modernisation agenda and the change it is expected to achieve.

Taken together, all of these factors create, as mentioned earlier, incredibly stable institutions, which though not impossible to alter, can be particularly resistant to change (Goodin 1996). While institutional theories have tended to focus on the formal aspects of institutions, one of the key elements of the Neo-Institutional approach to the study of institutional change is an attempt to understand the interaction between formal and informal rules in both driving institutional change and maintaining institutional stability (Lowndes 1996). Political institutions are seen by Neo-Institutionalists as 'the rules of the game' (or 'nested rules' (Goodin 1996)) and organisations as the players (Lowndes, V. and Wilson, D. 2003).

Every type of institution experiences endogenous change over time through what (March 1996) called 'mundane processes of interpreting, reasoning, education, imitation and adaptation'. Major change, however, usually occurs at times where crucial factors, such as 'performance crises' prompt them to arrive at 'critical junctions', where their survival will be determined by their willingness and/or ability to replace established rules, routines and practices with new ones (p. 257). The formal institutional structures within which public services operate have traditionally faced coercive forces aimed at achieving often quite major changes within the relatively truncated timetable of an election cycle. The most obvious one is direct government intervention, usually in the form of legislation or centrally-generated changes to existing policy (Ashworth 2007).

According to Neo-Institutional theory, there are three types of deliberate pressure that can be applied to existing institutional structures in an attempt to achieve change. They are Coercive, Normative and Mimetic. The first, Coercive pressure, takes the form of a change in formal rules, such as legislation; the second, Normative pressure, such as

extensive consultation with key actors and influential groups, to 'sell' an idea or initiative in attempt to build at the very least some degree of familiarity with, if not support for it prior to the formal change in rules; and finally, Mimetic pressure, which is predicated upon a system of benchmarking and rewards, in which those organisations seen as outstanding are offered up as examples for others to follow (Ashworth 2007).

Klijn and Koppenjan (2006) argued that the direct intervention typified by legislative changes in formal rules, were not only aimed at achieving changes to formal rules and frameworks but also informal established norms. They saw indirect intervention, as typified by more normative and mimetic pressures, as more about 're-framing' the patterns of interactions between actors by influencing their perceptions and by extension their behaviour, and thus achieving long-term changes to them. They based this argument on the assumption that long-established norms and habits could be broken down by such 'reframing' and replaced by new ones (p. 152).

Scott (2008) summarised the work of Christine Oliver (1991), who identified five In their study of the responses of 101 English Local Authorities to New Labour's Best Value regime (first in 2001 and repeated in 2004), (Ashworth 2007) found that they responded in different ways to the coercive, normative and mimetic pressures towards achieving the isomorphic response that the highly standardized performance measurement criteria required. They measured the extent of changes to certain characteristics of Local Authorities and found that although 20 of the changes were of statistical significance in the direction of compliance, 6 did not change significantly and 7 had moved in the direction of defiance. They concluded that 'although the balance of the evidence is consistent with institutional theory, changes in 13 of the 33 organisational measures do not support the predicted impact of isomorphic pressures. The examples of defiance are especially noteworthy and suggest that local policy makers have significant scope for

"deviant" behaviour, even in the face of a statutory regime that is accompanied by further coercive, normative and mimetic pressures' (180-181). Since the public engagement aspect of the BV regime only goes so far as to require public services to demonstrate that they are developing and using a range of public engagement mechanisms, but does not even include a set of standards to which they must adhere to do so effectively, it is not inconceivable that there may be even greater potential for deviant behaviour in response.

In the case of New Labour's Modernisation agenda, (Lowndes, V. and Wilson, D. 2003) argued that some of the potential contradictions in the neo-institutional approach to design have been highlighted by its attempt to simultaneously achieve both institutional robustness and revisability. They identified two main criteria on which ideas about robustness were based. They were: 'first, the clarity of the values informing institutional design; and second, the nature and effectiveness of third party enforcement'. They argued that owing to the on-going nature of 'institutionalization', it was not enough to focus on these criteria only as far as the original design was concerned, but to examine the extent to which this clarity was maintained over time, including the continuous development of enforcement strategies (either direct control or other means of achieving the commitment of actors to the new design).

Alternately, they also identified two main criteria related to ideas about revisability. They were: 'flexibility' – 'the capacity within institutional designs for adaptation over time and for capturing the benefits of 'learning by doing' an inbuilt capacity in institutional designs that allows them to be adaptable over time and for 'learning by doing'; and secondly, 'variability' – the extent to which there is tolerance (even encouragement) of different design variants in different locations'. This is primarily about being able to adapt/revise institutional structures and to encourage innovation within local environments.

In terms of the Democratic Renewal agenda, (Lowndes, V. and Wilson, D. 2003) observed that although the focus was upon developing institutional designs that were locally responsive and therefore revisable, and though many of the new developments subsequently scored well in terms of revisability, the lack of the necessary firm basis of shared values upon which 'enforcement' rests, raised serious doubts about how robust participation initiatives really were. In addition, they pointed to the results of two evaluations by (Lowndes 1998) and (The Audit Commission 1999) respectively, both of which found that public engagement was having far less impact upon final decisions that originally anticipated and that one influential factor at Local Authority level was the resistance of Councillors to representatives from the community who, as far as they were concerned, were 'unelected'.

Another interesting observation they made was regarding the dissonance between the 1998 Green paper, in which the focus was upon clarity of structures and innovation, and the 2000 Act within which the language of variability and innovation was significantly tempered by the requirement to adopt a set of centrally generated prescriptive solutions, which actually restricted local choice with regard to designing flexible and responsive institutional structures. (Newman 2001) suggested that although New Labour repeatedly demonstrated a rare eloquence with regard to experimentation and innovation, it retained the traditional obsession with increasing standardization, auditing, measuring and centralized control.

In practical terms, this has meant that although the government has been able to achieve structural change as far as the political leadership arrangements at local level and evidence that local authorities are using a broad range of new and innovative public engagement mechanisms ((Lowndes, V. and Wilson, D. 2003), 'The overwhelming impression is of 'business as usual' in English Local Government, as traditional

institutional frameworks…adapt to incorporate the new demands but leave political behaviour unchanged'(p. 292). There is little doubt that this is not the outcome New Labour had intended. This raises the issue of unanticipated outcomes resulting from attempts at institutional redesign and change.

(Pierson 2000) argued that unanticipated outcomes would be of particular significance in modern polities and that institutional design could not be exempted from a tendency that was becoming increasingly evident throughout the social sciences, and was presenting enormous challenges to social scientists. In his view, the most helpful response to this reality would be to acknowledge the high risk of unanticipated outcomes/consequences and immediately challenge any anticipation on the part of designers that institutional effects and outcomes would reflect the desires and expectations of those attempting institutional change/redesign.

Another aspect of the tendency towards unanticipated consequences in political institutional design and change is based in the interplay between formal and informal institutions, which (Ostrom 1999) termed 'rules-in-use'. In their study on the impact of rules-in-use on local political participation in eight English Local Authorities, (Lowndes 2006) found that 'where the rules-in-use reinforced the message that active engagement was welcomed, there was more political participation. Where the rules-in-use discouraged public participation, relationships between local government and citizens were characterized either by confrontation or a resigned but critical apathy' (p. 551). They found that their qualitative research in particular, confirmed how important informal institutions were. They concluded this based on their finding that the opportunities and constraints actors faced in different localities with the same formal structures, could be quite different because of them.

In addition they found that in relation to New Labour's Modernisation agenda, Local Authorities that appeared on the surface to be 'modernised' could have rules-in-use that either made this change real or illusory, as in the comparison between Middlesborough (real) and Hull (illusory). This was owing to the different way in which both sets of rules-in-use interacted. In the case of Middlesborough, different rule sets interacted in a way that enhanced opportunities for participation, whereas in Hull, they interacted in a way that provided disincentives to change and actively defied attempts at modernisation (p. 558).

Another study by (Edelenbos 2005) designed to gain insights into the institutional implications of the introduction of interactive governance (The Dutch version of contemporary public participation) to Dutch public services had two particularly significant findings. The first was that there appeared to be a "missing institutional link" between the interactive processes and the formal municipal decision-making process, meaning that the interactive process was seen as an additional phase/stage prior to the start of the real decision-making process. They found that this resulted in decision makers "cherry-picking" from the rich variety of information and ideas resulting from public engagement. As a consequence, that variety was lost as soon as the formal decision-making began. The second significant finding was that during earlier stages of the interactive process, existing institutions left more room for new ones than during the final stages of preparation for decision-making, where the institutions of the interactive process were neglected and established ones restored, resulting in a severely limited voice for the public participants (p. 128).

5.9.1 Public Engagement in the Institutional Environment of Partnerships and Collaboration

Sullivan and Skelcher (2002) defined partnerships as semi-autonomous actors from public/governmental, private, voluntary and community sectors engaged in the delivery of public services at local and regional levels. The relationship between actors from the different sectors is defined by debating and deliberation. Their primary function is the coordination of service delivery mechanisms through which a significant amount of public resources are channelled towards dealing with a range of cross-cutting initiatives originating from different government departments. Skelcher (2005)argued that in practical terms, the problem of both creating and sustaining partnerships is based on the process of designing and negotiating the underlying institutional rules and norms that apply often not only to one partnership but the cluster(s) of partnerships within which it is located.

New Labour's Modernisation agenda prescribed the use of inter-agency and inter-sectoral partnerships for local service delivery (DTLR, 1998) and were explicit about the fact that they carried an inherent duty to engage the local community and hard-to-reach groups in particular. Partnerships also provide access to additional financial and other resources and skills, the absence of which could pose a serious hindrance to public bodies attempting engagement using their own often inadequate resources (Sullivan and Skelcher, 2002).

The current trend towards joined-up multi-level governance means that public participation, increasingly takes place in collaborative and partnership settings (National Audit Office, 2001). This presents the potential for significant governance problems, such as the obscuring of authority and consequent obscuring and erosion of accountability (Rhodes 1996), owing to the fact that partnerships incorporate elements from different

organisational types, based on very different institutional structures and norms (Skelcher, 2004 in Skelcher 2005).

Skelcher (2005) pointed out that partnership implies the equality of power and standing between all of the actors involved and an inherent implication of transparency and processes in which local citizens, who were the primary beneficiaries would be afforded a considerable degree of influence in shaping the policy solutions to their problems (p. 580). Their study, which measured the performance of 2 anonymous UK municipalities from 2002-2003, chosen because of their extensive partnership arrangements, against a Governance Assessment Tool (GAT), found that overall, partnerships showed poor performance in terms of 'public access', with approximately 4 out of every 5 partnerships failing to achieve 50% compliance with the criteria and of these, a significant number failing to conform to any of the best practice criteria.

They also found that public access to board meetings, papers and information, appeared to be happening on an *ad hoc* basis, with little attention paid to developing mechanisms to normalise it. Indeed, despite a strong in principle commitment to community and user consultation, few partnerships advertised or otherwise encouraged public attendance at board meetings. In addition, despite one partnership concerned with lifelong learning in a rural area creating a series of fora in which the public could meet with partnership members to identify and plan learning opportunities that were community-based, they found that in only a few cases did that information make it to the boardroom. For the most part, consultation took place out-with the board and was chiefly concerned with gathering information and evaluating options, rather than decision-making (585-586).

They concluded that the creation of partnerships reflected a reconfiguration of the process of institutional design for public governance. The 'actionable forms' (using

Goodin's formulation) that were created were motivated by the logic of consequentiality rather than the logic of appropriateness, that prioritised outcomes over the traditional norms of due process, turning the traditional model of governance on its head (p.590). The National Audit Office (2005) admitted that in many partnerships, the response to community engagement has often been bewilderment or hostility and that the threat of sanctions may be necessary to encourage meaningful engagement of and partnership with the public. As discussed in the Democratic Perspective and earlier in this Perspective, this has significant potential to disrupt the role New Labour intended for public participation.

This Perspective used institutional theory as a way of understanding the requirement for public bodies to engage the public in the provision of local services, within the wider context of political institutions. Although there are many new areas for research in the gaps in institutional theory, this Perspective specifically explored the unique contribution of neo-institutional theory to conceptions of institutional design, redesign and change. Finally, in the context of this research, it also provides an opportunity to measure current public engagement practice against existing theory.

5.10 Applying the Institutional Perspective

The Conceptual Framework highlighted the tendency towards isomorphism in groups of organisations that share the same 'institutional myths'. The findings of the case study suggested that this appears to be a key factor in the case of Health Boards and Local Authorities, and their attempts to achieve joint plans, performance management frameworks and reporting, something that is being actively encouraged by the Scottish Executive. An interesting finding of the case study was that although Community Health Partnerships (CHPs) were a new approach to providing health and social care services,

with the exception of the inclusion of members of the public (Public Partnership Forum representatives) and Voluntary Sector representatives, the CHP Committees were in the same configuration as they were in the Local Health Care Cooperatives (LHCCs) they replaced.

This suggests that for the NHS and Local Authority partners in the CHP were operating from the outset on the same or very similar institutional norms as the previous community health and social care setup. The findings of the case study indicate that members of the public were expected to adjust to operating within those norms. Even the terminology used during CHP meetings, which was familiar to NHS and Local Authority Committee members but completely alien to members of the public had the effect of limiting their effective participation in the proceedings.

The CHPs, which have been imposed by the SEHD and are designed to achieve institutional change, also clearly contain inbuilt constraints, which limit the ability of the voluntary sector and local communities to challenge existing structures and norms, rather than their roles simply being assimilated into them. Existing institutional stability is likely to be strongly reinforced by isomorphic tendencies, further increasing their resistance to change, rather than their pliability.

The Conceptual Framework also identified potential organisational responses to exogenous attempts to change long-established institutions. If we apply Christine Oliver's (1991 in Scott, 2008) model, for example, of 5 distinct potential responses to exogenous attempts to achieve institutional change (Acquiescence, Compromise, Avoidance, Defiance or Manipulation), the analysis of the CHP's 'foundation' document (SoE, SEHD Advice Notes and CHP-PPF Working Agreement), suggest that the response of the Health Board as the lead partner responsible for establishing the CHP and its public forum (PPF) appears to more closely resemble a combination of two responses.

The first is 'Avoidance' (where the organisation attempts to conceal or buffer certain core areas from the need to change the status quo), which can be observed in the way that the Health Board has retained complete control of core areas such as Allocation of Resources and Organisational Development, something that will strongly affect/influence the development of CHPs, and kept them outside of the CHP's management and accountability structure, thereby automatically keeping them beyond the PPF' sphere of influence.

The second is 'Manipulation', (where the organisation attempts to either control the environment, or influence or co-opt the new arrangements). It is obvious, particularly from the SoE, that while the NHS Board has closely copied the rhetoric of the SEHD, there are stark contrasts between its compliance with the edicts of the SEHD, aspirational rhetoric and what at times appears to be its almost dismissive/non-committal approach to partnership with the voluntary sector and the public. Unlike the Local Authorities, which share the same institutional 'myths' the public and voluntary sector partners could be considered a potential threat to its established institutional frameworks and 'rules-in-use'.

The case study findings showed that the inclusion of members of the public on the CHP Committee has resulted in the perception by some public partners of a gradual shift in the attitudes of professionals to lay members of the public being present on the CHP Committee. Although some members of the PPF expressed the opinion that they were not yet perceived by some professionals entirely as equal partners in the CHP, there was a perception that decision-making processes must now include consultation with the public as a matter of course. As a result, while contemporary public engagement may bring about certain 'cosmetic' institutional changes, it is unlikely to drive institutional reform to the extent intended by the legislation.

5.11 Key Features of the Managerial Perspective

The Managerial perspective views public engagement in relation to the practice of public management and management reform, and provides a complementary perspective to the Institutional Perspective in understanding contemporary public engagement within the context of managing public services. It uses Management theory as a way of gaining insights into the impact the legislative requirement to engage the public in the provision of public services is likely to have in terms of the public management function. It provides a means of applying existing theory to explain how public managers are likely to approach contemporary public engagement and the challenges they are likely to face in attempting to meet the legislative requirement.

Firstly, public management will be placed in context with a focus on the specificity of public management and the unique challenges of managing public services. This also allows new additional public engagement dimension to be explored as a feature of New Public Management (NPM) and the ongoing development of public management. Secondly, it will explore what engaging the public in service delivery might actually mean for the practice of public management, in terms of how it might affect its functions and activities and potentially present it with a number of challenges. Finally, the perspective will explore the increasingly collaborative setting of public service provision and what this might mean in practical terms for managers attempting to engage local communities.

5.12 Public Management in Context

Although there are many theories of management, spanning the 'who', 'where', 'when', 'how' and 'why' of management practice, 'what' management is has been conceived as a

series of tasks or functions including '...planning, organising, leading and controlling the work of an organisation' (Hellriegel, Jackson & Slocum, 1999:8). These tasks would be purposeless in the absence of at least one collective goal or desired outcome. For managers in the private or business sector, for which management theories were originally formulated, this primary goal is profitability. Customers/consumers, shareholders and stakeholders have therefore always necessarily been the public focus of private sector organisations and their managers.

Those in the public sector differ in two main ways, the first being that the goal is not profit but the distribution of public goods in impartial and ethical ways, and the second, that they are funded by taxation and subject to political oversight and interference. The environment in which public organisations and managers operate is also home to very different tensions to those in the private sector. Whilst private sector organisations exist in an environment largely dictated by market forces, those in the public sector are charged with rationing public goods. Crucially, 'who gets what' is not determined by the ability of customers to afford services, or rules of 'equal share' but by the discretion of professionals with broad policy-making powers (Mckevitt, 1998).

Public managers must make difficult decisions to determine how services are allocated when demand outstrips supply, as it often does in the public sector but they cannot '…lawfully retain and devote to the private benefit of their members the earnings of the organisation, cannot allocate the factors of production in accordance with the preferences of the organisations administrators and must serve goal not of the organisation's own choosing. Control over revenues, productive factors and agency goals is all vested to an important degree in entities external to the organisation; legislatures, courts, politicians and interest groups' (Wilson, 1989:115).

Still, mindful of these fundamental differences, organisations in both sectors are exposed to the same broader global and national trends. Thus, the core argument for the validity of this perspective is that changing perceptions of the role of the state and its relationship to citizens, and the nature of public services and approaches to their provision over time, necessitates an understanding of the evolving role of those actors tasked with performing the key aforementioned functions.

5.12.1 From Public Administration to Public Management

Prior to the advent of New Public Management (NPM) the core operational paradigm of the public sector was 'administration'. Administration as a concept existed in some forms that predate traditional public sector administration, of which evidence has only been found from the middle of the 19th Century (Hughes, 2003). It was characterised by a preoccupation with arriving at what Taylor (1911) in his principles of Scientific Management called the 'one best way'; arrived at by breaking down each task into a series of steps, and once the most efficient way to carry out each step was determined, forming them into a set procedure. Hughes (2003:33) commented that 'In the public services, the procedure manual became even larger with the method for dealing with every conceivable contingency spelt out in great detail. Once this was done the task of the public official was purely administrative, merely involving consultation of the manual and following the procedures laid down'.

Administration was characterised by rigid hierarchies and procedures, which transformed public servants *to 'cogs in an ever-moving mechanism'* (Gerth & Mills, 1970:228). The combination of traditional administration and bureaucratic organisation has been blamed for a lack of innovation and risk-taking in favour of established procedures, stasis, hierarchy, inflexibility and chronic inefficiency (Behn, 1998; Hughes,

2003). It is significant that at the operational level, administrative tasks were characterised by uniformity and repetition of procedures and the absence of any dialogue or involvement of the public with the exception of the point of service delivery, and that a lack of flexibility and innovation was perceived to be the result. Theoretically, the basis of Public Administration was firmly rooted in bureaucracy and the separation of politics from administration (Hughes, 2003:60).

From the 1970s onwards and beginning with the Conservative government of Edward Heath successive governments recognised the problems associated with traditional public administration and there began an attempt to reform public organisations, exemplified by a shift towards focusing on efficiency in resource use and outcomes, with private sector management techniques held as the standard; although it has been argued that this agenda slightly predates Heath's administration, going back to that of Harold Wilson (Haynes, 2003). Although Heath's attempt met with resistance and ultimately failed, by the 1980s the UK public sector had embraced Managerialism, hitherto referred to as New Public Management (Hood, 1991), although there was as yet no firm theoretical basis, owing to a range of differing views about how it could/should be conceptualised (Frederickson & Smith, 2003). (Pollitt 1993), however, was among the first to argue that the theoretical basis of Managerialism/NPM lay in Economics and Private Management; the former because of its clear focus on outputs and achieving value for money, and the latter because of its focus on the core managerial function of directing resources in order to achieve specific goals.

Hood (1991:3-4) explained NPM in terms of 'a set of broadly similar administrative doctrines' forming the basis of wide-ranging bureaucratic reform of public services beginning in the 1970s in many of the OECD countries. These 7 doctrines consisted of: 'Hands-on professional management; Explicit standards and measures of performance;

Output controls, focused on results instead of procedures; Shift to disaggregation of units; The use of competition to reduce costs and increase standards; Stress on private-sector style management practice; More efficient use of resources in order to "do more with less" (p. 4-5). Others, such as Walsh (1995) described it as symptomatic of an ideological shift in the politics of the 1980s towards New Right thinking. Horton & Farnham (1999) preferred to present a definition based on what they saw as the attempt by successive Conservative governments to introduce private sector principles and practices, such as the use of market forces, into the public sector.

Academics such as Ferlie et al (1996) have suggested the following alternative models of public management: 'The Efficiency Drive'; 'Downsizing and Decentralisation'; In Search of Excellence and 'Public Service Orientation' which is distinctively suited to the public sector environment, as opposed to the more generic private sector styles embodied by the others. Haynes (2003) observed that although the approaches to conceptualising NPM were different, there was a common theme, which was the determination to introduce private sector-style Managerialism into the public sector.

The explicit aim of these reforms was to alleviate the problems created by traditional administration and bureaucracy. Pollitt (1993:49) summarised the perceived benefits to be acquired from the introduction of Managerialism into the public sector: 'better management provides a label under which private sector disciplines can be introduced into the public services, political control can be strengthened, budgets trimmed...and a quasi-competitive framework erected to flush out the natural inefficiencies of bureaucracy'.

There are, however, several critiques of NPM. Many of them centre on perceived tensions and inconsistencies between the private sector ethos embodied in its core doctrines and the public sector ethos and environment to which they have been applied.

(Hughes 2003) summarised the key differences between private and public management. The first is that while private management decisions regarding services and customers are allowed to be arbitrary, many of those in the public sector are coercive, in the sense that the state may use the threat of sanctions to gain compliance from citizens. The second is that forms of accountability differ significantly between the sectors, with private managers being accountable primarily to shareholders and public ones being accountable to political leaders, parliaments, the public and parts of the judicial system.

The third is that public managers have an outside agenda imposed on them by the political leadership, as opposed to the purely profit-oriented one of private managers. Political leaders are quite capable of imposing agendas that are contrary to managerial goals, usually for purely political reasons. This type of interference, however, significantly reduces the managerial scope of action. The fourth is that there are inherent problems with agreeing goals and measuring outputs. It is argued that this difficulty with measuring performance pervades public management. Finally, the sheer scope of the public sector in terms of size and diversity makes it impossible to coordinate any way other than politically.

Dawson and Dargie (1999) noted that since the advent of NPM, the surrounding debates have expanded from being driven purely by questions about how to apply private sector concepts to public services, to including distinctly public-oriented concepts and values, such as accountability, ethics, regulation and democracy. They also noted that the synchronous focus on markets, performance management and incentives, and attempting to manage professionals, with decentralisation and disaggregation, would be an ongoing source of tension by pitting the centralising tendencies of the former against the decentralising ones of the latter.

Other academics have also challenged the assumption that there has been a complete

shift from a public administration characterised by bureaucracy and inefficiency to a coherent set of ideas and practices characterised by flexibility, efficiency and responsiveness (Clarke, J. and Newman, J. 1997, Lowndes 1997). Indeed, (Newman 2002) argued that narratives of change that are framed as 'old' versus 'new' present oversimplified explanations/perceptions of change. She identified two ways in which this could be argued to be the case with NPM. The first is that there may be significant gaps between rhetoric and reality and the second is that framing change as 'old' to 'new', tends to hide a lot of the 'messiness' associated with it, in which it is perfectly possible for old and new elements to overlap, old ones to be repackaged as 'new' or for 'multiple regimes' to be overlaid on top of each other (p. 78).

5.12.2 CCT, The Citizens' Charter, Best Value and the Public: Attempts to Reform the Provider-User Relationship

The Managerialism-based public service reform programme undertaken by the Conservative governments of the 1980s and early 1990s was predicated on the idea that the introduction of competitive markets via Compulsory Competitive Tendering (CCT), 'contractualism' and the option of privatisation, would achieve not only the reduction of operating costs and improvements in efficiency, but create fundamental change to the relationship between public services and users (Hughes 2003). Recipients of public services were re-labelled as 'customers' or 'consumers' of services, in line with the private sector and furnished with a 'Citizens' Charter' clearly outlining what information citizens were entitled to from service providers.

The Citizens' Charter covered the areas of: explicit standards of service provision with accompanying targets; information about the organisation and immediate person providing the service (staff were expected to clearly identify themselves); information

about what service was being provided, with explicit targets and results achieved; choice for customers where possible between competing providers, by consultation with them to identify their preferences; greater accessibility to services at the convenience of customers rather than staff; a publicised complaints procedure and an explanation if things do not go according to plan; non-discrimination on the basis of race or sex (The Citizens' Charter, 1991). The overt intention of the Charter was to demystify public service provision and make service providers accountable to their public customers (Stoker, 2004) by giving them both 'exit' (the freedom to choose between providers) and 'voice' (means of seeking redress) (Hirschman 1970)[5].

The most frequent criticism of the Conservative NPM reforms are based on difficulties with the practical application of private management techniques to the distribution of public goods. For example, (Boyne 2003) argued that although in principle effective management and close scrutiny could result in public services that promote the public interest, the lack of unambiguous performance indicators in the public sector makes accurately evaluating their performances or public customers influencing their behaviour and that of managers extremely difficult.

Aberbach and Christensen (2005) argued that when recipients of public services are perceived/perceive themselves as 'customers', their relationship with the state becomes tuned toward self-interest and personal satisfaction with the service/services they individually receive. Such a focus on individual rights eschews more collective responsibilities to the wider community and carries the inherent risk of creating or exacerbating social inequalities and undermining traditional notions of citizenship (Suleiman 2003, Pierre 1998). Pollitt(1993) argued that the relationship between public

[5] It should be noted that the implementation of CCT in Scotland occurred on a different timetable to that of the rest of the UK because of the reorganisation of Scottish local government. It was delayed for white collar services, something that has had a knock on effect on the pace of organisational change in Scotland compared with England (Sheffield, J. and Bowerman, M. 1999).

service providers and recipients is far more complex than in private sector models, which do not sufficiently recognise the additional dimension of citizenship.

With specific reference to the Citizens' Charter, (Ball 1998) noted that there was no attempt to justify the choice of principles contained in it or the exclusion of others to the public. By the mid-1990s there were numerous local charters covering every conceivable public service and differing significantly in scope and content. In addition, it had become increasingly undeniable that the selection of indicators being used to provide information to the public was being determined largely on the basis that the information could be produced in numerical format to allow comparisons to be made (Accounts Commission, 1992c in (Ball 1998). While the Citizens' Charter represented the first attempt to make public services in any way responsive or accountable to recipients, it could be argued that despite the idea of consumer rights and freedoms enshrined therein, it did not challenge the ultimate control of service providers over the design and delivery of outputs.

The Best Value (BV) regime introduced by the New Labour government was based on the same core principles of Managerialism (competition, performance measurement and the endless search for economy, efficiency and effectiveness) as the Conservative reforms but differed in focus and approach. In terms of focus, it moved away from the emphasis on the renewal of time-limited contracts that characterised CCT, which meant that improvements to public services had been sporadic and patchy, towards the search for 'continuous improvement' (Martin 2002, HMSO 1999).

As aforementioned, while BV did not discard the idea of competition in the provision of public services, it did not consider private contractors to be the automatic competitors to public providers but encouraged services to create and manage a 'mixed economy' in which they were expected to work collaboratively with organisations in the

private and voluntary sectors with aim of delivering services that were not simply cost effective but of 'good quality' (Cm 4014: clause 7.30 1998).

BV placed much greater emphasis on enabling public services to be responsive to local needs. New Labour introduced a legislative requirement to consult and engage with citizens, service users and any other interested parties (HMSO 1999, HMSO 2003) in developing local priorities and performance targets, which were to be published annually in the form of Best Value performance plans (Cm 4014: clause 7.30 1998).

The New Labour government's approach to introducing and implementing BV differed from that of the CCT reforms in one very significant respect. While the Conservative reforms, were 'imposed by central government on unwilling local authorities that often sought to minimise its impact' (Martin, S. and Hartley, J. 2000) and reinforced by the threat of punishment for services considered to be failing, new Labour sought to gain bottom-up support for its modernisation agenda employing a 'partnership discourse' with Local Authorities and public services (Clarence, E. and Painter, C. 1998). The new administration extended an invitation to Local Authorities to pilot the scheme voluntarily ahead of the legislative requirement and public services, additionally offering incentives in the form of rewards for services that are able to demonstrate considerable improvements (Martin 2002, Martin, S.J. and Sanderson, I. 1999).

In Scotland BV was tied to exemptions from CCT and introduced into all of the 32 Local Authorities and all of their services. Guidance was provided by a BV Task Force with representatives from the Scottish Office, the Accounts Commission, and the Convention of Scottish Local Authorities (COSLA). Local Authorities were invited to submit BV proposals (within the relatively short timetable of 3 months, October-December), with an announcement made by December of successful submissions, which were granted continued exemption from CCT that was predicated on successful

implementation and being able to demonstrate improvement to auditors. The threat of re-imposing CCT was the penalty for insufficient progress with implementing BV (Sheffield, J. and Bowerman, M. 1999).

Initial investigations into the implementation of BV, such as the study by (Martin, S. and Hartley, J. 2000) have found widespread support for it. In addition, they found that 'Nearly all authorities, (88 percent) expected to consult with/involve service users during the next year, 85 per cent planned to consult with the general public , 80 per cent intended to consult with the business community and 66% expected to involve the voluntary sector' (p. 47). Despite the obvious enthusiasm, there are some critiques of best value and questions about its implementation that will not be easily answered. It is unsurprising that since the core basis of New Labour's modernisation agenda, of which BV is one of the central tenets, is the same New Right ideology and its New Public Management progeny that underpinned the Conservative reforms, though as aforementioned it differs in focus and approach, it is home to the same unresolved tensions and paradoxes (Newman 2002).

Martin (2002) argued that BV threatens to test to destruction many of the key tenets of NPM owing to 'the unprecedented demands it makes of managers, markets, contractors, inspectors, auditors and service users/citizens'. He highlighted four areas in which this appeared to be already happening such as: demonstrating the inadequacy of the majority of supply markets; 'ruthlessly exposing' the limitations of local authority performance management systems; highlighting the inadequacy of consultation strategies that had hitherto been seen as 'state of the art'; posing perplexing questions for inspectors and auditors who will be asked to make a range of new and different kinds of judgements about the standards of services and their capacities for improvement; and 'testing to the limit the willingness of service users and citizens to engage in meaningful ways with service providers' (p.137). The following section explores the key managerial themes and

potential challenges associated with engaging the public in creating responsive public services.

5.13 Managing Public Engagement: Key Themes and Challenges

As has been well established in the previous sections, public management and managers are key actors in implementing the reforms of successive governments since their introduction under Thatcher (Martin, 1997). It is also becoming increasingly evident however, that the themes and challenges faced by public managers are unique, owing to the relatively complex public sector environment compared with that of the private sector. Crucially, what is also clear is that the reforms present a number of implementation challenges for public managers for which there is no equivalent in the private sector and for which there is often ideological and political motivation but often little or no guidance and no attempt by the incumbent administration to address the tensions, inconsistencies and paradoxes that threaten to complicate or thwart successful implementation.

Public engagement in the design and development of efficient, responsive public services is perhaps one of the best examples of a reform/aspect of a reform agenda that is difficult to fault as an idea but immediately presents a number of implementation challenges. This perspective argues that management theory can go some way towards giving insights into how managers might conceptualise public engagement and respond to it and the challenges it presents, given the legislative requirement to do it and the lack of clear guidance.

5.13.1 Understanding the Managerial Approach to Public and Stakeholder Engagement

How public managers perceive and approach the requirement to engage the public is likely to have a significant influence on how they prioritise and implement engagement strategies, especially compared to different aspects of BV. For example, the study by (Martin, S. and Hartley, J. 2000) found that despite widespread support for the reforms and a high degree of confidence that they could successfully implement the changes, they were notably less confident in their current capacity to consult with users and communities.

They found that two thirds of respondents believed that their existing service user consultation procedures were 'fairly good' (58%) or very good (6%). A lower percentage (just over 50%) believed that they were good at consulting with communities, with 43% believing that they were 'fairly good' and only 8% believing that they were 'very good'. Interestingly, they also found little significant difference between the pilots, those that made the shortlist and those bidders that were unsuccessful in terms of their stated confidence levels in existing systems for community planning and community consultation (p. 49).

In addition, there were some interesting findings about how they were prioritizing implementation of the reforms. Developing more innovative service delivery (56%) and increasing equality of access to services (50%) were considered key outcomes, with a correspondingly high degree of focus on internal processes such as effective performance review (88%), strategic planning (82%), effective monitoring of service quality (78%) and high quality performance plans (66%). In contrast, however, local governance, partnership working with other agencies and the level of citizen and community engagement 'were seen as relatively unimportant', with only 26% believing that it would be easy to increase public understanding.

Crucially, they noted that there was a strong correlation between those outcomes which were perceived as being the most important and those expected to be the easiest to achieve and concluded that they 'clearly had not linked BV to broader plans to 'modernize' local government and to 'reshape' the relationship with local people in the ways in which central government is seeking' (p.51). It can therefore be deduced that the logical explanation for the relatively low priority afforded public engagement is that a significant number of managers do not consider it to be as important as other areas, have less confidence in being able to achieve the required outcomes in this area and/or they may be perceiving them as more difficult to achieve than others.

5.13.2 Managing Public Engagement: Designing and Developing Engagement Strategies

This section explores public engagement as a feature of the public management role and examines the factors that are likely to have a very strong influence in shaping a managerial approach to public engagement practice. There is a growing body of academic evidence, which suggests that public management and the managerial role in public services, has a significant impact on the implementation of programs (reforms, initiatives, etc. such as the requirement to engage the public) that are expected to directly influence the performance of public services (Ingraham, P. and Lynn, L.E. 2004, Andrews 2006).

It has been noted that strategic considerations in the public sector have been a relatively recent development that is emblematic of the shift from Administration to Management; from a purely policy-driven to a strategic orientation (Llewellyn, S. and Tappin, E. 2003). In addition, it has been argued that management theory offers a powerful rationale for considering a strategic dimension in public management in relation to organisational performance (Meier, K. J. et al 2007).

With regard to public engagement specifically, there are some key factors, which suggest the need for a strategic approach to managing it. It could be argued here that the failure of performance indicators to measure aspects of public services that are unquantifiable means that public engagement is the only other option but it requires properly designed, developed, executed and evaluated engagement strategies.

In order to engage with local service users, communities and other relevant stakeholders, managers need to know who they are. There are a quite a few definitions of the term 'stakeholder' as it relates to public services but the following by (Nutt, P. and Backoff, R. 1992) 'All parties who will be affected by or will affect [the organizations's] strategy', (Johnson, G. and Scholes, K. 2002) and (Bryson 2004)'...persons, groups or organizations that must somehow be taken into account by leaders, managers and frontline staff', for example, seem more appropriate to New Labour's vision, owing to their broad scope, which includes the nominally powerless, where other definitions do not consider those without a direct influence in determining an organisations future, to qualify as stakeholders (Eden, C. and Ackerman, F. 1998).

Bryson (2004), argued for the significance of stakeholder engagement to performance management, by drawing attention to a number of studies (both qualitative and quantitative), whose findings suggest that failure by decision-makers to gather and act upon the concerns of stakeholders inevitably results in poor performance, failure to achieve objectives and occasionally, disastrous outcomes (Bryson, et al., 1990; Bryson and Bromiley, 1993; Nutt, 2002; Burby, 2003; Margerum, 2002 in (Boyne 2003, Bryson 2004). In this context, a strategic approach to engaging 'hard-to-reach' groups that have traditionally been marginalised in the provision of public services as a result of social and economic inequality and deprivation (Blakely & Evans, 2008), takes on increased significance.

The second key factor relates to the development and use of mechanisms for public engagement. Under New Labour's Modernisation Agenda for public services, they are expected to move beyond consultation, to designing genuine public participation processes and employing a range of innovative methods/mechanisms to involve local communities in shaping policy (Carley 2004). Given the New Labour government's emphasis on the use of innovation and innovative engagement mechanisms, it is important that public managers select, develop and use mechanisms appropriately. (Dibben, P. and Bartlett, D. 2001) among other, however, have noted that the government neither clearly defines what it means by 'empowerment' nor provides guidance on what would constitute best practice in these areas. This absence of clear guidance has prompted organisations such as Communities Scotland (now the Scottish Community Development Centre) to interpret legislation into guidelines on public engagement best practice. Its National Standards for Community Engagement (2005) sought to address some of the aforementioned concerns around designing and conducting public engagement activities as expressed by those involved, including public managers and community groups.

A third key factor relates to the resource implications of effective public engagement. Managers are expected to simultaneously do more with fewer resources and effectively engage the public. When considering the commitment in terms of expertise, funding, time, and other investments that public services are being called upon to make in developing community engagement capacity, engagement is likely to be extremely resource intensive, and this may limit its development and effectiveness (Goss 1999). It would be interesting to find out how services are funding engagement activities and whether resource constraints are influencing factors such as whether they create a dedicated engagement role, invest in acquiring engagement-related skills, append engagement responsibilities to existing posts or their choices of mechanisms, as some

examples. Before going on to look at some of the inherent tensions in New Labour's engagement agenda and potential implementation-related problems and dilemmas that managers are likely to face as a result, the next section will explore the management of stakeholder engagement in the collaborative setting.

5.13.3 Public Engagement in the Collaborative Setting

For public managers, the reality of providing responsive public services has meant that they are increasingly called upon to address complex issues that cross-cut long established organisational boundaries and therefore require working in varying degrees of closeness with other agencies in the public, private and voluntary sectors (Huxam and Vangen, 1996). According to (Sullivan, H. and Skelcher, C. 2002), collaborations for the provision of public services are about both formal and informal (micro-political) relationships between actors, which straddle organizational, sectoral and geographical boundaries.

The idea of working collaboratively to provide public services is not unique to current public policy but the interpretation of what partnership working should mean and how partnerships should be configured and function has undergone an ideological shift from Conservative to Labour administrations. What this has meant in practice is that although they shared the idea that working in partnership or collaboratively would produce better public services, the Public Private Partnerships (PPPs) and Private Finance Initiatives (PFIs) Conservative reforms of (1980s - early 1990s) focused on competition and private sector-style bidding wars whilst those associated with the New Labour reforms (mid 1990s – present) emphasised joined-up working. In response to the latter, Campbell and Filkin (1998:4) observed that 'The partnership message is that better services and value for the public can be achieved when

suppliers and buyers work co-operatively rather than in conflict'. That is not, however, to say that New Labour-style partnership working is not without its own inherent contradictions.

Although New Labour's approach to partnership working was intended to remedy the divisive tendencies of a previously fiercely competitive environment (Glendinning et al, 2002), it engendered tensions of its own, such as those between decentralised local governance and greater centralisation at the centre of government, ideas about active citizenship and collective community responsibility, and the inherently individualistic choice-oriented approach to many areas of public policy such as education (Dean, 2003).

Partnerships for public service provision are also not without other types of risks, particularly when they involve organisations in other sectors. In a study of public-private partnerships, Rosenau (1999:27) found evidence to suggest that these types of partnerships did not eliminate some of the most pressing concerns of equity, access, participation and democracy but sometimes achieved reductions in cost at the expense of other important considerations, such as democracy. This finding is of interest not only because it gives an indication of the kind of dilemmas associated with managing inter-sectoral partnerships where compromises are necessary and inevitable.

Working in partnerships also presents many ongoing challenges to public managers, which Huxham & Vangen (1996) placed into 6 broad areas: 'Managing Aims', 'Compromise', 'Communication', 'Democracy and Equity', 'Power and Trust', 'Determination, Commitment and Stamina' but it also presents opportunities to improve organisational performance through capital investment and the dissemination of best practice between partners. In few areas are such issues more evident than that of managerial decision making. It is also one of the two main areas (outcomes being the

other) in which public engagement is intended to have the most pronounced effect on public services.

Public managers are no longer expected to reach policy decisions without the public being engaged in the process. In a partnership setting this will not only necessitate joint decision making across organisational and sectoral boundaries but fully integrating public engagement with those processes. Abelson *et al* (2003: 240) observed that an emphasis on deliberation and two-way interaction between public sector decision makers and the public was a defining feature of contemporary participation debate, noting that: 'Increasingly complex decision making processes it is argued, require a more informed citizenry that has weighed the evidence on the issue, discussed and debated potential decision options and arrived at a mutually agreed upon decision or at least one by which all parties can abide'.

In his 'Triangle of Engagement' approach, May (2007) hypothesized that the greater the commitment to higher (or deeper) levels of engagement required of members of the public, the fewer the people who are likely to commit. This gives pause when considering that much of the current management terminology around public engagement uses the term 'partner' to refer to the preferred role and expected level of public commitment. More recently, public engagement has itself become the main strategic goal of some partnerships such as Social Inclusion Partnerships, in which achieving effective long-term community engagement, democratic renewal and active citizenship are the prevailing aims (Scottish Executive Central Research Unit, 2001; Taylor, 2003). Indeed, (Sullivan 2006) argued for the importance of deliberate strategic intervention in harnessing and marshalling collaborative resources and to shape the joint activities over time. Attempts to achieve meaningful public engagement in collaborative and partnership

settings will no doubt present a raft of new and complex challenges for public managers.

5.13.4 Public Engagement: Identifying Issues and Challenges

A strategic approach to public engagement immediately raises several issues that are likely to create difficulties and dilemmas for public managers. The first relates to how to identify who public services are required to engage. For example, identifying the 'community' in community engagement can be problematic, since the community is not one, homogenous group, but several, that rarely fit into social or geographical boundaries, with identities and allegiances, very much dependent on circumstances (Gilchrist 2004a, Gilchrist 2006).

The collaborative setting is another area in which designing and implementing public engagement strategies is likely to be problematic. Developing an effective public engagement strategy in this setting must be preceded by an effective joint strategy that clarifies the roles, commitments, etc. of all the partners. This can be extremely difficult to achieve in practice, not least because of the range and diversity of individual partner goals and the potential for some of them to be conflicting (Gray, 1989). Given this inherent tension, it is not inconceivable that designing joint/shared public engagement strategies might be problematic.

There is significant pressure on public managers to prove that they are producing outcomes that are tailor-made to local needs. (Harrison, S. and Mort, M. 1998) argued that deliberative mechanisms are particularly prone to being used as a 'technology of legitimization' by public services, so that they can demonstrate that they are 'listening', even though the public are only accorded an 'advisory' level of authority (Pickard 1998), with final decision making remaining firmly in the hands of professionals and public managers (Rowe, R. and Shepherd, M. 2002).

There are still questions surrounding the use of data derived from the employment of engagement mechanisms and whether public services are able to successfully demonstrate its influence in decision-making processes. This is an area that this research aims to explore in greater detail. The untried, untested nature of New Labour's public engagement agenda means that there will be a number of issues that will only become apparent as public managers grapple with design and implementation of engagement strategies.

This section has viewed public participation from a managerial perspective. Firstly, public management was viewed from the perspective of general management theory. Secondly, attempts to change the relationship between service providers and the public were viewed from the perspective of NPM and managerialist government reforms. Finally, new ways of working and the challenges they create for public managers in designing and implementing public engagement strategies, were outlined. These considerations pointed to potentially wide-ranging changes to how public engagement is perceived and practiced in the public sector and lend credence to the use of a managerial perspective in conceptualising contemporary public engagement.

5.14 Applying the Managerial Perspective

The Conceptual Framework points to a new model of public service management that while remaining unique to the public sector, owing to its peculiar managerial environment, now also require the use of management techniques and skills more commonly associated with the private sector. This is especially true in the case of the contemporary public engagement as it requires managers to develop and use many skills more associated with managing the aspirations and demands of a diverse group of private sector customers and partners e.g. negotiation skills and accessible communication skills. The presence of lay members of the public on the CHP Committee in particular, means that the business of the

Committee and by extension the CHP, must be conducted in a way that is inclusive of non-professionals. The findings of the case study interviews indicate that managers have had to make adjustments to the way that they work as a direct result of being required to engage the public.

The Managerial Perspective also alludes to potential challenges for public managers with regard to the resource implications of the requirement to engage the public. Successfully engaging with local communities requires public service managers to actively provide opportunities for them to articulate their needs. The findings of the case study indicate that a conspicuous lack of additional funding from the Scottish Executive with which to do this means that from the perspective of public managers, the cost of engagement mechanisms are highly likely to outweigh other factors when selecting which ones to use. There is evidence of this in a notable tendency towards the use of forums, which tend to make fewer demands on already limited resources. The issue of the resource intensiveness of public engagement was a recurring one throughout the case study interviews, and the main reason was that public engagement was in addition to the existing demands on public service managers and that there was an issue of them struggling to cope with those additional demands in the absence of additional resources (section 4.11.2).

The responses of the professional CHP interviewees suggested that the idea that the public should be allowed or encouraged to exercise direct influence on the allocation of CHP resources was a highly undesirable one. Indeed, it has already been noted in the Institutional Perspective that the Health Board appeared to set up the CHP's resource allocation systems in a way that kept them insulated from the influence of the PPF and its representatives on the Committee. This also overlaps with aspects of the Power Perspective relating to whether public engagement is more likely to be empowering or ultimately

disempowering to local communities.

5.15 Introduction to the Power Perspective

Power is one of the ways by which all human interactions can be defined and understood. Ideas around citizen, service user and community empowerment are central to contemporary public engagement. This Perspective uses theories of power and relevant literature as a way of gaining insight into the ideas underpinning the legislative requirement to engage the public and what this engagement is supposed to achieve in terms of empowering citizens, service users and local communities. It also explores how established power relationships are sustained and how they are likely to respond to attempts to redress the balance of power in favour of the public.

The first part of this perspective seeks to define different types/forms of power and power relationships making it possible to understand the way/s in which public participation has been defined by them in the past and the way/s in which they could both potentially shape or be shaped by contemporary public engagement. The second part focuses on theories of power which could be used to define and explain the often nuanced interplay between different types of power. This includes a more detailed examination of power relationships between citizens and the state, public services, service users and local communities, and finally power in the collaborative/partnership setting in which contemporary community engagement will increasingly be expected to take place.

5.16 Conceptualizing Power

Societies are founded, structured and sustained by power relationships; by the interplay between those who exercise power and those over whom power is exercised. These groups are as diverse as the sources of the power wielded by them and the purposes,

methods and effects of their power play. Russell (1992:19) defined Power as 'the production of intended effects'. Alternatively, Giddens (1998:338) defined it as 'the ability of individuals or groups to make their own interests or concerns count, even when others resist'. Immediately it is apparent that for Power to have meaning, its acquisition, retention and use must be context- dependent.

For Russell (1992), the multifarious nature of Power allows for the existence of several types. He identified types of Power based on the ability of individuals or organisations to influence others, and the means selected for that purpose. He argued that an individual could be influenced physically by the exercise of powers of restraint, incarceration or death over his/her body; the use of rewards or punishment to encourage or discourage certain behaviour; influence over his/her opinions, including opportunities for creating certain types of behaviour by training in the absence of opinion (p.19). He further subdivided these types of influence into the categories of 'Traditional' and 'Naked' Power; the former being characterised by the exercise of force such as military might for the maintenance of its security and the latter doing so merely by force of habit, thus eliminating the need for constant justification or reinforcement (p.21).

These types of power do not develop at random, nor do they run rampant unchecked. They exist in organic institutions, frameworks and structures such as families, communities, societies, organisations and the State, which give shape, meaning and purpose to human interaction. Galbraith (1992) argued that there were three main instruments for acquiring, wielding and enforcing power in all of its forms; what he termed 'the rule of three', consisting of 'condign', 'compensatory' and 'conditioned' power. 'Condign' power obtains compliance from an individual or group by the threat of more unpleasant alternatives such as punishment or rebuke. It is acquired

by having access to various means of punishment, such as is the case with some organisations and the State. Alternatively, 'Compensatory' power obtains compliance by the reward of something valuable in exchange for that compliance. Wealth, via property or income is the main source of 'compensatory' power.

Finally, 'Conditioned' power obtains compliance by influencing beliefs through education, indoctrination or persuasion. This type of power can be acquired through the possession of leadership qualities or powers of persuasion by an individual, or by organisation (p.213-215). Stewart (2001:6) identified two schools of approaches to understanding and analysing power: 'power over', which conceived power as domination and was described as 'the strategic capacity to achieve goals'; and 'power to', which approached analysis from the perspective of 'the expression of collective autonomy, conceived as the inter-subjective generation of specific forms of solidarity'.

If we applied either Russell's or Giddens's definition of power to public participation prior to the recent reforms and legislation, it could be argued that power to 'produce intended effects' or 'make their own interests count' did not lie with the public but with state institutions and service providers, evidenced by the public's inability to influence public policy except through the ballot box or civil disobedience. Ideally, contemporary public engagement is therefore intended to place citizens/service users/communities in a position where they could directly influence public policy outcomes in ways that advance their interests by shaping services to local needs.

Galbraith's 'rule of three', however, and to some extent, Russell's types of power, however, give grounds for pause. One reason is that the state and its institutions have clearly possessed Russell's 'traditional' (military) and 'naked' (compliance through force of habit) types of power or alternatively Galbraith's 'condign' (stick) or compensatory (carrot) or 'conditioned' (education, indoctrination or persuasion), and

used them to achieve public compliance with public policies. For modern public engagement to be able to rebalance that relationship it would require a redistribution of that power in favour of the public.

5.17 Theories of Power

Several theorists have attempted to move beyond simple definition of power to detailed quantification and analysis of its nuances. Rather than attempt an exhaustive review of theories of power, we will simplify this process by reviewing only those theories that could be relevant to understanding the current public engagement discourse from this perspective. It should be noted that although most modern theories of power tend to focus on sovereignty and state/citizen relationships, their underlying principles can be applied to other more intimate spheres and relationships, such as between public service providers and communities, which will be discussed later on.

Although Lukes (1974; 2005) is perhaps the best known modern theorist on power, other scholars, such as Clegg (1989) acknowledge that the origin of modem concepts of power date back to the 16th and 17th century works of Machiavelli and Hobbes whose respective contributions to thinking about power are evident in current schools of thought. Machiavelli saw power as a means to attain strategic advantages over others, the aim of which would be achieving total power, although he admitted that this was rare. Hobbes, alternatively, viewed power as sovereign leadership, as embodied by the state, community or society and based on a uniform principle, with its power derived from its command of a logical sequence of time and place. As mentioned earlier, however, it is Lukes' work that has driven much of the modem thinking on the subject.

In his (1974) work, Lukes outlined a theory of power based on three 'dimensions of power'. The first was the power of A to influence the behaviour of B, evidenced in the decision-making processes in the public sphere, particularly where there are conflicting interests. The second dimension was the use of A's power to set the agenda, thus denying B the ability to articulate their own interests in the decision-making process. The third dimension is the power of A to de-legitimize the grievances of B by defining what counts as a legitimate grievance and to influence B's perception in a way that convinces B that her/his grievance was ultimately either illegitimate or insignificant.

Lukes argued that the third dimension outlines the most potent and therefore the most desirable form of power, primarily because it avoids conflict by evading an awareness of it, often using a coordinated system of social engineering, limiting access to information and censuring the mass media if necessary, in essence making those denied power complicit in their own disempowerment. More recently, in the 2nd edition (2005) of his original work, Lukes introduced a distinction between his original formulation of power, 'power-over' and the exercise of power over B by A in a way that has an adverse effect on B's interests, which her termed 'Dominion'.

Lukes' theory is not without its critics. Foucault (2001a) argued that the term power could be used to define any context in which 'the total structure of actions brought to bear' by one individual/group on the actions of another individual/group. So commonplace is this type of power that it eschews stable forms and is does not usually lead to the problematic imbalances in favour of one group over another described by Lukes. Morris (2002) argued that Lukes' theory focused on 'power-over', ignoring a second type of manifestation, that of 'power-to' effect particular outcomes and it is this manifestation of power, rather than 'power over' that most readily defines the

exercise of power. What is significant about these theories of power is that they can all be used successfully to define the types of power relationships between the public and service providers that contemporary interpretations of public engagement are intended to address.

5.17.1 Power in the Citizen-State Relationship: Will 'Active Citizenship' Equal More Powerful Citizens?

Few societal spheres provide better opportunities to test theories of power than observing the relationship between citizens and the state. Giddens (1998:339) defines the State as: 'a political apparatus of government (institutions like a parliament or congress, plus civil service officials) ruling over a given territory, whose authority is backed by a legal system and by the capacity to use military force to implement its policies...Most people living within the borders of the political system are citizens, having common rights and duties and knowing themselves to be part of a nation'.

The power of the State is ultimately expressed as the power of the Law, which Russell (1992) defined as a set of rules by which the State exercises its coercive power over citizens by either making certain actions seem undesirable by the use of penalties, or alternatively making them a physical impossibility. He also pointed out, crucially, that the power of the Law rests to a greater degree in the support of the citizenry, rather than in its representatives.

Giddens (1998:343) later argued that in essence the power relationship between citizens and the state is in trouble and he cited a variety of reasons, from globalisation to the advancement of mass media but also access to external sources of information via the Internet which he saw feeding a growing feeling of resentment among the citizenry that 'decisions affecting their lives are made by

distant 'power brokers' in London – party officials, interest groups, lobbyists and bureaucratic officials', resulting in a loss of faith in government and consequently, willingness to participate.

Lukes (1967:153) argued for 'mutually co-operative individuals, each realising a wide range of creative potentialities, in the absence of specific role-expectations, lasting distinctions between whole categories of men and externally imposed discipline...where all participate in planning and controlling their environment' and in essence, where power is shared equitably. This idea closely resembles the stated aims of contemporary public engagement in the context of public service provision.

Habermas' (1996), however, argued that public reasoning, far from an exercise of political autonomy, only served to preserve the structures and processes, and ultimately the power, of the political establishment. Pfeffer (1981), argued that change was only possible if the drivers for it were external and if, significantly, those previously without power (in this case the public) were empowered and encouraged to articulate new ideas resulting in new strategies that reflected the environment.

The New Labour government's Modernisation agenda included plans to revive and renew local democracy by addressing what it saw as increasing alienation, or at the very least, indifference to political processes and institutions among the citizenry (Giddens 1994, Giddens 1998), evidenced by rising voter apathy and consequently, low electoral turnout. In addition to electoral reforms, the government's plans extended to reviving and renewing local democracy. Its stated aim was to give local people 'a real choice about how they are governed locally', which would lead to 'real influence and power' for local communities (DETR 1998b: Foreword para 2.9). One of the cornerstones is the idea of active citizenship, facilitated by 'public participation that is deliberately stimulated by

local authorities', using a range of innovative engagement mechanisms designed not only to provide opportunities for extra-voting involvement in shaping local affairs but also to build community capacity through citizenship education and development, and the specific targeting for inclusion, of traditionally hard-to-reach groups (DETR 1998e: Introduction).

The implication of these reforms is that there will be a more actively engaged, and more powerful and influential citizenry. Yet there are other aspects of the reforms that directly challenge the notion that contemporary public engagement will lead to these outcomes. (Chandler 2000) noted that although the New Labour reforms of local government are being promoted as empowering for local government and communities, and the government highlighted its intention to give local people the power to decide the new local government arrangements, there has been no input by either elected councils or local people on the abolition of the previous system and the central government retains control over all of the details, in order to 'reserve power to tackle cases of abuse or inertia' (DETR 1998d: para3.33).

In addition, the reforms do not alter the existing funding arrangements between central and local government, which essentially force local councils to acquiesce to targets and spending priorities set by the government, with the reforms set to further increase the government's regulatory and administrative control (Hoggett 1996) (Chandler 2000). This creates an immediate tension between central and local priorities, with the latter supposed to be determined under Best Value, that is likely to have a direct impact on the actual power that local people have to influence local priorities, since the results of public engagement are advisory and conspicuously lack any power of enforcement (Pickard 1998).

He (Chandler) therefore concluded that 'the new forums and consultation groups, through the promotion of democratic participation as little more than consciousness raising and customer feedback, are more likely to institutionalize a network of passive individuals than create or empower active citizens' (p.13). It remains to be seen whether this will be the case but it is impossible to ignore the obvious tension between central and local priorities that is likely to increase as a result of the reforms and potentially neuter attempts to empower the citizenry and local communities.

5.17.2 Power in the Service Provider and Service User/Local Community Relationship

As discussed in the Managerial Perspective, the New Labour government's Best Value (BV) approach to the provision of public services differs significantly from Compulsory Competitive Tendering (CCT) in its approach to the provision of public services. The government is extremely prescriptive about how BV should operate in managing the performance of public services. However, it has very obviously avoided prescribing best practice for participation of the public and service users in planning and provision, nor does it attempt to define what 'empowerment' might entail, leaving local authorities and public services to decide how to achieve them in practice (Dibben, P. and Bartlett, D. 2001).

The focus on citizen, service user and local community empowerment in public service provision suggests an implicit acknowledgement that the power relationships concerned are unacceptable/undesirable as they are and need to be rebalanced to make them more equitable. A series of case studies by (Dibben, P. and Bartlett, D. 2001) of user involvement in local government services under the new BV regime for the purpose

of achieving user-led service innovation and user empowerment, found that different methods were used by different services with varying degrees of success.

The results of the study suggested strong associations between factors such as 'clarity of purpose, and intention to empower service users, careful selection of methods' and whether service innovation was achieved or users empowered, but acknowledged that alternative explanations for success were possible, such as the fact that different services were used for each case study or the fact that some local authorities were more experienced than others at consulting service users (p. 56). In terms of the empowerment dimension, however, the researchers noted that 'those instances where consultation was most successful appeared to be those where the ideas of service users fitted well with the original intentions of the authority. Consequently, consultation did not threaten to undermine the position or power base of officers or members' (p.57).

It is worth noting that the power discrepancy between public service providers and public is historically well documented. (Sanderson 1996, Sanderson 1999) argued that authority, professional power and expertise were bureaucratised in the public sector, creating a barrier between service providers and the citizens whose needs they are designed to serve. He identified four distinct ways in which this barrier had been institutionalised. The first is 'The Power of professionals', in which the disempowerment of citizens is the result of authority and privilege derived from the idea of professional expertise, underpinned by access to information that is derived, analysed and presented in a way that favours those with the knowledge and techniques to interpret and use it. In this case, there is a distinct preference for quantitative data, which is more readily associated with 'experts' and ideas such as 'statistical validity', over qualitative or face-to face approaches which are perceived as a threat to the exclusivity of the aforementioned (p.332-333).

The second is 'Marketisation, consumerism and managerialism', in which consumerist ideas about citizen empowerment centred around 'exit' for consumers; New Labour's subsequent 'mixed economy' (discussed in the Managerial Perspective) of service provision, characterised by fragmentation and partnerships; and the strengthening of the role of manager as expert replacing the professional in that role but leaving the subordinate role of the citizen essentially unchanged (p.333-334).

The third is 'Organisational practices and 'cultures', which refers to organisational norms or the 'range of factors, relating to how organisations work, which prevent, constrain or distort participation so as to undermine the potential for citizen empowerment' (p.334). These factors include resource allocation and potential constraints on resources available for public participation; the timescales for planning and decision-making, which may be too short to allow adequate time for meaningful consultation/engagement; and the use of documents containing professional terminology or 'jargon', which potentially excludes users from making full use of the information contained therein (p.335) and therefore codifying user disempowerment.

The fourth and final one is, 'The 'capacities' of citizens'. This has two strands, the first of which relates to existing participative capacity in different societal groups based on factors such as social class, level of education, degree of societal inclusion, with the potential for those from disadvantaged groups to be excluded or dominated by the more affluent or better educated users (p.335). The second identifies a number of other factors which may cause disempowerment to certain minority groups or individuals, such as older people, those belonging to a minority ethnic group or speaking a minority language, those with physical impairments, disabilities, mental health problems, learning difficulties or those simply lacking information, skills or other resources needed to participate fully (p.336). It is clear that unless these factors are taken into account and directly addressed in

the design and practice of public participation by public service providers, engagement mechanisms will not only not empower citizens and users but will at best simply reflect or at worst reinforce patterns of disempowerment.

Clarke and Stewart (1992) argued that only purposive action based on mutual understanding could overcome power disparities and saw auditing of existing decision-making processes to be a necessary first step in developing any empowerment strategy. Referring to the NHS reforms, in line with NPM principles, (Rowe, R. and Shepherd, M. 2002) argued that 'while NPM remains the dominant approach to the management of welfare services, public views will be sought but their influence over decisions will be mediated by clinical and managerial professionals'.

5.17.3 Power in the Partnership Setting

As discussed in the Managerial Perspective, increasing recognition of the changing public service environment, characterised by complex, cross-cutting issues has led to an increase in collaborative/joint working between public service providers that often crosses not only organisational but sectoral boundaries in an attempt to apply a coordinated approach to tackling them. The relatively recent increase in joint working (collaboration, partnerships, networks, etc.) is in no small part related to the prescriptive approach to it taken by the New Labour government as a feature of its Modernisation Agenda for local government and public services. This means that citizen, service user and community (public) engagement and empowerment, also a central feature of the New Labour agenda, will increasingly take place in this setting. Thus, it is important to examine the implications for achieving these goals in the collaborative setting.

As has been discussed in the Managerial Perspective, formulating joint strategies in this setting is likely to be problematic, not least because of the different visions,

institutional frameworks, procedures, cultural norms and conflicting goals that need to be harmonised (Gray 1989). Since these conflicts are likely to complicate most if not all aspects of collaborative working, it is inevitable that they will complicate the formulation and implementation of a joint public engagement strategy. In addition, the transparency and accountability issues that collaborative working inevitable raise, are likely to have a huge impact on the potential of collaborations to achieve meaningful public engagement or create an environment where the capacity of the public to participate fully is increased or the public empowered.

Sanderson (1999) observed that citizen empowerment is currently understood in a way that makes it dependent on public agencies to grant power to citizens and service users. He proceeded to question whether what is needed is a more proactive approach by citizens, service users and communities to force them to share power, by organising and collectively asserting themselves, politically if necessary.

This Perspective sought to understand public engagement in terms of power relationships. It used theories of power to identify different types of power and questioned whether from this perspective contemporary public engagement would result in the empowerment of citizens, service users and communities that constitute the public. Achieving such change would require those with the most power to relinquish their monopoly on the types of power that have advanced their interests at the expense of a disempowered public.

5.18 Applying the Power Perspective

The Power Perspective of the Conceptual Framework used existing theories of power to explain the aims and objectives of the statutory requirement to engage the public. The types of power relationships involved in the CHP setting include the relationship between

the Scottish Executive and the public services involved (the NHS and Local Authority), and both the traditional power relationship between service providers and local communities. The Scottish Executive is able to gain compliance from public services through the exercise of its democratic authority to control their funding, set national targets and the threat of punitive action such as 'naming and shaming'.

The historical power relationship between public services (the NHS in particular) and local communities is based on a different type of power. It draws its potency not from the direct democratic legitimacy enjoyed by the Scottish Executive, but from the ability to produce intended effects that are favourable to its own agenda or to control outcomes by retaining the power to determine what choices are legitimate, thus disempowering outside individuals and groups.

According to the Clacks CHP's Scheme of Establishment, its main public engagement aspirations are 'to help create: communities where people feel they are listened to and their ideas acted upon; a vibrant, successful and inclusive community and voluntary sector; well-organised and managed community and voluntary groups; communities that influence and shape public policy and practice; communities that control local assets and services; communities where people can get involved as active citizens at a level that suits them and on issues that matter to them' (p. 59). This implies not only a redressing of the balance of power but one that is encouraged and facilitated by the CHP.

The findings of the case study, however, suggest a somewhat different reality. As discussed in the Institutional Perspective, the NHS Board ensured that certain key areas of CHP decision-making were kept insulated from public influence, so that the Health Board could maintain complete control over them. This included the allocation of CHP resources. Another finding from the case study relating to power was that the Committee functioned based on the jargon and institutional 'rules-in-use' of the NHS and Local Authority

members. This had the effect of disempowering public partners in particular, by excluding them from full participation in the business of the Committee.

The Power Perspective predicts that the likelihood of contemporary public engagement redressing historical power imbalances between public service providers and local communities in the way intended by the New Labour government's reform is likely to be extremely difficult to achieve in practice. There are numerous ways in which those who have traditionally held power, i.e. public service providers, are able to control key aspects of decision-making and limit or prevent, intentionally or otherwise, the empowerment of local communities.

5.19 Weaving Together the Strands

The Perspectives that comprise this theoretical framework offer different prisms through which contemporary public engagement can be understood. Each Perspective applies a different established body of theory and literature to explaining and exploring the core concepts behind contemporary public engagement. The multifarious nature of contemporary engagement in the public sector, owing to its conceptual origins as a means of: addressing modern challenges to traditional representative democracy; as a feature of institutional change in the public sector; a means of producing more efficient and locally responsive public services; and achieving citizen, service user and community empowerment, means that it is necessary to approach it from different perspectives in order to achieve a comprehensive understanding of it.

The Perspectives in this framework reflect the dominant themes associated with the sensitizing concepts derived from the review of historical literature on public participation and emerging from the analysis case study data. Although each perspective is able to offer specific insights, none is able to offer a complete representation of the many aspects of

engagement or the issues that are likely to emerge in practice. Taken together however, they form a comprehensive framework for conceptualising contemporary public engagement, developing new theories to explain it and approaching further empirical work in this area.

Reflecting the complex interaction of the dominant themes within contemporary public engagement and the supporting schools of theory used in the framework to depict and understand them, the Perspectives interact with each other in a variety of ways. Some are complimentary, with significant areas of overlap, and others conflicting, reflecting inherent tensions and contradictions in New Labour's ideas and approach.

5.19.1 Complimentary Aspects and Areas of Overlap

There is a clear conceptual links between democracy and power. Democratic theory and literature is closely interwoven with theories of power, both relating to the exercise of collective power by the demos, on which ideas of democracy are based. Ultimately, it is the perception of increasing discrepancy between the ideas of citizen power underpinning the practice of democracy and the realities of the 21st century democratic environment that are behind the attempt to apply new models of democracy in which contemporary engagement mechanisms play a key role. Another aspect of this is the relationship between public service providers and the public, in which contemporary public engagement is intended to redress perceived imbalances of power in favour of the public, have a strong, albeit understated, basis in democratic ideals.

Another area of overlap is between the different types of power enshrined in public sector institutions, which then shape the way public services interact with the

public. Institutional theory and New Institutional theory in particular, offer clear insights into the way that institutions epitomize state power but also possess a power of their own, which manifests as stability over time and resistance to change, including in the ways in which they interact with the public by clearly defining all of the roles involved and the 'rules' that govern such interaction.

There is also a clear area of overlap between the Institutional and Managerial Perspectives with regard to the role of institutions in shaping the environment in which public managers as actors operate. While Management theory is able to give valuable insights into the practical, day to day aspects of the managerial role in the provision of public services and how it is likely to approach the new legislative requirement to routinely engage the public, New Institutional Theory is able to give shape and meaning to the freedoms and constraints that define this unique role, such as political interference, and which will therefore also have a powerful influence over the managerial approach to engagement.

5.19.2 Tensions, Contradictions and Conflicts

The most obvious contradiction is one which runs the gamut of Perspectives in this Framework, and it is the difference between New Labour's ideology-based rhetoric around contemporary public engagement and the realities of achieving it in practice. Indeed, New Labour's approach to engagement contains tensions and conflicting ideas that are likely to raise a number of issues for public managers attempting to implement its Modernisation agenda. These tensions are evident in many key areas.

One source of tension relates to the ideas about public engagement mechanisms, particularly those used in local government, as a means of enhancing local democracy. As discussed in the Democratic Perspective, there is a major

contradiction between viewing public engagement as a means of exercising democratic will and the fact that the results of engagement lack the legitimacy and power to enforce the collective popular will that traditional voting enjoys. In addition, although the raft of new and innovative engagement mechanisms offer access to different levels and types of engagement, unless the underlying disenfranchisement of certain groups from the democratic arena is addressed, engagement mechanisms are likely to reflect and may also reinforce the existing inequalities.

A version of this same contradiction manifests itself in New Labour's plans for achieving locally responsive public services via engagement of the public by public services. The information gained from engagement is supposed to be reflected in managerial decision-making about the allocation of resources in way that reflects local needs as articulated by citizens, service users and communities. Yet again, public engagement mechanisms and the information gained from the are limited to performing an advisory function. In practice this means that the use of that information is entirely at the discretion of managers and decision-makers, who can simply choose whether to highlight it if it is favourable to their plans and can therefore legitimise them, or de-legitimise it on the grounds of being 'unrepresentative' if it is unfavourable. This is in complete contradiction to the rhetoric of empowering citizens, service users and local communities.

Another clear tension is between the ideas around increased transparency and accountability to local people, which is at the heart of the attempt to renew local democracy, create more locally responsive public services and empower local communities, and the increasingly collaborative approach to the provision of public services, often involving agencies from the private and voluntary sectors.

Collaborations are often characterised by complex joint governance arrangements, which are likely to be extremely difficult for local people to navigate.

Another area of potential conflict involves both the Institutional and Managerial Perspectives. New Labour's is attempting to bring about institutional change by highly prescriptive direct intervention and increasing central control while it expects the result to be institutional arrangements that are adaptable to the variety of local needs. This also manifests itself in the rhetoric of allowing public service managers the freedom to provide services that are responsive to local needs within the Best Value performance management framework, which is enforced by funding and auditing processes that make services accountable to central government while at the same time being expected to engage, empower and be accountable to local people. Aside from the complete absence of guidance from the government on how to achieve effective public engagement in practice, there is an obvious question about what happens when central and local priorities are in conflict.

5.20 Modelling Complexity in Contemporary Public Engagement

The Conceptual Framework developed the themes emerging from the analysis of the data into broad Perspectives. This is a level of abstraction that is demonstrably able to interpret and explain what the analysis of the data is showing. The study has so far moved through stages of abstraction from the identification of sensitising concepts, to the definition of thematic categories, which were then further developed into perspectives. It is now possible to introduce a model for the purpose of representing the Conceptual Framework at a level of abstraction that typifies contemporary public engagement in public services.

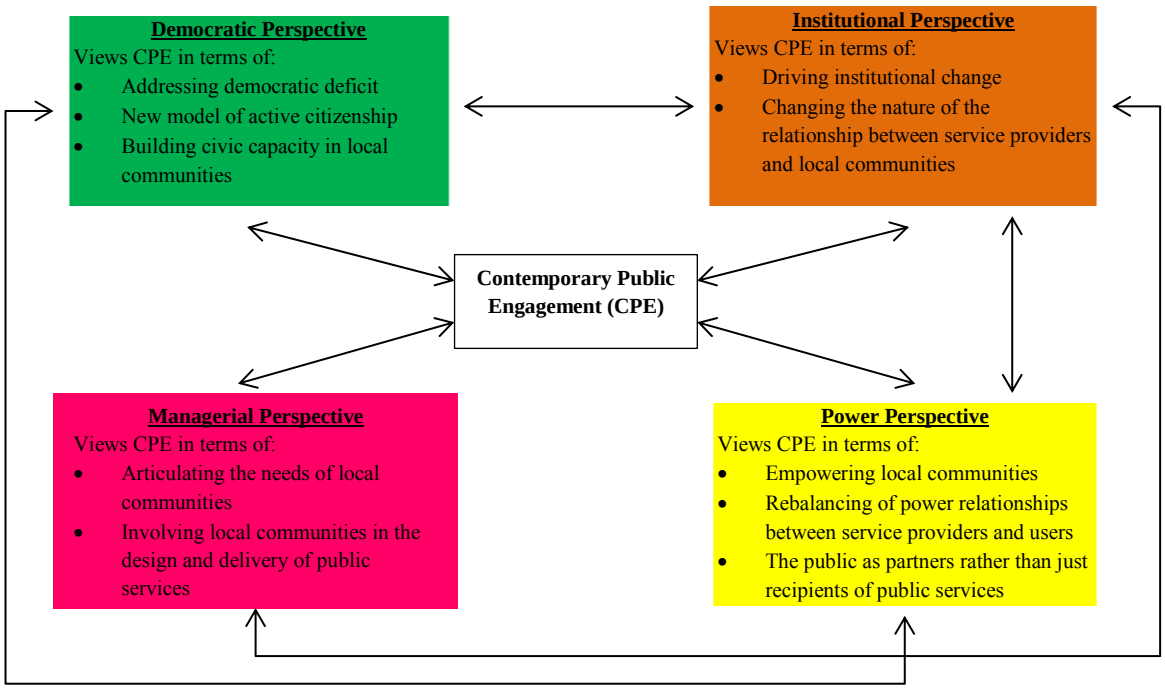

Figure 3: Conceptual Model of Contemporary Public Engagement

The model shown in Figure 3 above is derived from drawing the Perspectives together and linking them in a meaningful way that clearly demonstrates the relationships between them, as revealed by the data and the Conceptual Framework. It represents each Perspective and its core underlying concepts in relation to Contemporary Public Engagement as a central substantive Category. All of the arrows are intentionally bi-directional to show interdependence. When presented in this way, is possible to see more clearly that while each Perspective is equally linked to the central category, their relationships with each other are less uniform.

For example, the model shows that the Democratic and Power Perspectives link to each other in two distinct ways. There is a clear relationship between democracy and concepts of collective power that is key to understanding the idea of contemporary public engagement as a means of democratic 'renewal'. However, there is also an indirect

relationship between them via the Institutional Perspective that is also important to an understanding of CPE, since the institutions of the state derive their legitimacy through the exercise of democracy by the citizenry.

The public management role in turn derives its legitimacy from the institutional framework within which it operates. The Institutional and Power Perspectives are also linked directly to each other via the relationship between service providers, which embody the institutional legitimacy and power of the state, and local communities, whose relationship with service providers is largely determined by their level of engagement in service design and delivery (e.g. service user/customer/stakeholder/partner).

The ability of the model to reveal such interrelationships is key to its success and usefulness as a means of understanding, explaining and demonstrating the complexity that characterises Contemporary Public Engagement. Without being able to clearly indentify the ways in which the Perspectives relate to each other, it would be impossible to achieve a truly authentic representation of CPE and this is what the Conceptual Model is able to achieve. Crucially, it does so in a way that represents a distinct departure from previous attempts.

5.21 Developing the Conceptual Model: Taking a Holistic Approach

One of the most important guiding principles of developing a new Conceptual Model of public engagement was that it be able to simultaneously reflect both the core underpinning concepts and operational facets of Contemporary Public Engagement. Over the course of the study, as core themes emerged from the rationales and then distinct but interrelated Perspectives from the coding and analysis of the data, it became increasingly evident that a

holistic approach would be the only kind from which the resulting model would be able to account for the scope and complexity of the phenomenon under investigation.

Another important aspect of this development was that the model also be useful as an analytical tool. This will be discussed and demonstrated in more detail in the next chapter, where the tool will be shown in its operational mode. While these aims are undoubtedly ambitious, they are a reflection of the need for a model that moves beyond previous notable attempts to explain and typify public participation.

Finally, as previously mentioned, the Conceptual Model provides a robust foundation for the development of substantive and (eventually) formal theory relating to Contemporary Public Engagement. It is the result of an attempt to address the gaps in the literature and current research identified in chapter 2, where there is a need for further theoretical development that is able to explain public participation in its current context. The exact ways in which it does this will be demonstrated and discussed in the next chapter.

5.22 Conclusion

The Conceptual Framework developed in this chapter applied existing theories to the core themes underpinning contemporary public engagement. By doing so, it has been able to successfully explain and predict how public services were likely to respond to the requirement to engage the public in the design and delivery of local public services, using a Perspectives approach. The Conceptual Model showed the concepts and the relationships between them at a level of abstraction that facilitates the journey towards the development of theory. Chapter 6 revisits the Perspectives and develops new theory derived from this research.

Chapter 6

Revisiting the Perspectives: Developing Substantive and Formal Theory

6.1 Introduction

This chapter has three main aims. The first is to demonstrate how the Conceptual Model can be operationalised using data from this study. The second is to discuss and demonstrate the contribution of this study to the development of theory. The third is to demonstrate how both the development of the Model and new theory represent significant contributions to existing knowledge by beginning to address the shortcomings of previous attempts to understand, explain and typify public participation.

The sensitising concepts used as a framework for this study function on two levels, Conceptual and Operational, reflecting the rationales behind Contemporary Public Engagement and consequently, its operational features. The previous chapter introduced a Conceptual Model of Contemporary Public Engagement (Figure 3) which represented the Conceptual Framework and showed the interrelationships between the Perspectives at a higher level of abstraction. This demonstrated its usefulness as a representative Model of CPE.

However, as also alluded to in the previous chapter, the Conceptual Model is versatile enough to be developed as an Operational Model of CPE. Figure 4 below demonstrates this by using data from this study to show the interrelationships between the Perspectives at the level of practice. Using the model for this allows the way in which the Perspectives influence each other at the operational level to be observed with a clarity that is impossible to achieve using any of the other existing approaches. This makes it potentially extremely useful both to those attempting to contribute to a greater understanding of CPE as well as those practitioners involved in developing public engagement strategies and/or attempting to assess the effectiveness of their approaches to it.

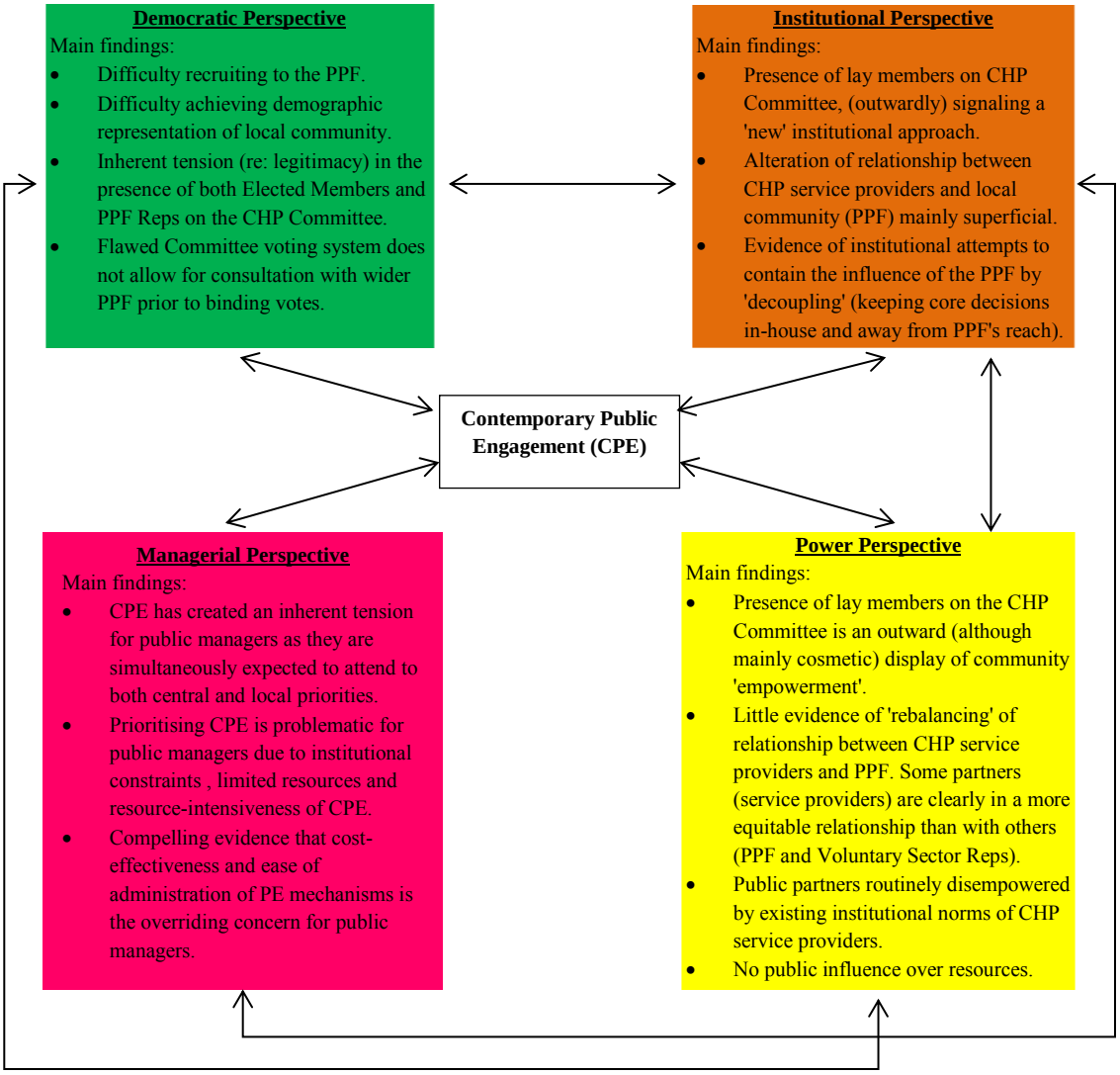

Figure 4: Operational Model of Contemporary Public Engagement

For the purposes of this study, the Operational Model is useful in two ways. Firstly, it confirms the distinct advantages of a holistic approach to conceptualising CPE and secondly, it demonstrates a clear link between the research data and the development of substantive theory undertaken in the following section.

6.2 Beyond the Conceptual Model: Generating a Substantive Theory

Generating theory is one of the most important aspects of the grounded theory approach. It involves moving *'beyond the data to develop ideas which can be expressed in a more formalised way'* (Coffey and Atkinson, 1996:139). The Conceptual Framework represented the first steps beyond the case study data, towards the development of conceptual categories (as Perspectives). This is a component part in the development of substantive (pertaining to one specific substantive area, e.g. contemporary public engagement in the provision of public services) and ultimately grounded formal theory (pertaining to a formal area of sociological research, e.g. change in the public sector (Glaser and Strauss, 2008: 32-33).

The primary focus of this research has been on generating substantive theory to explain contemporary public engagement in the public service setting. However, it also attempts to point towards a higher level of abstraction by proposing a formal theory using ideas gained from the substantive theory. The substantive theory generated in this section is aimed at the main objective of this research, which is to contribute to the development of theoretical understanding of CPE.

The Conceptual Framework developed the thematic categories emerging from the analysis of the data into four distinct but often overlapping perspectives from which contemporary public engagement could be viewed or understood (Democratic, Institutional, Managerial and Power). The Conceptual Model was subsequently developed as an abstract representation of how the Perspectives operate and interact. The model was further developed into an Operational Model to show how they operate at the level of practice and consequently, determine the success/failure of CPE.

The following section demonstrates and discusses the generation of theory by outlining seven main propositions as they have emerged from applying the model to data.

6.2.1 Proposition 1

The first proposition is as follows: 'The effectiveness of public engagement mechanisms as a means of democratic engagement is highly dependent on the extent to which they are able to demographically reflect local communities'. This proposition is based on the findings of the study, which indicated that one of the biggest challenges to the development and effectiveness of CPE in the CHP was its difficulty in recruiting members to its Public Partnership Forum and its inability to achieve a membership that was even close to being demographically representative of the local community. This can be clearly seen in the Democratic Perspective of the Operational Model.

6.2.2 Proposition 2

The second proposition is as follows: 'The Participatory Model of democracy is unlikely to be successful as an alternative means of democratic expression if local communities perceive it as lacking the legitimacy of the traditional Representative Model'. This proposition is based on evidence emerging from the data indicating that there was an ongoing dilemma resulting from the presence of both Elected Members (traditional Representative Model) and PPF Representatives (contemporary Participatory Model) on the CHP Committee, both representing the views of the same geographical community.

The Conceptual Framework highlights the potential for this awkward problem to arise in situations where more than one Democratic Model operates simultaneously. The rationales for CPE appear to gloss over the potential for this kind of dilemma and its potential threat to the success of the new Participatory Model and CPE as a means of achieving democratic 'renewal'.

6.2.3 Proposition 3

The third proposition is as follows: 'The exogenous origins of contemporary public engagement make it less likely to be successful at bringing about institutional change rather than being actively/passively resisted, or neutered by assimilation into existing institutional structures'.

This can be seen at work in the Operational Model, where the CHP's institutional response (Institutional Perspective) can be identified as a combination of superficial changes designed to externally indicate compliance while simultaneously decoupling certain key functions to prevent their new public partners from having any influence over them. The obvious consequence of this is the disempowerment of the PPF and its Representatives on the CHP Committee, particularly with regard to the allocation of resources, which is a key process in the determination of local service priorities (Power Perspective).

6.2.4 Proposition 4

The fourth proposition is as follows: 'The resource constraints under which public managers operate, make concerns such as cost effectiveness and ease of administration the primary considerations in the design of public engagement strategies'.

The Managerial Perspective of the Operational Model captures the challenges that public managers face in determining priorities in order to make best use of limited resources. The case study data provides evidence that the CHP General Manager and Management Team were forced to constantly consider both how much of a priority public engagement is in relation to other key priorities, as well as how they would manage the potential resource intensiveness of CPE in relation to those other demands.

6.2.5 Proposition 5

The fifth proposition is as follows: 'Public services are engaging local communities from a position of authority and control over resources that is more likely to result in disempowerment than empowerment'. This proposition is linked to both the Institutional and Power Perspectives. The Institutional Perspective of the Operational Model shows that there is a clear institutional basis for the authority of the public service partners. This can be observed in the inequity in the relationship between the public service partners (NHS and Local Authority) and the public partners highlighted by the Power Perspective. What the Model is able to show quite clearly is just how difficult true equity may be to achieve in practice, when those traditionally holding power are in control of the process.

6.2.6 Proposition 6

The sixth proposition is as follows: 'The traditional balance of power between public service providers and local communities can only be redressed if the public have an equal influence in the determination of local priorities and the allocation of resources'. This proposition derives from the data, which clearly showed that the public service partners in the CHP had absolute control over CHP resources.

While the data also showed that the reason for this is that they are accountable to the central government for how they use those resources, which are invariably linked to centrally generated priorities, it also showed that this meant that the local communities were being denied the ability to have anything more than titular influence in the determination of local priorities and the allocation of resources.

6.2.7 Proposition 7

The seventh proposition is as follows: 'Contemporary public engagement will never truly 'empower' local communities unless local public service priorities are determined locally and not by a central government'. This proposition is also demonstrably overlaps with both the Managerial and Institutional Perspective (managers operate as agents within the existing institutional framework for determining local priorities, which is by central government prescription).

The empowerment of local communities as defined in the CHP's own Scheme of Establishment is explicitly related to developing the civic capacity of local communities with the aim that they should eventually be able take ownership of local public service priorities and resources as a desirable outcome. The findings of the study, however shown in the Institutional, Managerial and Power Perspectives of the Operational Model suggest that the current institutional and managerial approaches to CPE are unlikely to encourage or facilitate this goal. Indeed, quite the opposite, they served only to embed the disempowerment of local communities in the new CHP. There was, at the time that the study was conducted, no evidence of any means by which this could be challenged under the CHP's current institutional setup.

6.3 Beyond Substantive Theory: Towards a Meta Theory of Public Sector Reform

Glaser and Strauss (2008:79) argued that: *'although it is possible to develop formal theory directly from data, it is most desirable and usually preferable to start the formal theory from a substantive one as a stepping stone to generating formal theory'*. The development of formal theory, however, is more exacting than simply re-writing a substantive theory to

a higher level of abstraction. Glaser and Strauss caution against the temptation to do this, as it can disassociate the theory from the data and imply that it is the result of substantive comparative research when that is not the case (Ibid. p.80).

That noted, the development of contemporary public engagement theory is in its most abstract sense about public sector reform. The following proposed formal theory is derived from this study and therefore contains ideas which have grown out of this project but are beyond its substantive scope. It therefore suggests underlying concepts for future research and theory development by stimulating further abstraction of the substantive theory. It does not claim to be a formal theory but the first step towards discovering one. As such, its concepts will require future research to confirm or disprove them.

6.3.1 Formal Category - Public Sector Reform

Public sector reform is concerned with achieving change in the way that public services are designed and delivered. The proposed formal theory has three main Perspectives: Political, Institutional and Public. Firstly, the Political Perspective views public sector reform in terms of an attempt to redesign public services to reflect the ideological approach of the governing political party. Secondly, the Institutional Perspective views public sector reform in terms of a challenge to existing institutions and an attempt to change them in order to achieve specific outcomes. Finally, the Public Perspective views public sector reform in terms of public/citizen perceptions of and response to them. There are three main underlying concepts, each reflecting one of the three Perspectives.

6.3.1.1 Underlying Ideological Concept

The first underlying concept is that public sector reforms and the way they are approached as a direct consequence of political ideology.

6.3.1.2 Underlying Institutional Concept

The second underlying concept is that the degree of success with which public service reforms are achieved will be determined by the way in which attempts to reform existing institutions are approached, e.g. exogenously or endogenously.

6.3.1.3 Underlying Public Concept

The third underlying concept is that whether public service reforms are perceived as positive or negative will be determined by the extent to which citizens/members of the public believe they and/or those they care about are likely to be positively/negatively affected by them.

6.4 Addressing the Gap: Revisiting the Research Aim and Objectives

The previous chapter (5) and this one used the research data to develop a Conceptual Framework, introduce and discuss new ways of modelling the complexity of CPE, develop substantive CE theory and lay the foundation for the development of a formal theory of Public Sector Reform. In this section, the main overarching research aim and objectives, and the gaps in the literature identified in Chapter 2 will be revisited, with a discussion of the ways in which this research has sought to achieve and address them.

The overarching aim of this study was to explore Contemporary Public Engagement in the provision of local public services in Scotland. It is interesting to note that while the legislation (Local Government in Scotland Act, 2003) requiring public services in Scotland to engage their local communities was already in effect, there was a noticeable lack of research and literature on the phenomenon and a complete absence of representative models or new theories to explain it.

CPE represented a new approach to public participation, from its underpinning concepts in a new ideological approach and new Participatory model of democracy, to the reliance on more innovative mechanisms that required a completely different kind of relationship between public services and local communities. This meant that it was inevitably a sweeping and complex phenomenon from the outset.

There were three main objectives. The first was: 'To explore the rationales behind and conceptual background to Contemporary Public Engagement'. This study took a Grounded Theory approach to achieving its core aim. Eschewing predetermined research questions, this study used the historical background literature on public participation to sensitise the researcher to public participation as an area of research and to identify the specific ways in which CPE differed from previous approaches to PE.

Exploring the rationales and ideas underpinning CPE allowed dominant themes to emerge and these were developed as sensitising concepts with which to frame the direction and scope of this study, and to assist in the collection and analysis of data. It was already evident at this stage that the dominant themes could be understood both at a conceptual and operational level, as shown in Table 6 (p. 33).

The second objective was: 'To investigate how public services are responding to the legislative requirement to engage the public'. One of the greatest challenges to understanding CPE was that it was evident that practice had already outrun the development of theory. This study took the approach of allowing new insights into and understanding of this phenomenon to emerge from investigation into what was happening in practice in terms of how public services were responding to the legislative requirement and then using it to develop a representative model and new theory. To that end, a qualitative case study was designed and executed in order to capture, explore and analyse

those responses so that they could be understood and explained, as well as compared against the rationales behind CPE.

The third and most substantial objective was to address the gaps identified in Chapter 2, which were the lack of a representative model of CPE that would be able to capture and typify its core features, and the need for theory development in this area. As mentioned before, not only did CPE represent a departure from previous ways in which public participation in the civic sphere had been understood, but existing models of Public Participation models failed to capture its broad scope and relative complexity.

To recap, the historical literature identified four main historical attempts to typify PE. The earliest type is in the form of 'ladders' developed by Arnstein (1971), Wilcox (1994) and Barr (1994). The main critiques of the ladder typologies were that they were focused solely on levels and types of participation and were strictly hierarchical in nature. Burns *et al* (1994) developed a typology based on the interaction of 'spheres' and focusing on typifying different expressions of citizen power (e.g. individual, neighbourhood, and local and national governance) within them.

Himmelman's (1996) model focused on the inter-agency partnerships and collaboration which began to increasingly characterise modern local government. His focus was on the institutional processes within which participation took place and which were ultimately controlled by those institutions, preventing communities from being able to determine agendas or influence/control resources, while Lowndes's (2001) model was the first to recognise and reflect the ideological differences upon which different forms of participation were based.

While all of these typologies undoubtedly represent useful attempts to conceptualise PE, this thesis argues that they have taken a piecemeal approach to understanding it. The

shortcomings of these approaches are evident in their failure to adequately capture or explain the main features of CPE.

The Conceptual Framework and Conceptual Models developed in this thesis represent a novel way of typifying CPE. They address the main criticism of the previous models in that they take, for the first time, a holistic approach to explaining and understanding CPE. This constitutes a significant development because it is able, using a Perspectives approach, to not only capture the key features of CPE, but importantly, to show with clarity at both conceptual and operational levels, the complex interrelationships and challenges that characterise it and distinguish it from previous iterations of PE.

By approaching CPE in this way, the complex ways in which the four main Perspectives link to each other are able to reveal, again for the first time, important relationships between its core aspects. This can be observed in both the Conceptual and Operational versions of the Model. This new Model therefore demonstrably represents a much more effective approach to understanding and explaining CPE than any previous attempts, and a significant contribution to knowledge.

As mentioned earlier, the versatility of the new Model is one of its greatest strengths. This derives from its potential application beyond CPE. While it has been applied in this study to capturing and understanding the key aspects of CPE, it could be argued that the Perspectives are equally relevant to understanding other phenomenon in the public sector. This means that the Model is likely to have a much wider appeal and be amenable to further development for other purposes.

The successful development of substantive theory derived from the case study data also represents a significant contribution to knowledge in the ongoing attempts to explore, understand and explain CPE, as well as the potential development of a new formal theory

of Public Sector Reform. It provides a starting point not only for further research but also the further development of theory.

6.5 Conclusion

This chapter showed how the Conceptual Model presented in chapter 5 could be operationalised by applying it to the main findings of the case study. This showed not only the functional practicality of the Model and its value in facilitating an understanding of CPE at the level of practice, but also demonstrated its potential versatility. It also showed how the research data was used in the development of substantive theory and proposed a formal theory for future investigation. Finally it revisited the core aim and objectives of the research and showed how they have been met, making significant contributions to knowledge as a result. The next and final chapter will present the main conclusions of this research and make some recommendations.

Chapter 7

Conclusions and Recommendations

7.1 Introduction

This chapter revisits the aim and objectives of this research, with an overview of how they have been achieved. Secondly, it outlines the main contributions this research sought to make to existing knowledge and how it has accomplished them. Finally, it will identify areas for future research and make some recommendations. To recap, the overarching aim of this research was to explore contemporary public engagement in the provision of local public services in Scotland. The main objectives were to:

- To explore the rationales behind and conceptual background to contemporary public engagement.
- To investigate how public services are responding to the legislative requirement to engage the public.
- To contribute to the development of theoretical understanding of contemporary public engagement in the current context.

7.2 Exploring the Conceptual Background to Contemporary Public Engagement

Since this study took a Grounded Theory approach, the aim of the literature review was to gain an understanding of how public engagement has historically been understood and typified prior to the advent of contemporary public engagement and in the current context. It also sought to understand the rationales behind contemporary public engagement and what it is intended to achieve. The role of the historical literature in the study, therefore, was to sensitize the researcher to the area of research and to help identify the gaps so that the scope and objectives of this research could be determined.

Four sensitizing concepts were developed, derived from the four dominant themes emerging from the literature. They were helpful in framing the scope of this project and formed the basis of an initial model that was used to frame the research and guide the

collection and analysis of data, and ultimately the development of theory. The first one was 'Renewing Local Democracy' and it sought to address modern challenges to the traditional model of Representative Democracy by offering public engagement as a means of democratic expression outside of the traditional electoral process.

The second one was 'Institutional Change' and it postulated that requiring public services to engage local communities in the design and delivery of public services would result in institutional change and local services that were responsive to their needs. This concept implied that public engagement would result in flatter, less bureaucratic institutional norms.

The third was 'Public Management' and it framed public engagement as a means of achieving more efficient and cost effect local public services by enabling local communities to articulate their needs. This would then influence managerial decision-making and result in better use of resources and therefore more responsive local services.

The fourth and final one was 'Empowerment of Local Communities'. It placed contemporary public engagement at the core of a new concept of 'active citizenship' where it would develop the civic character of local communities and result in an increased interest in the civic affair of the local area. The public would eventually be empowered to take ownership of the development of their local area and public services.

7.3 Investigating the Response of Public Services to the Requirement to Engage the Public

A qualitative case study was undertaken in order to explore how public services were responding to the legislative requirement to engage the public. The Clackmannanshire Community Health Partnership was selected as a 'Typical' case, meaning that it was typical

of the context in which the majority of contemporary public engagement takes place, i.e. partnerships for the delivery of local public services.

Data were collected using semi-structured interviews, a focus group, analysis of relevant documentary evidence and participant observation by the researcher at CHP Committee meetings over the course of one year. This allowed triangulation of the data to ensure their reliability and validity. The data were analysed using Thematic Analysis and Constant Comparative Method in order to achieve a robust analysis.

7.4 Contributing to Knowledge

This research makes three main contributions to existing knowledge. Using the thematic categories emerging from the analysis of the data, a Conceptual Framework was developed. It further refined the thematic categories into the following Perspectives: Democratic, Institutional, Managerial and Power. It applied existing theories from the four corresponding areas of social science in a new way to explain contemporary public engagement in the public service setting. It also used theory to explain and 'predict' the way/ways in which public services were likely to respond to the legislative requirement to engage the public.

The Conceptual Framework is the first contribution to existing knowledge. It moved the research beyond the level of data analysis, to explaining and interpreting it. It is the most comprehensive framework that has so far been developed and it takes a holistic approach to understanding and explaining contemporary public engagement using four Perspectives as 'ways of seeing'. It also shows the relationships between the Perspectives in terms of ways in which they can overlap as well as influence each other.

The second contribution to existing knowledge is the Conceptual Model of Contemporary Public Engagement. It derived from the Conceptual Framework and represents it at a higher level of abstraction, which typifies contemporary public engagement in the public service setting. It formed a critical link between the Conceptual Framework and the generation of substantive theory. The versatility of the Model was demonstrated by showing how it could also be used at an operational level.

The third contribution to knowledge is the generation of substantive theory. Reflecting the case study data, theoretical propositions were generated for each of the four Perspectives. This is a significant contribution to existing knowledge as it is the first time this has been done for Contemporary Public Engagement.

7.5 Suggestions for Further Investigation

Since the focus of this research was on contributing to a theoretical understanding of contemporary public engagement it is impossible to ignore the broader abstract category within which it fits, namely Public Sector Reform. The fourth contribution to knowledge is the generation of a proposed formal theory of public sector reform. It is presented as a 'proposed' formal theory and not an established one because its propositions have yet to be confirmed or disproved by further investigation. The contribution it makes is therefore in suggesting a direction for future comparative research and formal theory development.

7.6 Recommendations

At the outset of this research process the main aim was to contribute to the development of a representative model and theory, which could assist in explaining and typifying contemporary public engagement in a holistic manner that accounts for its broad scope and its multifarious perceived utilization. This study has resulted in the generation of a

Conceptual model, substantive theory and proposed a formal theory. This thesis therefore makes the following recommendations:

- Further comparative research that is aimed at further development of the Conceptual Framework and Conceptual Model.
- A meta-study to confirm the substantive theory and develop formal theory.

The end.

Bibliography

Abelson, J., Forest. P., Eyles, J., Smith, P. Martin, E. & Gauvin, F. (2003) 'Deliberations about Deliberative methods: issues in the design and evaluation of public partnership processes', *Social Science and Medicine,* 57, 239-251.

Aberbach, J. D. and Christensen, T. (2005) 'Citizens and Consumers.' *Public Management Review,* 7(2), pp. 225-246.

Acton, H.B., ed. (1992) *John Stuart Mill: Utilitarianism, On Liberty, Considerations on Representative Government.* London: Dent (Everyman's Library).

Allison, G. (1982) 'Public and Private Management: Are They Fundamentally Alike in All Unimportant Respects?' in Frederick S. Lane (ed.) *Current Issues in Public Administration,* St. Martin's Press, New York.

Andrews, R., Boyne, G.A. and Walker, R.M. (2006) 'Strategy content and organizational performance.' *Public Administration Review,* 66(1), pp. 52-63.

Arnstein, S. (1971) & Martin, S. (2003) in Bovaird, T. & Loffler, E. (eds.) *Public Management and Governance,* Routledge, London.

Ashworth, R.E., Boyne, A. and Delbridge, R. (2007) 'Escape from the Iron Cage? Organisational Change and Isomorphic Pressures in the Public Sector.' *Journal of Public Administration Research and Theory,* 19(1), pp. 165-187.

Ball, R. (1998) *Performance Review in Local Government.* 1st edn. England: Ashgate Publishing Ltd.

Barnes, M. *et al* (2003) 'Constituting 'The Public' in Public Participation', *Public Administration,* 81 (2), 379-399.

Barnes, M.E.A. (2003) 'Constituting 'the public' in public participation.' *Public Administration,* 81(2), pp. 379-399.

Barnett, A. (1996) 'The Creation of Democracy' in P. Hirst & S. Khilnani, *Reinventing Democracy,* Blackwell, Oxford.

Barr, A. (2000) 'Involving the Community in Planning: The case of community care', *Scottish Journal of Community Work and Development,* 6 (Autumn), 55-64.
Basic Books, New York.

Beetham, D. *et al* (2002) *Democracy Under Blair: A Democratic Audit of the United Kingdom,* Politico's Publishing, London.

Behn, R.D. (1998) 'The New Public Management Paradigm and the Search for Democratic Accountability', *International Public Management Journal,* 1 (2) 131-164.

Bellamy, C. & Taylor, J. (1997) *Governing in the Information Age,* Open University

Press, Buckingham.

Bellamy, C. and Taylor, J.A. (1997). New ICTs and institutional change. *International Journal of Public Sector Management* (9), pp.51-69.

Benington, J. (2000) 'Editorial: The Modernisation and Improvement of Government and Public Services', *Public Money and Management,* Special Issue (April-June), 3-8.

Blair, T. (1998) *The Third Way: New Politics for the New Century,* Fabian Society, London.

Blair, T. (1998b) *Leading the Way: A new Visionfor Local Government,* Institute of Public Policy Research, London.

Blakely, G. & Evans, B. (2008) 'It's like maintaining a Hedge': Constraints on Citizen Engagement in Community Regeneration in East Manchester', *Public Policy and*
Administration, 23, 100-113.

Blaug, R. (2002) 'Engineering Democracy', *Political Studies,* 50, 102-116.

Blauner, R. (1964) *Alienation and Freedom,* University of Chicago Press, Chicago, Illinois.

Blumer, H. (1954). 'What is wrong with social theory?' *American Sociological Review* (19), pp.3-10.

Bowen, G.A. (2006). Grounded Theory and Sensitizing Concepts. *International Journal of Qualitative Methods*, 5(3), 12-23.

Boyne, G.E.A. (2003) *Evaluating Public Management Reforms.* Buckingham: Open University Press.

Brannen, J. (ed) (1992) *Mixing Methods: Qualitative and Quantitative Research,* Avebury, London.

Braun, V. and Clarke, V. (2006). 'Using thematic analysis in psychology'. *Qualitative Research in Psychology* 3(2), pp.77-101.

Brugue, Q. & Gallego, R (2003) 'A Democratic Public Administration? Developments in public participation and innovations in community governance', *Public Management Review,* 5 (3), 425-447.

Bryman, A. (1988) *Quantity and Quality in Social Research,* Unwin Hyman, London.

Bryman, A. (2004) *Social Research Methods: 2nd Edition,* Oxford University Press, Oxford.

Bryman, A. and Bell, E. (2007). '*Business Research Methods'.* 3rd edition. Oxford: Oxford University Press.

Bryman, A. and Burgess, R.G. (1994). '*Analysing Qualitative Data'.* Oxford: Routledge.

Bryson, J.M. (2004) 'What to do when Stakeholders matter.' *Public Management Review,* 6(1), pp. 21-53.

Budge, I. (1996) *The New Challenge of Direct Democracy,* Polity Press, Cambridge.

Bums *et al* (1994) & Himmelman (1996) in Smith, M. & Beazley, M. (2000) 'Progressive Regimes, Partnerships and the Involvement of Local Communities: A Framework for Evaluation', *Public Administration,* 78 (4), 855-878.

Burby, R. (2003) 'Making Plans that Matter: Citizen Involvement and Government Action', *Journal of the American Planning Association,* 69 (1), 33-49.

Burns, D.R, Hambleton and Hodgett, P. (1994). The Politics of Decentralization. Revitalizing Local Democracy. London: Macmillan.

Burrell, G. & Morgan, G. (1979) *Sociological Paradigms and Organisational Analysis,* Ashgate Publishing Ltd., England.

Campbell, J.L. (2004) *Institutional Change and Globalization.* Princeton, New Jersey: Princeton University Press.

Campbell, J.L., Hollingworth, J.R. and Lindber, L.N. (1991) *Governance of the American Economy.*

Campbell, M. & Filkin, G. (1998) *Partnerships for Best Value: A Practical Guide for Members and Senior Officers,* New Local Government Network.

Carley, M. (2004) *Implementing Community Planning: Building for the Future of Local Governance.* 44. Edinburgh: Communities Scotland.

Cassel, C. and Symon, G. (1994). '*Qualitative methods in organizational research.* London: Sage Publications.

Cassell, C. & Symon, G. (1995) *Qualitative Methods in Organisational Research: A Practical Guide,* Sage, London.

Caulfield, I. & Schultz, J. (1989) 'Planning for Change: Strategic Planning in Local Government', in Michael Clarke and John Stewart (eds.) *Managing Local Government,* Longman Group Ltd., Harlow.

Chandler, D., 2000. 'Active Citizens and the Therapeutic State.' *Policy and Politics,* 29(1), pp. 3-14.

Clackmannanshire Community Health Partnership available online at http://www .nhsforthvalley.comlhome/ About/CHP/CHP Clackmannanshire/ClacksCHP

.html

Clarence, E. and Painter, C. (1998) 'Public Services Under New Labour: Collaborative Discourses and Local Networking.' *Public Policy and Administration,* 13(3), pp. 8-22.

Clarke, J. & Vidler, E. (2005) *'Creating Citizen-Consumers: New Labour and the Remaking of Public Services',* Public Policy and Administration, 20, (2) 19-37.

Clarke, J. (1997) 'Capturing the Customer: Consumerism and Social Welfare', *Self, Agency and Society,* 1 (1), 55-73.

Clarke, J. and Newman, J. (1997) *The Managerial State: power, politics and ideology in the remaking of social welfare.* London: Sage.

Clarke, M. & Stewart, D. (1988) *The Enabling Council,* Local Government Training Board, Luton.

Clarke, M. & Stewart, J (1994) 'The local authority and the new community governance', *Regional Studies,* 28 (2), 201-219.

Clarke. M and Stewart, J. (1992) *Citizens and Local Democracy, Empowerment: A Theme for the 1990s.* London: Local Government Management Board.

Clegg, S.R. (1989) *Frameworks of Power,* Sage Publications, London.

CM 4014: Clause 7.30 (1998) *Modern Local Government: in touch with the people.* Stationery Office: London.

Coffey, A. and Atkinson, P. (1996). '*Making Sense of Qualitative Data: Complementary Research Strategies*';. 1st edition. London: Sage Publications.

Communities Scotland (2005) *National Standards for Community Engagement* [Online] available at: www.scdc.org.uk/national-standards-community-engagement/
Community Planning Working Group (1998) *Report of the Community Planning Group,* Scottish Office, Edinburgh.

Copus, C. (2003) 'Re-Engaging Citizens and Councils: The Importance of the Councillor to Enhanced Citizen Involvement.' *Local Government Studies,* 29(2), pp. 32-51.

Corbin, J. and Strauss, A (2008). '*Basics of Qualitative Research'*. 3rd edition. London: Sage Publications.

Creswell, J.W. (2003). '*Qualitative Inquiry and Research Design*'. 1st edition. London: Sage Publications.

Creswell, J.W. (2007). '*Qualitative Inquiry and Research Design*'. 2nd edition. London: Sage Publications.

Curry, A. (1999) 'Case Studies: Innovation in Public Service Management', *Managing Service Quality,* 9 (3), 180-190.

Dahl, R.A. (1989) *Democracy and Its Critics',* Yale University Press, New Haven, Connecticut.

Dalton (1959). '*Men who manage*. New York: Wiley

Damanapour, F. & Gopalakrishnan, S. (2001), 'The dynamics of the adoption of product and process innovations in organisations', *Journal of Management Studies,* 38,45-65.

Darlington, Y. & Scott, D. (2002) *Qualitative Research in Practice: Stories From the Field,* University Press, Buckingham.

Dawson, S. and Dargie, C. (1999) 'New Public Management.' *Public Management Review,* 1(4), pp. 459-481.

DETR (1998e) Introduction. *Guidance on enhancing public participation in local government.* London: DETR.

DETR (1999) *Modernising Local Government: improving local services through Best Value.* DETR: London.

DETR (2000) *Preparing Community Strategies: Government Guidance to Local Authorities* [online], available at: http://www.lga.gov.uk/lga/blg/compact/communityguide.pdf

Diamond, J. & Liddle, J. (2005) 'What are We Learning From the Partnership Experience?', *Public Policy and Administration,* 20 (3), (Editorial) 1-3.

Dibben, P. and Bartlett, D. (2001) 'Local Government and Service Users: Empowerment through User-Led Innovation?' *Local Government Studies,* 27(3), pp. 43-58.

Director of Public Health (2005- 2006) *The Health of the Population of Forth Valley,* NHS Forth Valley.

Dittrich, K. & Johansen, L. N. (1983) 'Voting Turnout in Europe, 1945-1978: Myths and Realities' in H. Daalder & P. Mair *'Western European Party Systems: Continuity and Change',* Sage, London.

Doherty, T. L. & Home, T. (2002) *Managing Public Services: Implementing Changes- A Thoughtful Approach,* Routledge, London.

Douglas, M. (1986) *How Institutions Think.* New York: Syracuse University Press.

Downs, A. (1957) *An Economic Theory of Democracy,* Harper & Row, New York.

Doyle, M., Claydon, T. & Buchanan, D. (2000) 'Mixed Results, lousy process: the management experience of organisational change', *British Journal of Management,* 11 (SI), 59-80.

DTLR (1998) *Modern Local Government: In Touch With the People* [Online] available at: http://www.local-regions.odpm.gov.uk/lgup/index.htm

DTLR (2001) *Public Attitudes to Directly Elected Mayors,* Department of Transport, Local Government and The Regions, London.

DTLR (2001) *Strong Local Leadership: Quality Public Services* [Online] available at: http://www.local-regions.odpm.gov.uk/sll/index.htm

DTLR (2001) *Strong Local Leadership: Quality Public Services* [Online] available at http://www.local-regions.odpm.gov.uk/sll/index.htm

Dunleavy, P. & Hood, C.C. (1994) 'From Old Public Administration to New Public Management' Public Money and Management, vol. 14, no. 3, pp. 9-16.

Dunleavy, P. & Hood, CC. (1994), 'From Old Public Administration to New Public Management', *Public Money and Management,* 14 (3), 9-16.

Dworkin, R. (1986) *Law's Empire.* Cambridge, Massachusetts: Belknap, Harvard University Press.

Easterby-Smith, M., Thorpe, R. & Lowe, A. (1993) *Management Research: An Introduction,* Sage, London.

Edelenbos, J. (2005) 'Institutional Implications of Interactive Governance: Insights from Dutch Practice.' *Governance: An International Journal of Policy and Administration,* 18(1), pp. 111-134.

Eden, C. & Ackermann, F. (1998) *Making Strategy: The Journey of Strategic Management,* Sage, London.

Eden, C. and Ackerman, F. (1998) *Making Strategy: The Journey of Strategic Management.* London: Sage.

Edwards, A. (2007) *'A Clash of Cultures on the Net? An Inquiry into Online Communication between Citizens and Politicians',* EGPA Conference, Madrid (September 2007).

Electoral Commission (2002b) *Public Opinion and the 2002 Local Election Findings,* Electoral Commission, London.

Ertman, T. (1997) *Birth of the Leviathan: Building States and Regimes in Medieval and Early Modern Europe.* Cambridge: Cambridge University Press.

European Foundation for the Improvement of Living and Working Conditions (1990) *Public Services: Working For the Consumer,* Office For Official Publications of The European Communities, Luxembourg.

Fenwick, J. and Elcock, H., 2004. The New Political Management in Local Government:

Public Engagement or Public Indifference? *Local Government Studies,* 30(4), pp. 519-537.

Fishkin, J. S. (1991) *Democracy and Deliberation: New Directions for Democratic Reform,* Yale University Press, Newhaven and London.

Forbes, T. and Scott, N. (2008) *Models of Integrated Community Health Partnerships,* Report to the Forth Valley CHP Evaluation Project.

Forster, N. (1995) 'The Analysis of Company Documentation' in: Cassell, C. & Symon, G. (Eds.) *Qualitative Methods in Organisational Research: A Practical Guide,* Sage, London.

Forth Valley Health Board (2004) Community Health Partnership Scheme of Establishment available at http://www.sehd.scot.nhs.uk/chp/Pages!LothianBoard.htm.

Foucault, M. (2001a) 'The Subject and Power' in J.D. Faubion (ed.), *Michael Foucault: Power, The Essential Works, Volume 3,* pp.326-348, Alien Lane, London.

Frederickson, G. & Smith, K. (2003) *The Public Administration Primer,* Westview Press, Boulder, CO.

Freeden, M. (1999) 'The Ideology of New Labour', *The Political Quarterly Publishing Ltd.,*Blackwell, Oxford.

Freeman, R. E. (1984) *Strategic Management: A Stakeholder Approach,* Pitman Publishing, Boston.

Fuchs, D. & Klingemann, H. (1995) 'Citizens and the State: A Changing Relationship? in H. Klingemann & D. Fuchs, (eds.) *Citizens and The State,* Oxford University Press, Oxford.

Fukuyama, F. (1999) *The Great Disruption,* Profile Books, London.

Fung, A. & Wright, E.O. (Eds) Deepening Democracy: Institutional Innovations in empowered participatory governance, London and New York, NY: Verso.

Galbraith, J. K. (1992) 'Power and Organization' in Steven Lukes (Ed.) *Power,* Blackwell, Oxford.

Gerth, H.H & Mills, C.W. (eds.) (1970) From *Max Weber: Essays in Sociology,* Routledge & Keegan Paul, London.

Gibbins (ed.) (1989) *Contemporary Political Culture: Politics in a Postmodern Age,* Sage, London.

Giddens, A. (1994) *Beyond Left and Right: The Future of Radical Politics.* Cambridge: Polity Press.

Giddens, A. (1998) *Sociology: 3rd Edition,* Blackwell, Oxford.

Giddens, A. (1998) *The Third Way: The Renewal of Local Democracy.* Cambridge: Polity Press.

Gilchrist, A. (2004) *The well-connected community: a networking approach to community development.* Bristol: The Policy Press.

Gilchrist, A. (2006) 'Partnership and Participation: Power in Process.' *Public Policy and Administration,* 21(3), pp. 70-85.

Gill, J. & Johnson, P. (1997) *Research Methods for Managers: 2nd Edition, Paul Chapman, London.*

Glaser & Strauss (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research,* Aldine, Chicago Illinois.Glaser, B. and Strauss, F. (1999). '*The discovery of grounded theory.'* New York: Aldine Transaction.

Glendinning, C., Powell, M. & Rummery, K. (eds) (2002) *Partnerships, New Labour and the governance of welfare,* The Policy Press, Bristol.

Goodin, R.E. (1996) *The Theory of institutional Design.* New York: Cambridge University Press.

Goss, S., ed. (1999) *Managing working with the Public.* London: Kogan Page.

Gray, A. and Jenkins, B. (1999) Democratic renewal in local government: Continuity and change. *Local Government Studies,* 25(4), pp. 26-45.

Gray, B. (1989) *Collaborating: Finding Common Grounds for Multi-Party Problems.* San Francisco: Jossey-Bass.

Gujit, I. & Shah, M. (1998) in Cooke, B. & Kothari, U. (eds.) *Participation: The New Tyranny1,* Zed Books Ltd., London.

Gumesson, E. (1991) *Qualitative Methods in Management Research: Revised Edition,* Sage, London.

Gummesson, E. (2000). '*Qualitative Methods in Management Research*'. London: Sage Publications.

Gyford, J. (1991) *Citizens, Consumers and Councils: Local Government and the Public.* 1st edn. Basingstoke, Hampshire: The Macmillan Press Ltd.

Habermas, J. (1996) *Between Facts and Norms. Contribution to a Discourse Theory of Law and Democracy,* Cambridge.

Hague & Brian D. Loader (eds.), *Digital Democracy: Discourse and Decision Making in the Information Age,* Routledge, London.

Hall, P. (1986) *Governing the Economy: The Politics of State Intervention in Britain and France,* Oxford University Press, New York.

Hall, P.A. & Taylor, R.C.R. (1996) 'Political science and the three new institutionalisms', *Political Studies,* XLIV, 936-957.

Hall, P.A. (2002) 'The Comparative Political Economy of the 'Third Way'' in O. Schmidke (ed.) *The Third Way Transformation of Social Democracy: Normative Claims and Policy Initiatives in the 21st Century.* Aldershot: Ashgate.

Hallinger, P. (1998) 'Increasing the Organisation's IQ: public sector leadership in Southeast Asia', *The Learning Organisation,* 5 (4), 176-183.

Halvorsen, K. E. (2003) 'Assessing the Effects of Public Participation', *Public Administration Review,* 65 (5), 535-543.

Hammersley, M. (1992). '*What's wrong with ethnography*?' Oxford: Routledge.

Hannagan, T. (1995) *Management: Concepts and Practices,* Pitman, London.

Harrison, S. and Mort, M. (1998) 'Will Champions, Which People? Public and User Involvement in Health Care as a Technology of Legitimation.' *Social Policy & Administration,* 32(1), pp. 60-70.

Haynes, P. (2003) *Managing Complexity in the Public Services,* Open University Press, Berkshire.

Healey, 'Building Institutional Capacity Through Collaborative Approaches to Urban Planning, *Environment and Planning A,* 30, 1531-1546.

Healey, P. (1997) *Collaborative Planning,* Routledge, London.

Healey, P. (1997) *Collaborative Planning: Shaping Places in Fragmented Societies,2nd edn. MacMillan Press: London.*

Heffer, S. (6th July 2002) 'Power to the People', *The Spectator,* The Spectator, London.

Held, D. (1987) *Models of Democracy,* Polity Press, Cambridge

Held, D. (1992) 'Democracy: From City-states to a Cosmopolitan Order?' *Political Studies,* Special Issue, 10-39.

Held, D. (1996) *Models of Democracy,* Polity Press, Cambridge.

Hellriegel, D., Jackson, S. E., & Slocum, J. W. (1999) *Management: 8th Edition,* South Western College Publishing (ITP) Ohio.

Hill, L. (2002) 'On the Reasonableness of Compelling Citizens to 'Vote': The Australian Case', *Political Studies,* 50, 80-101.

Himmelman, A. (1996) 'On the Theory and Practice of Transformational Collaboration:

From Social Service to Social Justice', *Creating Collaborative Advantage,* Sage, London.

Hirschman, A. (1970) *Exit, Voice and Loyalty.* Cambridge, MA: Harvard University Press.

Hirst, P. & Khilnani, S. (1996) 'Introduction' in P. Hirst & S. Khilnani (eds.) *Reinventing Democracy,* Blackwell, Oxford.

Hirst, P. (1994) *Associative Democracy: New Forms of Economic and Social Governance,* Polity Press, Cambridge.

HMSO (1991a) *The Citizens' Charter,* HMSO, London.

HMSO (1999) *Local Government Act.* HMSO: London.

HMSO (2003) *Local Government in Scotland Act.* The Stationery Office.

Hoggett, P. (1991) 'A New Management in the Public Sector?', *Policy and Politics,* 19 (4), 243-256.

Hoggett, P. (1996) 'New modes of control in the public service.' *Public Administration,* 74, pp. 9-32.

Hood, C. (1991) 'A Public Management for All Seasons?', *Public Administration,* 6, (Spring) 3-19.

Hood, C. (1991) 'A Public Management for All Seasons?', *Public Administration,* Basil Blackwell for the Royal Institute of Public Management, Oxford.

Horton, S. (2003) 'Guest Editorial: Participation and Involvement- The Democratisation of the New Public Management', *The International Journal of Public Sector Management,* 16 (6), 403-411.

Horton, S. and Farnham, S. (1999) *Public Services Management,* Macmillan, London.

House of Commons (2001a) Public Administration Committee, Sixth Report Session 2000-1, *Public Participation: Issues and Innovations* HC 373-1, HMSO, London.

Hudson, B. (2004) 'Analysing Network Partnerships', *Public Management Review,* 6 (1), 75-94.

Hueglin, T.O. (2002) 'Federalism and the Third Way: Possibilities for Post-parliamentary Democratic Governance' in 0. Schmidtke, (ed.) *The Third Way Transformation of Social Democracy: Normative claims and policy initiatives in the 21st century,* Ashgate Publishing Limited, London.

Hughes, O. (2003) *Public Management and Administration,* Palgrave Macmillan, Hampshire.

Hughes, O.E. (2003) *Public Management and Administration: An Introduction.* 3rd edn. Basingstoke, Hampshire: Palgrave Macmillan.

Huxham, C. & Vangen, S. (1996) 'Working Together: Key themes in the management of relationships between public and non-profit organisations', *International Journal of Public Sector Management,* 9 (7), 5-17.

Huxham, C. (2000) 'The Challenge of Collaborative Governance', *Public Management,* 2 (3), 337-357.

Huxham, C. (2003) 'Theorizing Collaborative Practice', *Public Management Review,* 5 (3) 401-423.

Ingraham, P. and Lynn, L.E. (2004) *The art of governance: Analyzing management and administration.* Washington, D.C.: Georgetown University Press.

Institute for Public Policy and Research (2002) *Building Better Partnerships: The Final Report of the Commission on Public Private Partnerships,* IPPR, London.

Institute for Public Policy and Research (2002) *Building Better Partnerships: The Final Report of the Commission on Public Private Partnerships,* IPPR, London.

Johnson, G and Scholes, K (2001) *Exploring Public Sector Strategy,* Harlow, Pearson.

Johnson, G. and Scholes, K. (2002) *Exploring Corporate Strategy.* 6th edn. Harlow, England: Pearson Education.

Johnson, P. & Duberley, J. (2000) *Understanding Management Research,* Sage, London.

Joyce, P. (1999) *Strategic Management for the Public Services,* Open University Press, Buckingham.

Joyce, P. (1999) *Strategic Management for the Public Services,* Open University Press, Buckingham.

Kato, J. (1996) 'Review Article: institutions and rationality in politics: three varieties of neo- institutionalists', *British Journal of Political Science,* 26, 553-582.

King, D. and Stoker, G., eds. (1996) *Rethinking Local Democracy.* 1st edn. Basingstoke, Hampshire: Macmillan Press Ltd.

Klein, W. R. (1993) 'Visions of Things to Come', *Planning,* 59 (5).

Klijn, E. H. & Koppenjan, J. F. M. (2000) 'Public Management and Policy Networks: Foundations of a network approach to governance', *Public Management,* 2 (2), 136-158.

Klijn, E.H. and Koppenjan, J. (2006) 'Institutional Design.' *Public Management Review,* 8(1), pp. 141-160.

Kooiman, J., ed. (1993) *Modern Governance.* London: Sage.

Langrod, G. (1953) 'Local Government and Democracy.' *Public Administration,* 31(1), pp. 25-34.

Leach, S. and Wingfield, M. (1999) 'Public participation and the democratic renewal agenda: Prioritisation or marginalisation?' *Local Government Studies,* 25(4), pp. 46-59.

Leach, S., Stewart, J. & Walsh, K. (1994) *The Changing Organisation and Management of Local Government,* The Macmillan Press Ltd., Hampshire.

Lee, T.W. (1999). '*Using Qualitative Methods in Organisational Research*.' London: Sage Publications.

Lipset S. M. (1959) *Political Man,* Heinemann, London.

Llewellyn, S. and Tappin, E. (2003) 'Strategy in the Public Sector: Management in the Wilderness.' *Journal of Management Studies,* 40(4), pp. 954-982.

Local Government Association (1998) *Community Leadership and Community Planning,* LGA Publications, London.

Lowndes, V. (1996) 'Varieties of new institutionalism: a critical appraisal', *Public Administration,* 74, 181-197.

Lowndes, V. (1996) 'Varieties of New Institutionalism: A Critical Appraisal.' *Public Administration,* 74(Summer), pp. 181-197.

Lowndes, V. (1997) 'We are learning to accommodate mess: four propositions about managing change in local government.' *Public Policy and Administration,* 12(2), pp. 80-94.

Lowndes, V. (1999) 'We Are Learning to Accommodate Mess: Building New Institutionalism for the Management of Local Governance'. In: G. Stoker, ed., *The New Management of Local Governance.* London: Macmillan.

Lowndes, V. and Wilson, D. (2001). Social capital and local governance: exploring the institutional design variable. *Political Studies*. Vol 49, pp. 629-647

Lowndes, V. and Wilson, D. (2003) 'Balancing Revisability and Robustness? A New Institutionalist Perspective on Local Government Modernization.' *Public Administration,* 81(3), pp. 275-298.

Lowndes, V. *et al.* (1998) *Enhancing Public Participation in Local Government.* London: DETR.

Lowndes, V. *et al.* (2001) 'Trends in Public Participation: Part 1 - Local Government Perspectives.' *Public Administration,* 79(1), pp. 205-222.

Lowndes, V. *et al.* (2006) 'Local Political Participation: The Impact of Rules-in-use.' *Public Administration,* 84(3), pp. 539-561.

Lowndes, V., Pratchett, L. & Stoker, G (2001) 'Trends in Public Participation: Part 1- Local Government perspectives'. *Public Administration,* vol. 79, no. 1, 205-222.

Lowndes, V., Pratchett, L., and Stoker G. (2001a) 'Trends in Public Participation: Part 1- Local Government Perspectives', *Public Administration, 19* (1), 205-222.

Lowndes, V.B, Pratchett, L.P. and Stoker,G.T., (2001), The Locality Effect: Local Government and Citizen Participation, *End of Award Report. Swindon: Economic and Social Research Council*.

Ludlam, S. & Smith, M. (2004) *Governing as New Labour*, Palgrave, Basingstoke.

Lukes, S. (1967) 'Alienation and Anomie', in Peter Laslett (ed.) *Philosophy, Politics and Society*, Blackwell, London.

Lukes, S. (1974) Power: A Radical View, Macmillan, London.

Lukes, S. (2005) Power: A Radical View, 2nd Edition, Macmillan, London.

March, J. and Olsen, J. (1984) 'The New Institutionalism: Organizational Factors in Political Life.' *American Political Science Review,* 78(3), pp. 734-749.

March, J. and Olsen, J. (1996) 'Institutional Perspectives on Political Institutions.' *Governance: An International Journal of Policy and Administration,* 9(3), pp. 247-264.

March, J. G. & Olsen, J. P. (1984) 'The New Institutionalism: organizational factors in political life', *American Political Science Review,* 78, 734-749.

March, J. G. & Olsen, J. P. (1989) *Rediscovering Institutions: The Organizational Basis of Politics,* The Free Press, New York.

Marquand, D. (2004) *The Decline of The Public,* Polity Press, Cambridge.

Marshall, C. and Rossman, G.B. (1999). '*Designing Qualitative Research'*. 1st edition. London: Sage Publications.

Marshall, C. and Rossman, G.B. (2006). '*Designing Qualitative Research'*. 3rd edition. London: Sage Publications.

Martin (2003) in Bovaird & Loffler (eds.) *Public Management and Governance,* Routledge, London.

Martin, S. & Boaz, A. (2000) 'Public Participation and Citizen-Centred Local Government: Lessons from the Best Value and Better Government for Older People Pilot Programmes', *Public Money and Management,* (April- June), 47-53.

Martin, S. (1997) 'Leadership, learning and local democracy: Political dimensions of

the strategic management of change', *International Journal of Public Sector Management,* 10 (7), 534-546.

Martin, S. (1999) 'Learning to Modernise: creating the capacity to improve local public services', *Public Policy and Administration,* 14 (3), 54-66.

Martin, S. (2000) 'Implementing "Best Value": local public service in transition', Public

Martin, S. (2002) 'Best Value: New Public Management or new direction?' In: K. McLaughlin, S.P. Osborne and E. Ferlie, eds., *New Public Management: Current Trends and Future Prospects.* 1st edn. London: Routledge, pp. 129-140.

Martin, S. and Hartley, J. (2000) 'Best Value For All?' *Public Management Review,* 2(1), pp. 43-56.

Martin, S.J. and Sanderson, I. (1999) 'Evaluating Public Policy Experiments: Measuring Outcomes, Monitoring Processes or Managing Pilots?' *Evaluation,* 5(3), pp. 245-258.

May, J. (2007) 'The Triangle of Engagement: An Unusual way of Looking at the Usual Suspects', *Public Money & Management,* (February), 69-82.

May, T. (2001). '*Social Research. Issues, Methods and Process.* 4th edition. Berkshire: Open University Press.

McConnell, A. (2004) *Scottish Local Government.* 1st edn. Edinburgh: Edinburgh University Press Ltd.

McKevitt, D. (1998) *Managing Core Public Services,* Blackwell, Oxford.

Meier, K. J. *et al* (2007) 'Strategic Management and the Performance of Public Organizations: Testing Venerable Ideas against Recent Theories.' *Journal of Public Administration Research and Theory,* 17(3), pp. 357-377.

Meyer, J. W. and Rowan, B. (1991) 'Institutionalized Organizations: Formal Structure as myth and Ceremony.' In: W.W. DiMaggio and P.J. Powell, eds., *The New Institutionalism in Organizational Analysis.* London: The University of Chicago Press, pp. 41-62.

Midwinter, A. (1995) *Local Government in Scotland: Reform or Decline?* Basingstoke, Hampshire: Macmillan.

Midwinter, A. and McGarvey, N. (1997) 'Local government reform in Scotland: Managing the transition.' *Local Government Studies,* 23(3), pp. 73-89.

Midwinter, A. and McGarvey, N. (1999) 'Developing best value in Scotland: Concepts and contradictions.' *Local Government Studies,* 25(2), pp. 87-101.

Miles, M.B. and Huberman, M. (1994). '*Qualitative Data Analysis: A Methods Sourcebook.*' 1st edition. London: Sage Publications

Mill, J. S. (1958) *On Liberty,* Bantam Books, New York.

Miller, D. (1992) 'Deliberative Democracy and Social Choice', *Political Studies,* XL (Special Issue), 74-90.

Miller, D. (1992) 'Deliberative Democracy and Social Choice', *Political Studies,* XL, Special Issue, 54-67.

Moe, T.M. (1990) 'Political Institutions: The neglected side of the story.' *Journal of Law, Economics and Organizations,* 6(Special Issue), pp. 213-253.

Morgan, G. & Smircich, L (1980) 'The Case for Qualitative Research', *Academy of Management Review,* (5), 491-500.

Morris, P. (2002) *Power, A Philosophical Analysis,* Manchester University Press, Manchester.

Morrison, D. (2004) 'New Labour, Citizenship, and the Discourse of the Third Way' in S. Hale, W. Leggett and L. Martell (eds.) *The Third Way and Beyond,* Manchester University Press, Manchester.

Mouffe, C. (1992) 'Preface: Democratic Politics Today' in C. Mouffe (ed.), *Dimensions of Radical Democracy,* Verso, London.

National Audit Office (2001) *Joining Up Public Services,* Office of the Deputy Prime Minister, London.

National Audit Office (2005) *Making connections: An evaluation of the Community Participation Programmes,* Research Report 15, Office of the Deputy Prime Minister, London.

Newman, J. (2001) *Modernising Governance: New Labour, Policy and Society.* London: Sage.

Newman, J. (2002) 'The New Public Management, Modernisation and Institutional Change: disruptions, disjunctures and dilemmas.' In: K. McLaughlin, S.P. Osborne and E. Ferlie, eds., *New Public Management: Current Trends and Future Prospects.* London: Routledge, pp. 77-91.

Newman, J., Raine, J. & Skelcher, C. (2001) Transforming Local Government: Innovation and Modernisation, *Public Money & Management,* April-June, 61-68.

Next Steps Report (1997) *Modernising Government* [Online] available at: http://www.archive.official-documents.co.uk

NHS Forth Valley (05/12/06) *CHP Committee Review - One Year On: Final Report.*

NHS Forth Valley (05/12/06) *Minutes of Clackmannanshire Community Health Partnership Committee Meeting on 18/10/06.*

NHS Forth Valley (18/04/07) *Minutes of Clackmannanshire Community Health Partnership Committee Meeting on 28/02/07.*

NHS Forth Valley (18/10/06) *Minutes of Clackmannanshire Community Health Partnership Committee Meeting on 16/08/06.*

NHS Forth Valley (18/10/06) *Public Partnership Forum Update.*

NHS Forth Valley (22/02/06) *Public Partnership Forum &Voluntary Sector Update.*

NHS Forth Valley (22/02/06) *Public Partnership Forum: Update.*

NHS Forth Valley (26/04/06) *Minutes of Clackmannanshire Community Health Partnership Committee Meeting on 22/02/06.*

NHS Forth Valley (26/04/06) *Public Partnership Forum: Update.*

NHS Forth Valley (28/02/07) *Minutes of Clackmannanshire Community Health Partnership Committee Meeting on 05/12/06.*

NHS Forth Valley (28/06/07) *Minutes of Clackmannanshire Community Health Partnership Committee Meeting on 18/04/07.*

NHS Forth Valley (April 2006) *CHP-PPF Working Agreement.*

NHS Forth Valley *et al.* (December 2004), *Forth Valley Community Health Partnerships Scheme of Establishment: Working Together for Healthier Communities.*

North, D. (1990) *Institutions, Institutional Change and Economic Performance,* Cambridge University Press, Cambridge.

Nutt, P. and Backoff, R. (1992) *Strategic Management of Public and Third Sector Organizations: A Handbook for Leaders.* San Francisco, CA: Jossey-Bass.

O'Brien, D. (2000) 'Reconstructing Social Democracy: New Labour and The Welfare State', *British Journal of Politics and International Relations,* 2 (3) 403-413.

O'Donnell, M. (1998) 'Creating a performance culture? Performance-based pay in the Australian public service', *Australian Journal of Public Administration,* 57 (3), 28-40.

ODPM (2002) *'Public Participation in Local Government: A survey of Local Authorities',* London.

Offe, C. (1984) *Contradictions of the Welfare State,* Hutchinson, London.

Orr, K. and McAteer, M. (2004) 'Supporting Effective Citizenship in Local Government: Engaging, Educating and Empowering Local Citizens.' *Local Government Studies,* 30(2), pp. 131-155.

Osbourne, D & Gaebler, T (1992) *Reinventing Government,* Reading, Addison Wesley.

Ostrom, E. (1999)' Institutional Rational Choice: An Assessment of the Institutional Analysis and Development Framework.' In: P. Sabatier, ed., *Theories of the Policy Process.* Boulder, CO.: Westview Press, pp. 35-72.

Oxford English Dictionary Online (2004), Oxford University Press [Online] available at: http://doctionary.oed.com

Parry et al (1992) '*Political Participation and Democracy in Britain*. Cambridge: Cambridge University Press

Pateman (1970) *Participation and Democratic Theory,* Cambridge: Cambridge University Press.

Pateman, C. (1985) *Participation & Democratic Theory,* Cambridge University Press, London.

Paterson, W. (1974) *Social Democracy in Post-war Europe,* Macmillan, London.

Patton, M. J. (1987) *How to Use Qualitative methods in Evaluation,* Sage, London.

Perrons, D. & Sykes, S. (2003) 'Empowerment Through Participation? Conceptual Explorations and a Case Study', *International Journal of Urban and Regional Research,* 27 (2), 265-285.

Perry 6 *et al.* (2002) *Towards Holistic Governance: The New Reform Agenda,* Palgrave, Hampshire.

Peters, B.G. (1999) *Institutional Theory in Political Science: The "New Institutionalism".* London: Pinter.

Pfeffer, J. (1981) *Power in Organizations,* Pitman, London.

Pickard, S. (1998) 'Citizenship and consumerism in health care: a critique of citizen's juries.' *Social Policy & Administration,* 32(3), pp. 226-244.

Pidgeon, N. & Henwood, K., (1997) 'Grounded Theory: Practical Implementation' in Richardson, J. T. E. (ed.) *Handbook of Qualitative Research Methods for Psychology and the Social Sciences,* The British Psychological Society, Leicester.

Pierre, J. (1998) 'Public Consultation and Citizen Participation: Dilemmas of Policy Advice'. In: B.G. Peters and D. J. Savoie, ed., *Taking Stock: Assessing Public Sector Reforms.* Montreal & Kingston: McGill University Press.

Pierson, P. (2000) The Limits of Design: Explaining Institutional Origins and Change. *Governance: An International Journal of Policy and Administration,* 13(4), pp. 475-499.

Pierson, P. (2004) *Politics in Time: History, Institutions, and Social Analysis.* Princeton, NJ: Princeton University Press.

Pollitt, C. (1993) *Managerialism and the Public Services: Cuts of Cultural Change in the 1990s,* 2nd Edition, Basil Blackwell, Oxford.

Pollitt, C. (1993) *Managerialism and the Public Services: Cuts or Cultural Change in the 1990s.* 2nd edn. Oxford: Basil Blackwell.

Pollitt, C., (1988) (ed.) 'Consumerism and Beyond', *Public Administration,* 66, 2, pp. 121-4.

Pongsiri, N. (2002) 'Regulation and Public-Private Partnerships". *International Journal of Public Sector Management*, 15(6), pp.487-495.

Powell, W. W. (1990) 'Neither Market nor Hierarchy: Network Forms of Organisation' in (Eds.) B. M. Staw and L. L. Cummings, *Research in Organizational Behaviour,* 12,295-336.

Powell, W.W. and DiMaggio, P.J. eds. (1991) *The New Institutionalism in Organisational Analysis.* 1st edn. London: The University of Chicago Press Ltd.

Prabhakar, R. (2003) *Stakeholding and New Labour*, Palgrave, Basingstoke.

Pratchett, L. (1999) 'Introduction: Defining Democratic Renewal' *Local Government Studies,* 25 (4), 1-18.

Pratchett, L. (1999) 'Introduction: Defining democratic renewal.' *Local Government Studies,* 25(4), pp. 1-18.

Pratchett, L. and Wilson, D. (1997) 'The rebirth of local democracy?' *Local Government Studies,* 23(1), pp. 16-31.

Pugh, D. S. (1983) 'Studying Organisational Structure and Process' in G. Morgan (ed.), *Beyond Method,* Sage, Beverly Hills.

Pugh, D. S. (1988) 'The Aston Research Programme' in A. Bryman (ed.) *Doing Research In Organisations,* Routledge, London.

Ranson, S. & Stewart, J. (1994) *Management for the Public Domain: enabling the learning society,* Macmillan, London.

Remenyi, D., Williams, B., Money, A. & Swartz, E. (1998) *Doing Research In Business and Management,* Sage, London.

Rhodes, R. (1996) 'The New Governance: Governing without Government.' *Political Studies,* 44(4), pp. 652-667.

Robson, C. (2002). '*Real World Research: A Resource for Social Scientists and Practitioner Researchers.'* New York: Wiley.

Rootes, C. (1997) 'Shaping Collective Action: structure, contingency and knowledge' in R. Edmondson (ed.) *The Political Context of Collective Action: Power,*

Argumentation and Democracy, Routledge, London.

Roseanna, V.P. (1999) 'The strengths and weaknesses of public-private policy partnerships', *American Behavioural Scientist,* 43 (1), 10-34.

Rosenthal, R. & Rosnow, R. L. (1991) *Essentials of Behavioural Research Methods and Data Analysis: 2nd Edition,* McGraw-Hill, New York.

Rowe, R. and Shepherd, M. (2002) 'Public Participation in the New NHS: No Closer to Citizen Control?' *Social Policy & Administration,* 36(3), pp. 275-290.

Russell, B. (1992) 'The Forms of Power' in Steven Lukes (Ed.) *Power,* Blackwell, Oxford.

Sanderson, I. (1996) Participation and Democratic Renewal: from 'instrumental' to 'communicative rationality'? *Policy and Politics,* 27(3), pp. 325-341.

Sanderson, I. (1999) 'Participation and Democratic Renewal: from 'instrumental' to 'communicative rationality'? *Policy and Politics,* 27(3), pp. 325-341.

Sassoon, D. (1996) *One Hundred Years of Socialism: The Western European Left in the 20th Century,* I.B.Taurus, London.

Saunders, M., Lewis, P. & Thornhill (2003) *Research Methods for Business Students: Third Edition,* Essex, Prentice Hall.

Saunders, M., Lewis, P. & Thornhill (2007) '*Research Methods for Business Students': 4th Edition,* Essex, Prentice Hall

Sayer, A. (1992) *Method in Social Science: A Realist Approach,* London, Routledge.

Schmidtke, (ed.) (2002) *The Third Way Transformation of Social Democracy: Normative claims and policy initiatives in the 21st century,* Ashgate Publishing Limited, London.

Schmidtke, O. (2002) 'Transforming the Social Democratic Left: the Challenges to Third Way Politics in the Age of Globalisation' in O. Schmidtke, (ed.) *The Third Way Transformation of Social Democracy: Normative claims and policy initiatives in the 21st century,* Ashgate Publishing Limited, London.

Schumpeter, J. (1950) *Capitalism, Socialism and Democracy,* Harper & Row, New York.

Scott, W.R., (2008) *Institutions and Organisations: Ideas and Interests.* 3rd edn. London: Sage Publications Ltd.

Scottish Executive (2002a.) *Local Government in Scotland Bill, Policy Memorandum.* Stationery Office, London.

Scottish Executive (2003) *Partnership for Care: Scotland's Health White Paper,* available online at: www.scotland.gov.uk

Scottish Executive (2004) *Community Health Partnerships - Statutory Guidance* available online at: www.scotland.gov.uk/library5/health/chpg-OO.asp

Scottish Executive (March 2002) *Renewing Local Democracy* [Online] available at: http://www.scotland.gov.uk

Scottish Executive (March *2003) The Local Government in Scotland Act: Community Planning Guidance* [Online] available at: http://www.scotland.gov.uk

Scottish Executive Central Research Unit (2001) *Community Participation in Social Inclusion Partnerships,* Development Department Research Programme Research Findings No. 117.

Scottish Local Government Information Unit (April, 2001) *Growth of the Consultation Culture,* No. 131, p.1 & 2, Scottish Office, Edinburgh.

SEHD (December 2004) *Community Health Partnerships: Involving People Advice Notes.*

Self, P. (1972) *Administrative Theories and Politics: An introduction to the Structure and Process of Modern Government,* London: Alien and Unwin.

Selznick, P. (1949) *TVA and the Grass Roots: A Study in the Sociology of Formal Organization.* Berkeley: University of California Press.

Sheffield, J. and Bowerman, M. (1999) 'An Emergent audit agenda: comparative lessons drawn from Best Value development in Local Government in Scotland compared with England.' *Public Policy and Administration,* 14(3), pp. 67-89.

Shepsle, K. (1989) 'Studying Institutions: some lessons from the rational choice approach', *Journal of Theoretical Politics,* 1, 131-147.

Silverman, D. (2005). '*Doing Qualitative Research.'* London: Sage Publications.

Skelcher, C.E.A. (2005) 'The Public Governance of Collaborative Spaces: Discourse, Design and Democracy.' *Public Administration,* 83(3), pp. 573-596.

Smith, C. & Dainty, P. (1991) *The Management Research Handbook,* London: Routledge.

Sommerville, P. (2005) 'Community Governance and Democracy', *Policy & Politics,* 33 (1), 117-144.

Sorensen, E. (2003) *'Metagovernance: the changing role of politicians in processes of democratic governance',* Paper presented at the conference on Democratic Network Governance, Roskilde University, Helsingor, Denmark, 22-23 May.

Steinmo, S. (1989) 'Political Institutions and tax policy in the United States,

Sweden and Britain', *World Politics,* 41, 500-535.

Steinmo, S. (1993) *Taxation and Democracy,* Yale University Press, New Haven.

Steunenberg, B & Mol, N (1997) in Lane, J (ed.) *Public Sector Reform: Rationale, Trends and Problems,* London, Sage.

Stewart, A. (2001) *Theories of Power and Domination,* Sage, London.

Stewart, J. & Ranson, S. (1998) 'Management in the Public Domain', *Public Money and Management,* 89 (1, 2).

Stewart, J. (1995) *Innovation in Democratic Practice.* Birmingham: School of Public Policy, Birmingham University.

Stirling Council (2005) *Stirling by Numbers 2005/06* available at: http://www.stirling.gov.uk/sbn2005_06_full.pdf.

Stoker, G (1998) *Democratic Renewal: Issues for Local Government,* Local Government Management Board, London.

Stoker, G. (2004) *Transforming Local Governance: From Thatcherism to New Labour,* Palgrave Macmillan, Hampshire.

Suleiman, E.N. (2003) *Dismantling Democratic States.* Princeton, NJ: Princeton University Press.

Sullivan, H. & Skelcher, C. (2002) *Working Across Boundaries,* Palgrave, Basingstoke.

Sullivan, H. (2001) 'Modernisation, Democratisation and Community Governance.' *Local Government Studies,* 27(3), pp. 1-24.

Sullivan, H. and Skelcher, C. (2002) '*Working Across Boundaries: Collaboration in Public Services.'* Basingstoke: Palgrave Macmillan.

Sullivan, H.E.A. (2006) 'Collaborative Capacity and Strategies in Area-Based Initiatives.' *Public Administration,* 84(2), pp. 289-310.

Taylor, F.W. (1911) *Principles and Methods of Scientific Management,* Harper, New York.

Taylor, M. (2003) *Public Policy in the Community,* Palgrave Macmillan, Basingstoke.
Taylor, S. J. & Bogdan, R. (1998) *Introduction to Qualitative Research Methods: 3rd Edition,* John Wiley & Son, New York.

THE Audit Commission (1999) *Listen Up! Effective Community Consultation.* London: Audit Commission.

The Clackmannanshire 1000 available online at www.clacks.gov.uk

The Municipal Year Book and Public Services Directory (2005 Edition), Municipal Journal Ltd., London.

The Oxford Dictionary & Thesaurus (1997), Oxford University Press, Oxford.

Thelen, K. (1999) 'Historical institutionalism in comparative politics.' *American Review of Political Science,* 2, pp. 369-404.

Ticehurst, G.W. & Veal, A. J. (2000) *Business Research Methods: A Managerial Approach,* Pearson, New South Wales.

Topf, R.G. (1989b) 'Political Change and Political Culture in Britain 1959-87' in J. Gibbins (ed.), *Contemporary Political Culture: politics in a postmodern age* (London: Sage).

Topf, R.G. (1995) 'Electoral Participation' in H. Klingemann & D. Fuchs, (eds.) *Citizens and The State,* Oxford University Press, Oxford.

Tulloch, S. (1997*) 'Oxford Dictionary & Thesaurus*. Oxford: Oxford University Press.

Walker, R. M. (2003) 'Evidence on the Management of Public Services Innovation', *Public Money and Management,* April, 93-102.

Walsh, K. (1995) *Public Services and Management Mechanisms: Competition, Contracting and the New Public Services,* Macmillan, London.

Webster CWR, Ball R & Parris M (2006) Citizen Engagement: Participatory Theory and Practice in Scotland. *10th International Research Symposium on Public Management, Glasgow Caledonian University, 10-12 April 2006*, 10.4.2006 - 12.4.2006, Glasgow, UK.

White, S. (2001) 'The Ambiguities of the Third Way', inS. White *(ed.) New Labour: The Progressive Future?* Palgrave, Hampshire.

Wilcox, D. (1994) '*The Guide to Effective Participation'.* Brighton: Partnership Books

Wildavsky, A. (1987) 'Choosing Preferences by Constructing Institutions: A Cultural Theory of Preference Formation.' *American Political Science Review,* 81(1), pp. 3-22.

Williamson, O.E. (1985) *The Economic Institutions of Capitalism.* New York: Free Press.

Wilson, J.Q. (1989) *Bureaucracy: What Government Agencies Do and Why They Do It.* New York: Basic Books.

Woodside, A.G. and Wison, E.J. (2003). Case study research methods for theory building. *Journal of Business and Industrial Marketing*. 18(6-7). pp. 493-508.

Wright, T. (1996) 'Reinventing Democracy' in P. Hirst & S. Khilnani, *Reinventing Democracy,* Blackwell, Oxford.

Yin (2003). '*Case Study Research: Design and Methods'*. 3th edition. London: Sage Publications.

Yin (2009). '*Case Study Research: Design and Methods'*. 4th edition. London: Sage Publications.

Yin, R. K. (1994) *Case Study Research: Design and Methods: 2nd Edition,* Sage, California.

Zucker, L. (1991) 'The Role of Institutionalization in Cultural Persistence.' In: DiMaggio, W.W. and Powell, P.J., eds., *The New Institutions in Organizational Analysis.* London: The University of Chicago Press, pp. 83-107.

Appendices

List of Appendices

Appendix A: Schedule for Case Study Interviews

Date:
Interview
No.: Venue:
Interviewee:

Introduction

Thank you for agreeing to be interviewed.
This interview is a part of independent, academically driven, empirical work for my PhD studies. I'm particularly interested in measuring public engagement practice against theory.

Mechanisms of the Interview

May I have your permission to record this interview?
Everything you say is confidential and if you are quoted in my thesis it will be anonymously.
If you would like to say something off the record please let me know and I will stop recording.

Interview Questions

Background
Can you talk a little bit about your background and how you arrived in your current post?

Can you give me a brief history of the Clacks CHP?

Can you give me a brief history of public participation/engagement and engagement mechanisms as you understand them?

In your opinion, when did engagement first become an issue for public agencies?

Has the requirement to engage the public affected the way in which you did your job? If yes, in what ways? If no, why do you think it didn't?

Do you perceive these changes as negative or positive? (Has it made your job easier/harder? In what ways? Can you give some examples?)

Enhancing Local Democracy

What, from your perspective, are the motivating forces behind public bodies engaging the public?

What difference, if any, has the partnership arrangement made?

In your opinion has legislation such as the Local Government in Scotland Act 2003 had the intended reforming and modernising effect on frontline public services such as Health services? Please give reasons for your answer.

Have there been any noticeable changes in the relationship between Public Health services and communities/patient groups resulting from the new CHP arrangement? If yes, can you elaborate?

In your opinion do these public engagement mechanisms actually enhance democracy? (One of the arguments for having them is that they enhance democracy)

In your opinion, how well represented were the views of community and patient groups on the committee?

Institutional Change

In your opinion what role does public involvement have in the new CHP

arrangements? Have these mechanisms changed the way you perceive the public?

Has public engagement changed the way your organisation operates internally? Do they feed into existing organisational procedures for managing and allocating financial resources?

In your opinion, how important is the PPF and other engagement mechanisms to the success of the CHP?

Has the health sector in Forth Valley changed the way it operates as a result of public engagement?

Public Management

What were some of the benefits and drawbacks experienced by managers in partner organisations of working in the new CHP?

Is it easier or more difficult to allocate resources in the CHP setting than it was before? What in your opinion are some of the reasons for this?

Are managers in CHP organisations any negative effects resulting from the CHP

being required to engage the public?

Power

In your opinion, has the PPF made members of the public more powerful/ influential than they have been in the past?

What are some of the perceived benefits/difficulties of more power/ influential community and patient groups?

Are there any current or future plans to increase the use of innovative public engagement mechanisms (beside the PPF) by the partnership?

Statements

I'm going to make a few statements, which in no way reflect any personal opinions. I would like you to say whether you agree or not and give brief reasons for your answer:

1. Public agencies today are engaging the public in many different ways but they aren't actually taking any notice of the results.

2. Public engagement has raised public expectations of public services too high.

3. Public engagement mechanisms have created an illusion that they public have an influence in how public money is spent.

4. All public engagement has done is created more work for public service managers and placed even further strain on scarce resources.

5. Public engagement is just another political initiative that will only last until the next public service reform agenda.

Are there any documents in particular that you think I should get that would be useful to me?

Can I come back to you if I need clarification on anything as I'm typing up my notes? Thank you very much again for agreeing to be interviewed!

Appendix B Schedule for Focus Group Discussion

Focus Group Discussion Questions

1. How did come to be involved in the PPF? How people are usually recruited to the PPF?

2. Before becoming involved in the PPF, were any of you involved in other public engagement activities with any public services?

3. Are any of you currently involved in other public service engagement groups or activities?

4. In your opinion, how seriously does the CHP take the concerns raised by the PPF?

5. How you do see the PPF developing as the main public engagement mechanisms for the CHP?

6. Do you feel that the PPF members are representative of the people of Clackmannanshire?

7. How important is the PPF to the success of the CHP?

8. How much influence do you feel the PPF has in the CHP?

9. Do you feel like you are equal partners in the CHP?

10. Do you feel that you are considered by the other partners to have equal weight?

11. What does the CHP do with the information they get from the PPF? Do you think the PPF helps the CHP to better understand the needs of local communities?

12. Have you seen any changes in the relationship between local public services and communities?

13. Do you feel that the public/local communities are more powerful or influential nowadays than they have been in the past?

14. For those of you who are involved with other services besides the CHP, how do you think they compare in terms of engaging the public?

15. What do you think is/are the main driving force/s behind public services wanting to engage the public? For example, do you think it's being politically driven or coming from public service managers or another source?

16. Do you feel that the public are equipped to participate in partnerships like the CHP or other public services? Do you feel that way?

17. Do you think a forum is the appropriate main public engagement mechanism for the CHP?

18. Do you feel that being involved in the PPF has improved your understanding of the way CHP services are provided and the environment that managers and other practitioners operate in?

Appendix C: Coding and Analysis

Open Coding - Themes	Axial Coding - Themes	Categories - Perspectives
• Ideological and policy shifts from giving information to consultation and then to engagement • Intention to create responsive local services • Achieving cost effectiveness and greater efficiency ●	• Motivating Forces behind Public Engagement	**Democratic Perspective**
• Public engagement mechanisms as opportunities for democratic involvement • Representation of local community on the PPF • Representation of the PPF in planning and decision making ●	• The PPF and Local Democracy	
• Formal institutional role of engagement in the partnership • Individual organisational and partnership frameworks for funding and administration of public engagement • Accountability structures and processes	• Engagement in the Partnership Setting	**Institutional Perspective**
• Institutional role of public engagement in the partnership • Role of public (lay) members on the CHP Committee • Role of Public Partnership Forum (PPF) as the partnership's main public engagement mechanism	• The Role of Public Involvement in the CHP	
• Institutional responses of NHS and CHP to an embedded public engagement mechanism (PPF) • CHP approach to development and management of the PPF	• Responses of the NHS and CHP to the PPF	
• PPF as an interface between local communities and public services • PPF as a potential catalyst for driving change to formal and informal rules of partner organisations	• Public Engagement - Institutional Change in the CHP	

• Perceptions of legitimacy of public partners in the partnership • Perceptions of the influence and authority of public partners from the perspective of other partners (NHS, Local Authority, Voluntary Sector)	• Partner Perceptions of the Public	
• Collective partnership approach to the use of additional engagement mechanisms • Contributions of partner organisations • Factors influencing the selection and use of additional mechanisms	• Use of Additional Engagement Mechanisms by the Partnership	
• Allocation of responsibilities in relation to public engagement (funding, administration, development) • Use of the information gained from engagement (PPF and PPF Representatives on the CHP Committee) in managerial decision-making	• Managing Public Engagement in the Partnership Setting	**Managerial Perspective**
• Potential for greater integration and coordination of services between partner agencies • Potential access to a wider range of skills and competencies • More complex decision-making structures and processes • Demand for partnership management skills • Differences between the traditional managerial role (leadership with positional authority) versus managing in the partnership setting (leadership without positional authority) • Demands of the managerial role in the absence of increased resources or capacity	• Perceived Benefits and Drawbacks of Managing and Delivering Services in the Partnership Setting	
• Source/s of CHP funding • Source/s of funding for public engagement (PPF recruitment, development, etc.) • Priority of public engagement in relation to other resource priorities • Degree of influence of public partners on resource allocation	• Allocation of Resources in the CHP	

• Changes to the focus of service provision • Changes to the management function • Changes to decision-making processes • Changes and challenges to managerial accountability	• Manager Perceptions of Being Required to Engage the Public	
• Individual organisation and collective partnership approaches to recruiting public partners • Public partner perceptions of the approaches of partner organisations • Advantages and disadvantages of formal and informal approaches to the recruitment of public partners • Challenges to the legitimacy of public partners • Partnership approach to addressing challenges	• Recruitment to the PPF (Public Partners)	
• Formal role of public partners in CHP governance • Role of public partners in CHP governance (in practice) • Participation (formal vs. practical) of public partners in CHP decision-making processes	• Representation of Community and Patient Groups (Public Partners) on the CHP Committee	
• Public partner perceptions of whether their involvement in the PPF is empowering to them and the local communities they represent • Public partner perceptions of whether the public are more empowered than they have been in the past • Other partners' perceptions of whether the public are more empowered by engagement than they have been in the past	• Public Empowerment or Disempowerment	**Power Perspective**
• Public partner perceptions of potential advantages and disadvantages of a more powerful public • Other partner perceptions of potential advantages and disadvantages of a more powerful public • Degree of influence of these perceptions on the amount of practical power and influence the public partners have/are allowed (by the other partners) to have in the CHP	• Perceived Benefits and Drawbacks of a More Powerful Public	

Appendix D: Research Training

Date	Course
October 2003	Contributing to Knowledge
October 2003	Procite 1
November 2003	Working with Your Supervisor
May 2004	Making Your Research Pay
May 2004	Giving Talks about Your Research
October 2004	Creative/Critical Thinking
January 2005	The Academic Pin-up: How to Make a Superb Poster
February 2005	Careers 1 – Knowing Yourself and Your Options
February 2005	Surviving the Viva
March 2005	Careers 2 – Marketing Yourself on Paper and at Interviews

Appendix E: Peer Review Activities

Citizen Engagement: Theory and Practice in Scotland, 1Oth International Research Symposium on Public Management, Glasgow Caledonian University, 10th-12th April2006 (with Professor Rob Ball & Dr. William Webster).

The Voice of the People: Conceptualizing Public Engagement, Inaugural Scottish Doctoral Management Conference, St. Andrews University, 16th June, 2005.

The Voice of the People: Conceptualizing Public Engagement, Department of Management Doctoral Students' Presentation Day, 12 May 2005.

British Academy of Management Doctoral Symposium and Conference, St. Andrews University, 30th July- 1st August 2004.

Thinking about Public Engagement: Starting the PhD Process, Department of Management, Doctoral Students' Presentation Day, 12th May 2004

Appendix F: Details of CHP Meetings (Case Study)

Meeting 1

Date & Time: 22nd February 2006 (12:30 p.m.)
Location: Dunmar House, Alloa

AGENDA

1/	**APOLOGIES FOR ABSENCE**	
2/	**MINUTES OF MEETING HELD ON 15th December 2005**	For Approval
3/	**MATTERS ARISING**	
	i) Clinical Leadership Update	
	ii) Feedback from development event - 25th January 2006	For Consideration
4/	**PODIATRY REDESIGN**	For Consideration
5/	**CHANGING LANES PROJECT**	For Information
6/	**NEW GENERAL OPTHALMIC SERVICES CONTRACT**	For Consideration
7/	**PUBLIC PARTNERSHIP FORUM UPDATE**	
8/	**CHP MANAGEMENT TEAM EXECUTIVE REPORT**	For Consideration
9/	**FINANCIAL POSITION**	For Information
10/	**PROGRESS REPORT ON CLACKMANNANSHIRE COMMUNITY HOSPITAL PROJECT**	For Consideration
11/	**ANY OTHER COMPETENT BUSINESS**	
12/	**DATES OF FUTURE MEETINGS**	
	BACKGROUND PAPERS FOR INFORMATION • Community Food Development Project: Alloa South & East Social Inclusion Partnership	

Meeting 2

Date & Time: 26th April 2006 (12:30 p.m.)
Location: Dunmar House, Alloa

AGENDA

1/	**APOLOGIES FOR ABSENCE**	
2/	**MINUTES OF MEETING HELD ON 22nd February 2006**	For Approval
3/	**MATTERS ARISING** i) Clinical Leadership Update ii) Update on Appointment of Committee Chair	
4/	**HEALTH FOR ALL CHILDREN 4 (HALL4): GUIDANCE ON IMPLEMENTATION IN SCOTLAND. GETTING IT RIGHT FOR SCOTLAND'S CHILDREN**	For Consideration
5/	**BREASTFEEDING STRATEGY**	For Information
6/	**CLACKMANNANSHIRE COMMUNITY HEALTH SERVICES PROJECT: UPDATE**	For Information
7/	**CHP MANAGEMENT TEAM EXECUTIVE REPORT**	For Consideration
8/	**FINANCIAL POSITION AS AT 28TH FEBRUARY 2006**	For Consideration
9/	**SMOKING UPDATE: MARCH 2006**	For Consideration
10/	**INTEGRATION OF MENTAL HEALTH SERVICES/EXTENSION OF POOLED BUDGET AGREEMENT**	For Consideration
11/	**CLACKMANNANSHIRE CHP DEVELOPMENT PLAN: HIGH LEVEL OBJECTIVES 2006/07**	For Discussion
12/	**PUBLIC PARTNERSHIP FORUM UPDATE**	For Information
13/	**VOLUNTARY SECTOR UPDATE**	For Information
14/	**ANY OTHER COMPETENT BUSINESS**	
15/	**DATES OF FUTURE MEETINGS**	
	Background Papers for Information: • NHS Forth Valley Race Equality Scheme 2005-2008: Progress Report • NHS Forth Valley Carers Information Strategy • HDL (2006) 12: Delivering for Health: Guidance on Implementation • Health Promotion Department - Activity Report 2004-2005 • Community-Led Supporting & Developing Health Communities - Task Group • Stop Smoking Services in Forth Valley: Leaflet	

***Papers from meeting 2 (21st June 2006) were unavailable**

***Papers from meeting (16th August 2006) were unavailable, with the exception of the Minutes. No electronic copies were kept by NHS Forth Valley prior to 2008.**

Meeting 3

Date & Time: 16th August 2006 (12:30 p.m.)
Location: Dunmar House, Alloa

AGENDA

1/	**APOLOGIES FOR ABSENCE**	
2/	**MINUTES OF MEETING HELD ON 21st June 2006**	
3/	**MATTERS ARISING** i) Feedback from meeting with Chairman and Chief Executive, NHS Forth Valley (re: establishment of the CHP Committee). ii) CHPs and Mental Health Services (re: proposal to integrate community hospitals and mental health services into the CHPs).	
4/	**HEALTH IMPROVEMENT IN CLACKMANNANSHIRE** i) Annual Report of the Director of Public Health 2005/06 ii) Establishing an Integrated Joint Health Improvement Team in Clackmannanshire	
5/	**CLINICAL EFFECTIVENESS/CLINICAL GOVERNANCE** i) NHS Forth Valley Community Health Partnership Clinical Effectiveness Work Programme 2006/07	
6/	**CHP COMMITTEE REVIEW - ONE YEAR ON** (Scottish Government review of CHP Committees)	
7/	**PPF AND VOLUNTARY SECTOR UPDATES** i) PPF Update ii) Voluntary Sector Update	
8/	**CLACKMANNANSHIRE CHP HIGH LEVEL OBJECTIVES**	
9/	**PERFORMANCE MANAGEMENT IN THE COMMUNITY HEALTH PARTNERSHIPS: POSITION PAPER**	
10/	**FINANCIAL POSITION AS AT 30TH JUNE 2006**	
11/	**PROGRESS REPORT ON CLACKMANNANSHIRE COMMUNITY HEALTH SERVICES PROJECT**	
12/	**BACKGROUND PAPERS FOR INFORMATION** • The 16th Annual Report of the Director of Public Health • Developing Health Promoting Schools in Clackmannanshire: A	

	Strategy Paper • CHP Management Team Executive Report • NHS Forth Valley Draft Sexual Health Strategy 2006-2011 • Multi-Agency Oral & Dental Health Strategy for Forth Valley 2005-2010	
13/	**ANY OTHER COMPETENT BUSINESS** i) Joint CHP Committee Seminars ii) Celebrating Success Awards	
14/	**DATES OF FUTURE MEETINGS**	

Meeting 4

Date & Time:18th October 2006 (12:30 p.m.)
Location: Dunmar House, Alloa

AGENDA

1/	**APOLOGIES FOR ABSENCE**	
2/	**MINUTES OF MEETING HELD ON 16th AUGUST 2006**	For Approval
3/	**MATTERS ARISING** i) Clackmannanshire Alliance Area Forum Meetings: October 2006 ii) CHP High Level Objectives: Communication Leaflet	
4/	**CLACKMANNANSHIRE CHP FINANCIAL POSITION AS AT 31ST AUGUST 2006**	For Noting/Approval
5/	**VOLUNTARY SECTOR**	
	i) Progress Report: Verbal Update ii) Sustaining the Voluntary Sector: Presentation	For Information For Discussion
6/	**PUBLIC PARTNERSHIP FORUM UPDATE**	For Information
7/	**CLACKMANNANSHIRE COMMUNITY HEALTH SERVICES**	
	i) Progress Report ii) Draft Communications Plan	For Noting For Noting
8/	**CHP COMMITTEE REVIEW - ONE YEAR ON: REPORT FROM THE JOINT CHP COMMITTEE & MANAGEMENT TEAM WORKSHOP HELD ON 20TH SEPTEMBER 2006**	For Noting/Comment
9/	**CHP COMMITTEE - SUCCESSION PLANNING**	For Approval
10/	**CHP BASELINE EVALUATION: FEEDBACK**	For Consideration
11/	**PERFORMANCE MANAGEMENT IN CHPs: NEXT STEPS**	For Consideration/

		Endorsement
12/	**BACKGROUND PAPERS FOR INFORMATION:** • CHP Management Team Executive Report • Evaluation: Smoking Cessation Youth Pilot Project - August 2006	
13/	**ANY OTHER COMPETENT BUSINESS**	
14/	**DATES OF FUTURE MEETINGS**	

Meeting 5

Date & Time: 5th December 2006 (12:30 p.m.)
Location: Dunmar House, Alloa

AGENDA

1/	**APOLOGIES FOR ABSENCE**	
2/	**MINUTES OF MEETING HELD ON 18th October 2006**	For Approval
3/	**MATTERS ARISING** i) Voluntary Sector Compact ii) Update on Appointment of Committee Chair iii) Clackmannanshire Alliance Area Forum Meetings: October 2006	
4/	**CHP PRIORITIES:**	
	i) Local Cancer Care	For Information
	ii) CHP Clinical Priorities: Progress Report	For Noting
	iii) Clackmannanshire Integrated Health Improvement Team: Quarterly Report	For Consideration
	iv) Clackmannanshire Community Mental Health Improvement Team: Quarterly Report	For Noting
	v) Clackmannanshire Community Mental Health Services Redevelopment: Progress Report	For Information
	vi) Identifying the Baseline & Developing an Ethos for Supported Self Care for Long Term Conditions with the Community Health Partnership	For Information
5/	**TAKING FORWARD THE EQUALITY AND DIVERSITY AGENDA IN FORTH VALLEY: PROGRESS REPORT**	For Information
6/	**PUBLIC PARTNERSHIP FORUM UPDATE**	For Information
7/	**CHP COMMITTEE REVIEW - ONE YEAR ON: FINAL REPORT**	For Consideration
8/	**CLACKMANNANSHIRE COMMUNITY HEALTH FACILITY: THE NEXT STAGES**	For Information

9/	**TELECARE DEVELOPMENT PROGRAMME: CLACKMANNANSHIRE BID**	For Consideration
10/	**PERFORMANCE MANAGEMENT:**	
	i) Clackmannanshire CHP Financial Position as at 31st October 2006	For Consideration
	ii) CHP Management Team Executive Report	For Information
	iii) Joint Performance Information Assessment Framework (JPIAF)	For Consideration
11/	**ANY OTHER COMPETENT BUSINESS**	
12/	**DATES OF FUTURE MEETINGS**	

Meeting 6

Date & Time: 28th February 2007 (12:30 p.m.)
Location: Dunmar House, Alloa

AGENDA

1/	**APOLOGIES FOR ABSENCE**	
2/	**MINUTES OF MEETING HELD ON 5TH DECEMBER 2006**	For Approval
3/	**MATTERS ARISING**	
	i) Health Improvement Event: Verbal Update	
4/	**CLACKMANNANSHIRE COMMUNITY HEALTH FACILITY**	
	i) Presentations on New Model of Care • Inpatient Services • Mental Health Services • Outreach/Outpatient Services	For Information
	ii) Clackmannanshire Community Health Services Project: Update	For Information
5/	**CHP COMMITTEE REVIEW - ONE YEAR ON:**	
	i) Feedback from NHS Board Discussion: January 2007	For Information
	ii) Clackmannanshire CHP Committee: Revised Terms of Reference	For Approval
	iii) CHP Committee Succession Planning: Update	For Information
	iv) CHP Committee Seminars: Update	For Information
6/	**PUBLIC PARTNERSHIP FORUM & VOLUNTARY SECTOR UPDATE**	For Information
7/	**REPORT FROM AREA FORUMS: OCTOBER 2006**	For Information

8/	**PERFORMANCE MANAGEMENT:**	
	i) Clackmannanshire CHP Financial Position as at 31st January 2007	For Consideration
	ii) CHP Management Team Executive Report	For Information
	iii) Development of CHP Performance Management Framework	For Information
9/	**DELIVERING FOR MENTAL HEALTH AND THE NATIONAL REVIEW OF MENTAL HEALTH NURSING**	For Information
10/	**ITEMS FOR INFORMATION**	
	i) 17th Annual Report of the Director of Public Health	For Information
	ii) Visible Accessible & Integrated Care Report of the Review of Nursing in the Community in Scotland	For Information
	iii) Review of Community Eyecare Services in Scotland: Final Report: December 2006	For Information
	iv) Developing Community Hospitals: A Strategy for Scotland	For Information
11/	**ANY OTHER COMPETENT BUSINESS**	
12/	**DATES OF FUTURE MEETINGS**	

Meeting 7

Date & Time: 18th April 2007 (12:30 p.m.)
Location: Dunmar House, Alloa

AGENDA

1/	**WELCOME & APOLOGIES FOR ABSENCE**	
2/	**MINUTES OF MEETING HELD ON 28th February 2007**	For Approval
3/	**MATTERS ARISING**	
	i) Review of Actions from Previous Meeting	
	ii) Clackmannanshire CHP Health Improvement Event: Health Inequalities in Clackmannanshire: A Joint Challenge	
	iii) Draft Communication Briefing/Newsletter: Update	
	iv) Delivering for Mental Health: Proposed Delivery Structure: Verbal Update	
4/	**CHP PRIORITIES**	
	i) Clackmannanshire CHP Clinical Priorities: Progress Report	For Consideration

	ii) Clackmannanshire Integrated Health Improvement Team: Quarterly Report	For Consideration
5/	**CLACKMANNANSHIRE CHP - LONG TERM CONDITIONS MANAGEMENT CHP SELF-ASSESSMENT TOOL**	For Noting
6/	**PERFORMANCE MANAGEMENT:**	
	i) Clackmannanshire CHP Financial Position as at 28th February 2007	For Consideration
	ii) CHP Performance Management Executive Report	For Consideration
7/	**CLACKMANNANSHIRE COMMUNITY HEALTH SERVICES PROJECT**	
	i) Progress Report	For Consideration
	ii) Draft Organisational Development Plan	For Consideration
8/	**PUBLIC PARTNERSHIP FORUM & VOLUNTARY SECTOR UPDATE**	For Information
9/	**JOINT COMMISSION STRATEGY FOR OLDER PEOPLE IN FORTH VALLEY: STATEMENT OF COMMITMENT BY ALL PARTNERS**	For Consideration
10/	**ITEMS FOR INFORMATION**	
	i) All our Futures - Planning for a Scotland with an Ageing Population: Summary and Action Plan	
	ii) Health Department Letter (HDL) 2007 13: Delivery Framework for Adult Rehabilitation	
11/	**ANY OTHER COMPETENT BUSINESS**	
12/	**DATES OF FUTURE MEETINGS**	