The policy work of piloting

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The policy work of piloting: mobilising and managing conflict and ambiguity in the English NHS

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Abstract

In spite of their widespread use in policy making in the UK and elsewhere, there is a relatively sparse literature specifically devoted to policy pilots. Recent research on policy piloting has focused on the role of pilots in making policy work in accordance with national agendas. Taking this as a point of departure, the present paper develops the notion of pilots doing policy work. It does this by situating piloting within established theories of policy formulation and implementation, and illustrating using an empirical case. Our case is drawn from a qualitative policy ethnography of a local government pilot programme aiming to extend access to healthcare services. Our case explores the collective entrepreneurship of regional policy makers together with local pilot volunteers. We argue that pilots work to mobilise and manage the ambiguity and conflict associated with particular policy goals, and in their structure and design, shape action towards particular outcomes. We conclude with a discussion of the generative but managed role which piloting affords to local implementers.

Keywords: policy pilots, policy implementation, policy entrepreneurs, healthcare

Pilots and policy making

The use of public policy pilots has a history going back as far as the 1960s in the UK (Burch & Wood, 1983) and US (Campbell, 1969). Since this time they have become a common feature of the policy making process at national and local level in the UK. The local pilot scheme which provides the

empirical material for this paper is a typical example of a public policy pilot; targeted funding for a fixed period to support new ways to extend access to healthcare services across several localities in England. At the time of writing there are two substantial national pilot schemes in progress in England addressing similar access issues. Between them these programmes have received in excess of £300 million, and there are innumerable further examples across healthcare and other public service divisions of government both locally and nationally.

Local pilot schemes bring policy makers and evaluators into close contact, surfacing tensions between the different and sometimes competing need for *knowledge* versus the need for *evidence* (Mackenzie, Blamey, & Hanlon, 2006; Martin & Sanderson, 1999; Sanderson, 2002). Key to the political narrative of piloting is the principle of experimentation, as stated in an official report on piloting produced in 2003; 'the term "pilot" should ideally be reserved for rigorous early evaluations of a policy…before that policy has been rolled out nationally and while it is still open to adjustment' (Jowell, 2003, p. 11). This highlights the importance of 'social equipoise' (Petticrew, McKee, Lock, Green, & Phillips, 2013) within policy pilots, the principle of uncertainty and objectivity necessary for true experimentation. This view of piloting resembles a form of trial, in which the objective would be to 'discover' new objects of innovation, which could then be diffused or disseminated elsewhere (Berwick, 2003; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004). Researchers have challenged this perspective according to the *exceptional* conditions of pilots (c.f. Agamben, 2005), which shifts the narrative of experimentation towards one of exemplification (Mackenzie et al., 2006; Martin & Sanderson, 1999; Sanderson, 2002).

Ettelt, Mays, and Allen (2014) extend this analysis in their identification of four purposes of piloting: *experimentation*, *implementation*, *demonstration*, and *learning*, noting the tendency for these purposes to shift over time and for policy makers to assume that they can be pursued in combination. They conclude that piloting should be seen as a policy making 'tool… mostly about making policy "work" in accordance with the wishes of their political masters' (p. 332). In a similar

vein Nair and Howlett (2015) focus on the relations of power with which pilots are implicated, arguing that in providing 'meaning' to policy making, pilots are involved in 'framing or projecting the future' (p. 1). Given this role, the rhetorical use of experimentation becomes a means to present a possible future in order to manage the conflict associated with 'politically unpalatable policy reforms' (p. 4).

Seeking to develop this more critical line of enquiry, we begin with the general standpoint that the choice of piloting on the part of policy makers indicates a degree of ambiguity and conflict around the conception and implementation of a particular policy. A pilot, and the injection of resources that accompany it, is therefore required to *experiment*, *demonstrate*, *implement* or *educate* (Ettelt et al., 2014). Situating our argument within broader theories of policy formulation and implementation, we argue that piloting represents a form of what Harrison and Wood (1999) term 'manipulated emergence' in policy. This denotes a shift in policy conception from detailed 'blueprints' handed down for implementation to broad 'bright ideas', which require translation and adaptation, and envisages an active but managed role for local implementers in making policy work 'on the ground'. Following Kingdon (1984) we conceive of this work as a local and collective form of *policy entrepreneurship*. We use our empirical case to show how this entrepreneurial action combines with the design and structure of policy pilots in order to shape particular outcomes. We argue that this affords a constructive and generative role to those 'implementing' policy, and discuss the implications of this for policy and research.

Our analysis is situated in English health policy post-2010, in which, building upon a governmental agenda of localism (Lowndes & Pratchett, 2012), devolution and 'super-austerity' (Lowndes & Gardner, 2016), local policy piloting has perhaps gone further than in other countries. However, understanding the contextual conditions that facilitate this approach to policy implementation, as well as the problems that may arise, is important for those in other systems facing the same demographic and financial pressures facing the English National Health Service (NHS). In addition,

our use of established theoretical frameworks to situate our case increases the generalisability of our findings beyond our local context, allowing us to describe a set of mechanisms which we would expect to be common features of the piloting process.

This paper draws on the recent experience of evaluating a pilot programme established in 2013, which aimed to extend access to healthcare services. Our broad interest is in how local implementation feeds back into policy formulation, and with what consequences. We argue that the policy work of piloting takes us beyond what might be commonly understood to be the discretionary role of implementation at 'street-level' (Lipsky, 2010), to a more creative and generative role for those 'implementing' policy. We begin by situating this generative role within broader theories of policy making.

Policy formulation and implementation

In contrast to rational-objective accounts of policy making, Kingdon's (1984) multiple streams approach proposes an understanding of policy making as made up of ambiguous and conflicted sets of processes. He argues that policy agendas are shaped by activities related to three distinct 'streams': the 'problem', 'policy' and 'politics' streams. The problem stream is concerned with how particular phenomena become conceptualised as problems requiring policy attention, the policy stream is concerned with the development of policy initiatives and the politics stream is concerned with the balancing of different interests, such as party political interests and lobby groups. Kingdon argues that confluence between these three streams results in the policy 'window' being opened and change becoming possible, and emphasises the role of 'policy entrepreneurs' (PEs) in helping to create such windows. Hence the policy that 'gets made' is only one set of arrangements among many possibilities, and opportunism in the coupling of the three streams plays a substantial part in selecting out of what he calls the 'soup' of ideas and agendas.

It follows from this that entrepreneurialism in policy arenas is an inherently collective activity; made possible by the confluence of multiple layers of concerns, crossing different communities, and possibly stretching over considerable periods of time. This point is picked up in much of the wider literature on policy entrepreneurs that has followed Kingdon's (1984) concept, which notes the important role of PEs in building and maintaining networks and coalitions of interest (Mintrom, 1997; Mintrom & Vergari, 1996; Roberts & King, 1991). However, there is a strong emphasis on the individual attributes of PEs, as Kingdon (1984) states: 'their defining characteristic… is their willingness to invest their resources – time, energy, reputation, and sometimes money – in the hope of a future return' (p. 122). This produces a heroic account of policy entrepreneurialism, which some argue does not grasp the 'embedded' nature of institutional agency (Garud, Hardy, & Maguire, 2007). The PE literature is therefore marked by a relative lack of emphasis upon the institutional structures and relations that make entrepreneurship possible (Catney & Henneberry, 2015). This is perhaps in part due to Kingdon's focus on policy making at the US federal level, and the consequent focus in much of the PE literature on political elites (Arnold, 2013). In order to make sense of more local entrepreneurial action, it is therefore first of all necessary to bring Kingdon's (1984) framework down to the regional and local level of governance.

Exworthy and Powell (2004) extend Kingdon's (1984) framework to expand on the role of local advocates in pushing ideas onto the policy agenda via 'local windows'. They adopt Kingdon's (1984) policy stream, and add two further streams relevant to local implementation:

1. Process stream, concerned with causal technical and political feasibility
2. Resource stream, concerned with financial resources but also with human resources, power and ownership (Exworthy & Powell, 2004, pp. 265-266)

Exworthy and Powell (2004) suggest therefore that local PEs can mobilise networks to shape local agendas, potentially opening 'little windows' which can achieve a broader influence, 'galvanizing

action' (p. 277) in the context of the multiple and conflicting coexistence of ideas and agendas in the national policy 'soup'.

Expanding on the role of local PEs, more recent research has proposed the concept of the 'street-level policy entrepreneur' (SLPE) (Arnold, 2013; Oborn, Barrett, & Exworthy, 2011; Petchey, Williams, & Carter, 2007). While the 'street-level bureaucrat', in Lipsky's (1980) formulation, creates a limited discretionary space for frontline workers to move within policy frames imposed upon them, the SLPE plays a more active and creative role in changing those policy frames, not only in opening local windows, but in yoking 'together a network to make policy agendas happen' (Oborn et al., 2011, p. 325).

This challenges the implicit dualism between policy makers and recipients commonly assumed in the implementation literature (McDermott, Fitzgerald, & Buchanan, 2013). Matland's (1995) theory of implementation, for example, attempts to synthesize 'top down' and 'bottom up' perspectives on policy implementation, arguing that degrees of conflict and ambiguity attending particular policy agendas define the suitability of one or the other model. While Matland offers a useful framework for mapping the relationship between policy formulation and implementation, potentially affording contextual conditions an autonomous and adaptive role, he nevertheless retains the sense in which policies are devised centrally and reacted to locally, which the concept of the SLPE seeks to displace.

McDermott et al (2013) argue that the distinction of policy makers and recipients overlooks the political dimensions of implementation processes, suggesting instead that entrepreneurial activity can have an additive or *extrapreneurial* role. However they emphasise that such activity can only be understood as a form of situated or 'contextualised change agency', requiring actors at different levels of government to 'gain support and resourcing for change' (p. S111).

The political context: localism, decentralisation and devolution

The political context to the programme can be characterised according to three linked agendas beginning in 2010: localism, decentralisation and devolution of public services. These agendas have their roots in the principles of 'new governance' (Rhodes, 1996) and 'new public management' (Dunleavy & Hood, 1994), indicated by a shift away from hierarchy towards market and network forms of governance.

In healthcare, marketisation began in earnest with the introduction of the internal market in 1991, which split purchasers from providers and introduced competition between providers. The New Labour government came to power in 1997 and sought to temper competition, while at the same time introducing a centralised and top-down performance regime. When the Coalition government came to power in 2010, they quickly sought to reintroduce competition, under a banner of 'liberation' (Department of Health, 2010). The Health and Social Care Act (2012HSCA) provides the current legislative framework for a more decentralised health service, opening the door further than ever before to commercial activities among public sector providers and to increasing privatisation. However, published only two years later, NHS England's (2014) 'Five Year Forward View' appeared in direct contrast to the HSCA , envisaging locality based commissioning of services to regional providers who form coalitions rather than compete and work closely with commissioners of care to design services. The contradictions between these two sets of policies offers an indication of the turbulent and uncertain nature of contemporary health service organisation in England.

Bringing our attention down to the local level, The Coalition White Paper, *Liberating the NHS* had proposed the abolition of managerially-dominated regional and local bodies previously charged with commissioning care (Strategic Health Authorities and Primary Care Trusts) and their replacement with general practitioner (GP) led commissioning through Clinical Commissioning Groups (CCGs), which became the statutory bodies responsible for commissioning secondary and community care for their patients:

The Government will liberate the NHS from excessive bureaucratic and political control, and make it easier for professionals to do the right things for and with patients, to innovate and improve outcomes. (Department of Health, 2010, p. 9).

There were few central requirements informing the establishment of CCGs, and their creation was described in terms of local flexibility and clinical leadership. In the language of 'freedom' and 'innovation' can be found the direct appeal of the government those at 'street-level', as stated by the health secretary at the time: 'The purpose of the proposed reforms is to give you and your colleagues in general practice – as people who see patients every day and best understand their needs – the responsibility to shape services to deliver the high-quality care patients expect and deserve' (Lansley, 2010).

In structural terms the HSCA established a national body NHS England (NHSE) with responsibility for running the NHS under a mandate from the Department of Health. NHSE was established with a national board and 27 regional teams (RTs) intended to act as 'outposts' to the central organisation rather than as autonomous bodies (Department of Health, 2010). However, after the HSCA came into law there was a brief window in which NHSE had not yet fully established a national way of doing things, and the RTs had some budget with which to innovate. The RT that features in this paper seized this opportunity to introduce a pilot programme, with the goal of 'extending access to healthcare'.

We argue that this opportunism on the part of the RT had the effect of opening the 'little' policy window, appearing to create some space in which local entrepreneurs could try ideas out in practice. We will begin by describing the launch of the programme before moving on to present our findings.

The programme and the evaluation

The RT that features in this paper is responsible for a demographically diverse urban area in England. The RT sent a brief to all general practices in the area inviting proposals of up to £500,000 each for a

six-month pilot programme. The brief was short, specifying only a defined population size and a focus on improving access to care; a policy goal open to various interpretations (e.g. Boyle, Appleby, & Harrison, 2010). The brief also emphasised the importance of supporting service integration and the use of technology. No other objectives or expectations were provided. Sites had two weeks to submit proposals, and once funded had four weeks to 'go live'. Out of eighteen bids received, six were successful, initially each receiving funds of between £50,000 and £500,000. However, after the scheme had been live for approximately 3 months, the available time was extended to one year, and budgets were also increased proportionately.

This paper is based on data collected as part of a mixed methods research study, combining a qualitative 'policy ethnography' (Dubois, 2009; Stevens, 2010) with a quantitative analysis of activity and outcomes data. This paper draws exclusively on the qualitative data. The qualitative research was a closely applied form of policy ethnography, a participatory and community-based approach, combining interviews with observation and documentary analysis, and driven by an interpretivist interest in the production of policy meanings at the time and place of implementation (Yanow, 1996). This sought to combine the pragmatic need for detailed data in 'real time' concerning problems encountered and solutions developed by pilot sites, with the desire to generate more generalisable ideas about the contribution of pilots to the implementation of policy and the process of organisational change in the public sector. As such, our research interests in policy making were combined with developmental 'policy work' (Brown et al., 2010) with the participants in the programme. Data collected during the programme were communicated back to pilot sites through quarterly learning sessions comprised of presentations and discussion involving all pilot sites, as well as the RT and representatives of the wider health economy in each area.

The political context of the research, as well as the early and experimental nature of implementation in each site presented a challenge to the elicitation of open accounts of progress and challenges encountered, both in recorded interviews and learning sessions. As in many ethnographic settings,

many meetings were conducted in which it was difficult to take extensive notes or quote speech directly, this included the learning sessions and all meetings involving members of the RT. The data collected was therefore a mixture of recorded, semi- or unstructured interviews (n=72), fieldnotes from meetings, and a substantial amount of 'unofficial' notes and reflections based on those times when recording had not been possible, and which were shared and discussed among the qualitative research team in the interests of building a richly contextualised picture of each site. This mixed characterisation of the data set is reflected in the findings presented here, in which the narrative is built upon a detailed contextual knowledge, with interviewee accounts used illustratively where appropriate. Based on the situated perspectives of a relatively small number of actors, we do not claim that our data is representative of policy pilots and their participants elsewhere, however, our detailed and real-time data offer us an opportunity to 'improvise' theory (Cerwonka & Malkki, 2007) about the key role that local actors can play in the formulation and implementation of policy. This role is one made possible by a particular set of institutional conditions, which we describe in brief below, but also upon mechanisms we believe to be common to the design and implementation of policy pilots themselves; which drives our focus on the 'policy work' of piloting.

The analysis proceeded in three stages. In stage one, a total of 80 transcripts of formal interviews were subject to primary and secondary analysis by the qualitative research team (all current authors; hereon QRT) and conducted using qualitative data management software (Nvivo 10). The coding framework established was initially designed to be open and flexible and based on broad categories derived from primary content analysis of the data; 'policy', 'enablers', 'context', 'pilots', 'open codes' and 'lists'. An initial set of sub categories was developed by the QRT from analysis of three transcripts. Three members of the QRT [initials removed for review] then coded the data using the framework, adding codes where necessary and discussing with wider QRT at regular intervals.

In stage two thematic analysis established a wider framework that consisted of 60 separate codes, in which each code represented a single theme or topic discussed during interview. These codes were then grouped according to the broader categories first identified.

Stage three involved all members of the QRT collectively discussing the broader significance of the data to identify areas to explore in more detail through further data analysis in combination with research literature. The present paper developed out of the data related to pilots and policy, in combination with broader theories of policy formulation and implementation.

Findings

Our empirical data are organised around four themes. In the first section we will demonstrate the opening of the little window in the manner in which the sites were established, and volunteers induced to participate. This describes the enterprising role of the RT, in establishing a coalition of interests. We will then present findings organised according to policy, process and resource streams (Exworthy & Powell, 2004). In the policy stream, we describe the RT's permissive but managed approach to churning the 'soup' of policy ideas, in the process stream, we describe how the pilot imposed a technical rationality upon each site, pushing them away from experimentation towards demonstration; in the resource stream we describe the transformation of the short term and intense financial and human capital associated with the pilot into increased political capital.

Opening the little window

In a meeting between the RT and the pilot sites at the launch of the programme, the RT manager responsible for the programme explained his/her vision: to put access tocare 'on the map' and 'show that we are open for business'. S/he spoke of the deliberate use of an open brief and a short timescale to encourage creativity and challenge the 'usual bureaucracy' which could inhibit innovation. This appeared to work as an incentive for particular individuals, who had the networks to mobilise quickly and ideas for service development. Importantly, the invitation to submit bids went

directly to both individual providers and commissionerss. This led to some variation in the extent of commissioner involvement, and a perception by some that they had been bypassed or were unable to exert meaningful control. The following extract is from a Director of Commissioning:

> My role with [pilot lead] was to say to him…because I met him and he put a bid in front of me and said, we don't take that anywhere else… So I read it and said: "*That's* interesting. *That* will never work. *That's* really good." I read through on that basis with him and then I suggested a couple of other things to him…that was my role with [pilot lead] because he's such a self-starter. He simply gets on the phone to his Chief Exec and says, [name of CEO], make this happen for me by this date, so he's got no need for a mere Director to get involved. (Director of Commissioning, Site D&E)

The image of the 'self-starter' in the above excerpt chimes with the idea of local policy entrepreneurs: individuals who have the relational resources and the personal belief to be drivers of local policy implementation. The opening of the little windows requires such individuals to feel they are mobilising their own creative resources:

> we put the project together, we get it approved, we get the funding, yeah great, and we do more than what we're expected to do because we enjoy it, you know, and it's our baby and we want to see new ways of working and essentially, it's a blank piece of paper where I can create what I want to create and that always is an incentive to, kind of, go beyond the bar (Lead GP, Site E)

Given the very short timescale, these individuals needed project proposals that were ready to go, and could be 'hooked onto' the brief. As the following excerpt suggests, this could be a somewhat ad hoc process, leading to bids that were a mixture of different stakeholder interests:

> So when [pilot] bids were first advertised…I suggested that we did something using stuff that we'd done previously, which was allowing other people to access care records. So we'd done

> something two or three years ago with the PCT where we had a seconded person using our records, and we think we produced quite good evidence to show that it was cost effective… but it didn't get taken forward. So I said, look, why can't we do something like that, it fits with innovation, it fits with integration, why can't we do something like that. So I put that forward as a bid… And then somewhere along the line, I think somebody else said, why don't we use videoconferencing… to allow this to happen? I'm not sure what process that happened by…So the bid, therefore, became, I think, an amalgamation of those two things (GP, Site A)

This highlights how applicants viewed the programme opportunistically, as a chance to develop existing interests, and 'hook' these onto the brief.

As we have already noted, the launch of the programme occurred during a moment of freedom for the RT created by the scale and pace of national legislative change. As such they were also able to present themselves as somewhat 'rogue', challenging bureaucracy and inviting volunteers to help them 'go their own way'. Thus, the work of the local entrepreneurs was initially instigated and made possible via the enterprising work of the RT. It is equally important to note, however, that the policy objectives the RT chose were already present in the national policy 'soup'.

Policy stream

The overarching objective of the programme was to extend access to healthcare, and support integration and the use of technology. As a result of this broad invitation, a wide variety of understandings of access, and of the means of operationalising and measuring it, were present in the proposals of the successful sites.

Whilst the speed with which the sites were asked to implement service changes might have contributed to the successful incentivisation of particular individuals to take part, it also created challenges to all sites in putting their proposals into action. Site proposals were initially ambitious, in

some cases combining many different objectives. Over the first few weeks of the programme, the sites tended to narrow their scope to on one or two services, to which the majority of resources were then directed. This was driven by the need to show 'measurable' evidence of pilot activities within a limited time-frame. It in turn drove a narrowing of the policy agenda, in which those services targeting Accident & Emergency (A&E) activity came to dominate the attention of the RT, and, by extension, the attention of the pilot sites. The need for measurable impact was increasingly harnessed to service the agenda of shifting activity away from acute trusts, with those not achieving this feeling under some pressure:

> We think the outcomes are excellent, qualitative wise I think [we] had a good impact on the lives of those people. You've done everything [for patients] from filling in forms for correct, you know, funding that they've struggled with before and couldn't do, to supplying equipment, to giving advice about falls, to social isolation. Absolute everything...What we're probably not achieving is the evidence of deflecting people from A&E. (Navigator, Site D)

The overall effect of the programme on the policy stream therefore was to shape the emergence of 'timely access' (Boyle et al., 2010) as the dominant understanding of 'better' access, and to focus the attention of a number of the sites almost exclusively on providing extra hours. This created problems for the sites who were promoting alternative conceptions of access:

> In terms of access, when we go to the [RT] meetings, it's very clear that a lot of the [pilots] have a view on access, which is around eight 'til eight [opening] and extended GP cover. And we're at pains to state, and have been since the outset, that's not a feature for us. We see access improvement as being via different ways of working….It's not that whole thing about more hours gives you better access, because we don't believe it does…You couldn't staff it and you probably couldn't afford it if you scale it up. And what we're trying to do is look at alternative models (Director of Commissioning, Site F)

While recognising the dominant agenda, and their own position outside it, the above quote indicates a sustained resistance on the part of this site. This had important effects which will be discussed further below. What is also indicated here is tension within the programme between the objectives of 'experimenting' and 'demonstrating' (c.f. Ettelt et al., 2014) ; if the core agenda was always to reduce attendance at A&E by extending opening hours, then the spirit of experimentation appears rhetorical. This interpretation is challenged by the fact that various diverse schemes were funded, not all of which had extended hours at their core. Rather, it seems, the RT were deliberately permissive at the outset, funding proposals which sought to address a range of different access problems. As the programme progressed, the focus shifted from 'experimentation' to 'demonstrating measurable results'. In parallel a narrower and more clearly formed policy object of 'access as extended hours' emerged, with a concurrent reduction in ambiguity associated with the goal. The consequences of this shift were then played out through the process stream.

Process stream

The process stream concerns the technical feasibility of implementing a set of policy ideas. As noted above, the policy idea was initially stated in a loose and broad manner by the RT, generating a range of responses in the sites. Through the policy stream a narrower set of concerns emerged as the main goals of the programme, which in retrospect makes the RT's permissiveness seem managed. However, that sense of permissiveness was key not only to the goals but to the means by which they might be achieved:

> So the pilot enabled them to go with the gut feel and then produce the evidence to say 'oh, I think we've got this wrong'. And got it wrong together, not in blaming one another. It was got it wrong together really… And it's not set in stone. We can change this. This is about proving concept. They like that. So I think this has given the flexibility to do that (Director & Co Lead, Site B)

This quote demonstrates the close connection between the streams, in this case the policy and process streams working together, the former representing the broad objective, the latter representing the fitting of the objective to practice. There is the sense here that the idea itself is open to change as implementation proceeds via trial and error. However, as noted above the pilot process imposes a fundamental limit upon trial and error with the need to eventually try something that can be shown to work. Accordingly, with an increasingly fixed idea of desired outcomes, the sites – at least those aiming to provide additional availability – became focussed on the best means to achieve that outcome. In this way technical feasibility led to the dominance of demonstration over experimentation. Within the programme, when extended hours emerged as the core aim (at least for some sites), the technical question of how to provide this centred on problems of technology and governance, in enabling groups of providers to share patient records with one another. A range of 'solutions' were developed, through which these sites were eventually able to provide the additional service. However, the solutions themselves often relied on complicated ad hoc 'workarounds', solving immediate technical challenges, but in a way which could not be sustained in the long term. Ignoring such costs, the achievement of the goal of extended hours in the associated sites was in itself taken as a sign of great success. Approximately six months into the twelve month programme the sites offering additional availability were all operational, and with a high degree of parity in their processes, via the ongoing sharing of ideas and lessons learned that had occurred through the programme. Combined with the policy stream, the pilot had shaped the emergence of an unambiguous policy goal, with a relatively unconflicted set of processes for its achievement.

In the process stream a logic is enacted whereby an idea is evaluated according to its technical feasibility – if it can be made to work then it becomes, by definition, a good idea. However, this can render the resources required to achieve it somewhat invisible, as will be discussed below.

Part 4: Resource stream

A number of different kinds of resource will be considered under this stream – most obviously, financial, but also how finance combines with human resources, which through the pilot can be transformed into resources of power.

Pilotprogrammes are,by definition,temporary arrangements, involving an injection of resources which need to be spent whilst also demonstrating some kind of impact. This creates a potential problem for the sustainability of piloted policies, with the spread of the policy rarely matching the investment of the pilot (Sanderson, 2002). In our case, the RT eventually spent just over £4 million on the programme, with the most expensive site costing over £1 million. This represents a substantial local investment, particularly in the context of a national austerity programme involving deep cuts to public spending. This resource intensity was exacerbated in this case by the very short timescales:

> I think… the lead in time, wasn't sufficient really…any major project like this, you would have expected a much bigger planning stage for us to actually look at the logistics and make sure all these things were looked at…Whereas it worked, because we all worked together, but a lot of it was done on the hoof, so to speak. Where really, we could have had a bit more forward planning…I think it would have been better. (Manager, Site B)

This quote speaks to the attempt to temporarily suspend 'the ordinary state of things' in pilots, and to the often imperfect decisions which result. Importantly, this temporary suspension means that the conditions experienced in pilots may be a poor representation of the conditions under which the policy might be fully implemented:

> Project management is essential. Again, we underestimated that…but we've managed…I think sometimes that lack of understanding of scaling up, what it means that you've actually got to communicate with people. We can do it on a small scale with 7,000 patients and 12 members of staff, but for 34,000? (GP, Site B Co-lead)

Here, the question of whether or not this pilot represents a real test of what it might be like to implement a particular set of ideas in full, becomes obscured by the need to just make it work in the time allotted – to just 'manage'. This once again raises the question of sustainability, a point returned to below. Our interest first is in the consequences of this shifting of financial and human resources so as to generate change and re-shape broader agendas. The following excerpts link back to the data presented in the opening of the little window, in which volunteers were induced by the offer of 'carte blanche' to redesign services. While financial resources and operational discretion were afforded to site leads, the successful implementation of new services inevitably required participation from others in the local health economy, where the 'usual' rules and conventions could not always be easily suspended:

> There is a problem with finance, and the finance team's problem is that if we're paying a seven day tariff and they're discharging at day five, the next patient that's going in, whether they be acutely ill or not, we're having to pay that tariff sooner. So there's a cost implication to the CCG. I recognise it, but I can't allow that to be a hindrance to me not developing the model. When I met [finance director, CCG] that's the point I put across to him, that I can do this and I can prove that a lot of patients could be discharged early. What you lot need to do at a national level is re-look at the tariff system and say it's not working (GP & Lead, Site D)

Here, the pilot lead expressed frustration that the good work of the intervention (i.e. early discharge) was offset by the usual rules of the system which penalised CCGs for this, impeding his/her ability to demonstrate financial benefits. This demonstrates the challenge facing the local entrepreneur. Within a time limited pilot it is highly unlikely that system change (such as change to national tariffs) will occur, requiring entrepreneurial work to induce other parties into collaboration in the experiment. Thus, the experiment works according to the suspension of the ordinary, but the success of this strategy relies on convincing others that this suspension also applies to them – that it is an opportunity to think and do differently:

> Well, interestingly enough, [pilot site] is obviously one sector of [borough name] and you talk about driving change, or changing mindset, it's had a massive impact on the three other sectors already. An opportunity, whatever you want to see it as, it's created quite a bit of noise in the system, all positive, real positive, no negative. (Director & Co-LeadSite B)

In the short term life of the programme therefore, the success of each entrepreneur depended on their ability to 'sell' the opportunity. However, once the pilot ended and resources ran out, local system leaders (the CCGs) themselves decided whether or not to continue to invest in the pilot services. This decision was complicated by the fact that the mobilisation of resources through the programme generated pockets of intense activity which created local political pressure for these services to be sustained, thereby enhancing the effective authority of the RT. The position of the RT was further enhanced when this intense activity produced modest success against their key indicator.

Discussion

Our case has shown how policy makers at the regional level were able to capitalise on structural turbulence and uncertainty, to open a little policy window. Directing resources towards this window, they induced local volunteers to mobilise their own resources around a loose set of 'bright ideas' about extending access to healthcare. The work of the local entrepreneurs within the three local streams shaped the emergence of a particular policy goal and provided the RT with the effective authority to take a more directive approach to spreading the policy further. This was accomplished by different kinds of work going on in each stream. In the policy stream, the vague and permissive approach of the RT shaped the emergence of 'reduction in A&E activity' as the key policy outcome and 'extended hours' as the instrument for its achievement, thus reducing the ambiguity of goals. In the process stream, experimentation led a trial and error approach which became progressively limited by a technical rationality of what could be made to work in time, eventually reducing the ambiguity of means. In the resource stream an intense injection of financial and human resource

produced modest success against a key indicator, with questions remaining over the sustainability of arrangements. When in the immediate aftermath of the pilot the RT successfully incorporated access to healthcare in the regional policy agenda; 'extended hours' became the first implementation priority across the region, but with only around half the per capita resources provided to the pilot allocated to the spread of the policies. This immediately compounded the distribution of resources that are an essential short-term feature of pilots, and transformed the 'successful' pilot sites into 'early adopters' and the non-conformists into varying degrees of 'laggard' (Rogers, 1995). While sustainability is a well-known problem in piloting and change management literatures more broadly (e.g. Buchanan et al., 2005), our case prompts a concern with the long term effects of policy made according to a 'state of exception' (Agamben, 2005).

Harrison & Wood's (1999) concept of 'manipulated emergence' appears through this analysis to provide an effective strategy within the contemporary policy landscape where local organisations lack effective authority. The effectiveness of this approach required opportunism and a degree of risk taking on the part of the RT here. It also required local entrepreneurs to believe that they were being given permission to use the financial and human resources at their disposal in an autonomous and creative manner. Both the permissiveness and the creativity were tempered by the technical rationality initiated in the process stream, in which 'what works' shifted to 'what could be made to work' within the time available. This represents an essential problem for policy piloting, which requires a suspension of the ordinary to create the necessary slack to do something novel. When complexity is encountered then exceptional arrangements or working practices become necessary to find solutions. The process is deemed successful if a policy object and means to achieve it emerge. However, by definition pilots end – but the objects they fashion live on in order to be spread, detached from the exceptional conditions of their emergence.

This connects to the emphasis we have placed upon the collective and conditional nature of local entrepreneurship. Our study joins a recent stream of literature on the local or 'street level' policy

entrepreneur (Arnold, 2013; Oborn et al., 2011; Petchey et al., 2007). Lipsky's (1980) 'street-level bureaucrats' (SLBs), through the day-to-day doings of their jobs, stood in the way of reform. This concept keeps policy makers and recipients distinct, with SLBs figured as practising within a set of unchangeable limits. The concept of the SLPE proposes that such limits can be at least temporarily transgressed. We have tried to make clear the structural conditions at the national and regional level which made this transgression possible in our case. The more 'local' the entrepreneur, the more one might expect external forces to shape the limits of their entrepreneurial action. This results in a tension regarding the use of the 'street-level' concept, which further research is required to unpick: the essential feature of Lipsky's (1980) SLB's was their position at the front-line, and their operation of discretion within existing frames at this 'street-level'. In our analysis, as in both Oborn's (2011) and Petchey's (2007), the entrepreneurial activity takes the SLPE away from the 'street-level', and does not then directly affect the discretionary space at the street-level. The SLPE aspires to something more transformative than the incremental adjustments that Lipsky (1980) described. However, fusing the SLPE to the concept of 'manipulated emergence', as we have done here, suggests that the cumulative results of work might be a hardening of the frames within which street-level workers operate. This suggests that the concept of the SLPE represents a kind of manipulative response on the part of policy makers to the 'problem' of the discretion of the SLB. Further work is therefore needed on the activities of SLPEs and their consequences.

Conclusion

Recent developments in the literature on policy piloting have drawn attention to their productive effects in 'projecting the future' (Nair & Howlett, 2015) and 'making policy work' (Ettelt et al., 2014). We develop these ideas through an analysis of the policy work of piloting which is grounded in broader theories of policy formulation and implementation, and situated within the contemporary local political agenda of decentralisation.

Our contribution has been to describe how the policy work of piloting is enacted. We argue that this occurs through the collective entrepreneurial work of actors enabled and shaped by the rationalities imposed by the structure and design of pilots. We conceive of pilots as coalitions of advocates, through which policy ideas are objectified and detached from the exceptional circumstances of their emergence. We have demonstrated this action through four stages in our case. In the first, the regional policy makers opened the little window, opportunistically mobilising financial resources in order to establish a coalition of interests. In the second, the policy stream involved local entrepreneurs in creatively churning the policy 'soup', developing possible objects of innovation. In the third, the process stream, the soup was clarified according to a technical rationality which effected the shift from experimentation to demonstration. Lastly, in the resource stream, the financial and human resources committed to the pilot combined with this technical rationality to make the policy work. This transformed the RT's original 'stake' into increased authority and influence on the regional policy agenda.

The collective and conditional understanding of entrepreneurial pilot work contributes to recent work on local entrepreneurial activity as a form of 'contextualised change agency' (McDermott et al., 2013) and networks of SLPEs 'making policy agendas happen' (Oborn et al., 2011). We develop these ideas by showing how the activity of the SLPE is only made possible by the opening of little windows by regional policy makers. The agency of the SLPE is then at once enabled and constrained by the mechanisms of the pilot itself, offering freedom of expression tempered by technical rationality and the need to demonstrate outcomes. Our analysis therefore provides an in depth exploration of how the effect described as 'manipulated emergence' (Harrison & Wood, 1999) is enacted at the meso and micro level. Accordingly, freedom at the front line is a device that is used in the successful enaction of a pilot scheme. However, if this success also works to churn the national policy soup – as we have argued in our case – then this can result in the emergence of policy agendas, objects and instruments that might result in the future restriction of freedoms for frontline workers, who will then be in further need of *liberation* in order to explore and innovate.

While the effects of the pilot success in our case are still being played out, we believe further research is required on the consequences of 'successful' piloting for the manner in which policy is made and the expectations that are created as a result. While the problems of sustainability associated with pilot schemes are well known, the broader consequences of their *exceptionalism* deserve more attention.

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