Paradoxes, challenges and opportunities of boundary organising

An ethnographic study of a large-scale system reconfiguration in healthcare

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Theoretical background: Boundaries

- Sociocultural differences leading to discontinuities in action or interaction

- Frontiers or demarcations delimiting the perimeter and scope of a given domain

  - Between organisations
  - Between groups of similar organisations
  - Between geographical areas

- Boundaries are dynamic, ambiguous and multifaceted

Theoretical background: Boundary organising

- Practices of handling multiple boundaries between different stakeholders in order to enable collective action and achieve innovation (Mørk et al., 2012)
- Combination of destabilisation and restabilisation of multiple boundaries through building alliances and networks
  - Mutual adaptation of practices
  - Delineation of divergent and convergent interests
  - Facilitation of mutual benefits
- Often unfolds within so called ‘boundary organisations’

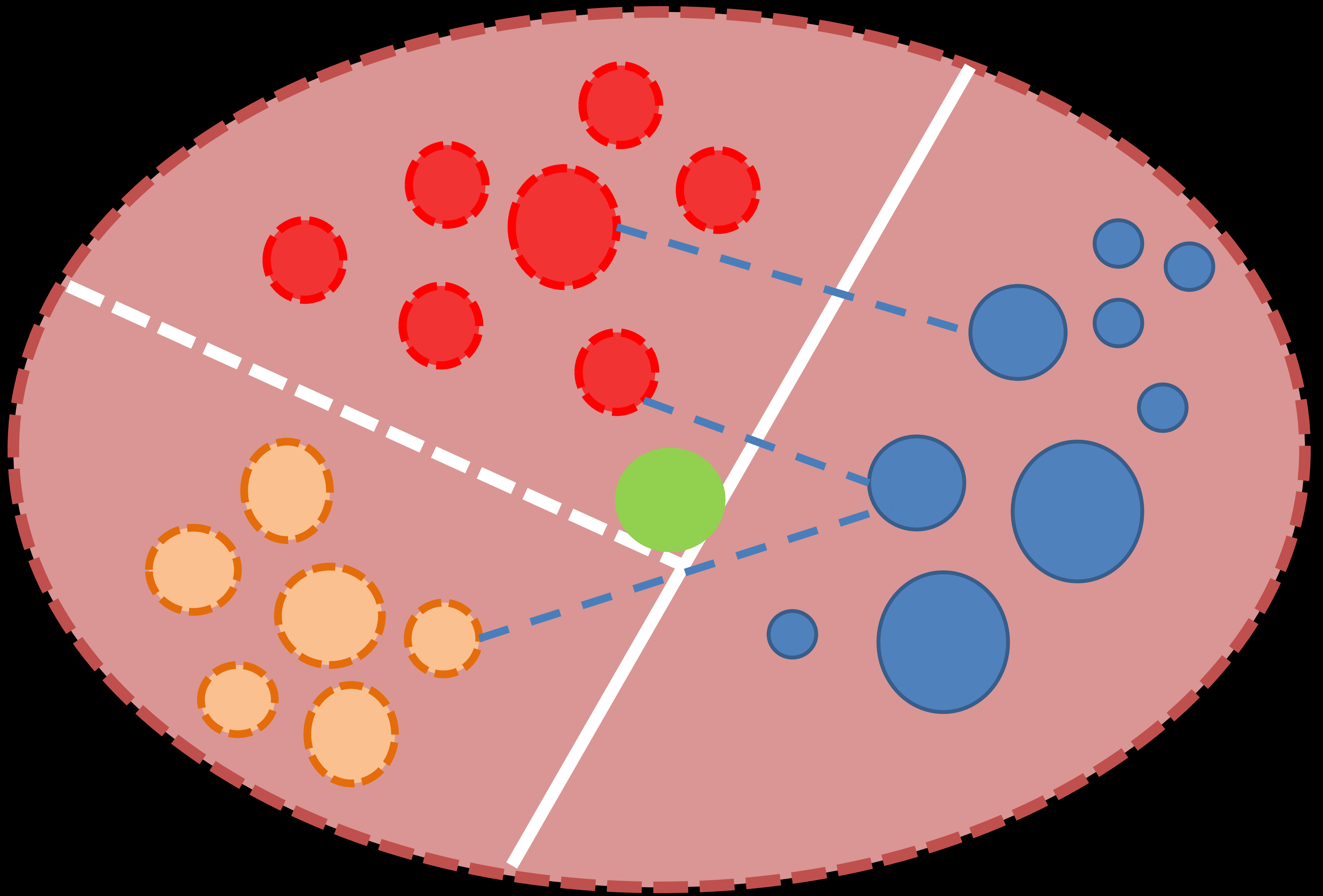
Research question

How are the early stages of boundary organising unfold in multi-stakeholder systems operating in inconsistent policy contexts?

- Competition v collaboration
- Centralisation v devolution
- Continuity v change

Research setting

- Large-scale transformation of a health and social care system in one of the English regions
- Partnership working among:
  - healthcare commissioners
    - Clinical Commissioning Groups
    - Local Authorities
  - providers of healthcare (hospitals)
- Perceived need to reconfigure boundaries to improve financial efficiency and patient outcomes
- Changes are all layered over existing legislative and policy framework *(New Public Management)*



Methodology

- A year and a half of observations of meetings involving senior managers and civil servants
- Supplemented with ~ 50 semi-structured interviews
- Additional informal discussions with research participants
- Here, we focus on the statutory health and social care organisations involved in the reconfiguration

Emerging empirical themes

1. Multifocal centralisation of power

2. Switching between alternative boundary systems

3. Compartmentalisation of opposing boundary narratives

4. Forming temporary situational alliances and counter-alliances

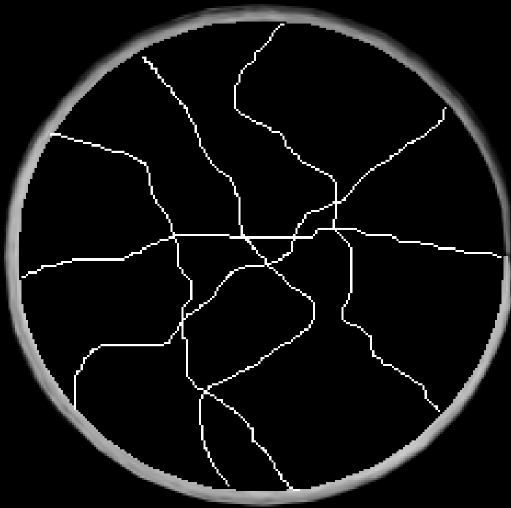
1. Multifocal centralisation of power

- Increasing authority of the Partnership Team—a collective body expected to play the coordinating role *('boundary organisation')*
  - Mobilisation of multiple sources of legitimacy
  - Crafting a niche in the crowded multi-level policy landscape

- Power differentiation within the key stakeholder groups:
  - 'Dominant' hospitals taking over the less powerful hospitals and generally exercising a strong influence on the system
  - A merger of several Clinical Commissioning Groups

- Co-existence of several foci of power in the complex boundary system

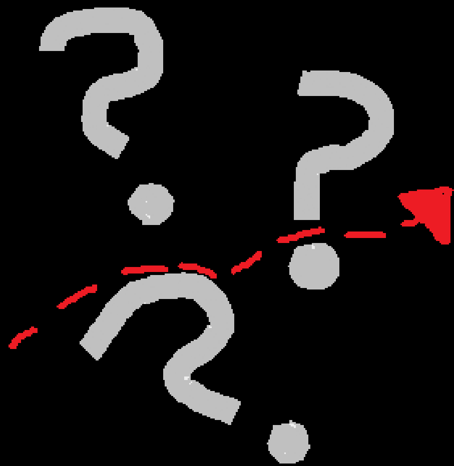
2. Switching between alternative boundary systems



- *System 1 - Organisational boundaries* (more contentious)
  - Between organisations
  - Between groups of organisations
- *System 2 - Geographical boundaries* (less contentious)
  - Boundary of a region
  - Boundaries between localities

- Monthly rituals to demonstrate 'togetherness' in public
- Evoking the spatial imagery of the region as a whole in order to maneuver changes in their own interests
- Encouraging the bridging of organisational boundaries by referring to the boundaries of a locality

3. Compartmentalisation of opposing boundary narratives



- Boundary destabilisation narrative *('let's work together to achieve change')*
- Boundary stabilisation narrative *'(we have our own organisational interests that we need to protect')*
- These are creatively deployed depending on the situation, with an overall sense of conflict avoidance

- Providers are in competition - but their representatives meet together as a group to consider how they might all benefit
- Commissioners encouraged to form a single commissioning body – but Local Authorities would be happy to 'kill the Clinical Commissioning Groups'

4. Forming temporary situational alliances and counter-alliances

- Partnership Team + external consultants
- Partnership Team + powerful representatives of commissioners and providers
- Partnership Team + policy agencies external to the boundary system

- Powerful providers between themselves
- Providers + Clinical Commissioning Groups to the detriment of Local Authorities to ensure health professionals are shaping the future of the partnership
- Local authorities + Clinical Commissioning Groups to counter the powerful providers

Conclusion

- We challenge the view of boundary organising as a concerted process coordinated by relatively impartial third-party arbiters
- Early stages of boundary organising display multiple tensions, ambiguities and paradoxes which:
  - can potentially slow down boundary reconfiguration
  - but also lead to new opportunities
- These are underpinned by:
  - the co-existence of conflicting macro-level policy narratives
  - the presence of alternative boundary classifications and
  - the ‘crowded’ nature of the organisational landscape in the contemporary public sector