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Development

Developing sustainable collaboration: learning from theory and practice

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The government's health policy now demands effective collaboration between organizations, between commissioners and providers of care and between health and local authorities, the voluntary sector and the public. Making collaboration work at operational and strategic levels is a significant management challenge. This paper draws on experience and observation of two forms of strategic collaborative venture that have been established with the ultimate purpose of improving the public's health. The first concerned itself with mechanisms for commissioning health and social care services on a locality basis, while the other venture was concerned with the promotion of physical activity across a health authority district. Using a framework which identifies the forms of value attributable to collaborative working, the analysis evaluates the processes of development of the two initiatives and identifies some key lessons for developing sustainable collaborative ventures. The framework used is proposed as being appropriate for the formative evaluation of future collaborative initiatives.

Key words: collaboration; health care; partnership; public health; sustainability

Introduction

Following the publication of the White Paper, *The New NHS: Modern, Dependable* (Department of Health, 1997a), guidance to local health agencies has reflected and substantiated a change in government policy relating to organizational relationships within the NHS, namely from competitive to collaborative or integrative approaches (Department of Health, 1998a, 1998b, 1998c). Although networking and collaborative arrangements have for some time been seen as a means of organizing for care delivery and planning and health development (Ferlie and Pettigrew, 1996), the incentives to work closely together are now stronger. In particular, there is a clear political mandate for collaboration for health.

The overarching framework for such collaboration at a local level is the Health Improvement Programme (HImP) (Department of Health, 1998a), which is intended to bring together local NHS bodies (health authorities, NHS trusts, primary care groups and trusts) with local authorities and others, including the voluntary sector, to set the strategic framework for improving the health of the local population, tackling inequalities in health and modernizing health and social care services. Thus the HImP is an important driving force in the enactment of the new duties imposed on the NHS and local government bodies, for NHS bodies 'to work together for the common good' and for local government 'to promote the economic, social and environmental well-being of their area' (Department of the Environment, Transport and the Regions, 1998). Health Action Zones have been established in 26 areas of England in order to tackle inequalities, reshape services to meet local needs more effectively, and to develop new approaches to partnership working (Department of Health, 1997b). In turn, such arrangements may feed into wider area strategies which seek to influ-

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ence economic and social development at regional and subregional levels.

Implementation of the HImP takes place through various planning streams, including the joint investment plans between health and social services (Department of Health, 1998b), NHS service and financial frameworks, primary care group action plans and local authority 'community plans' and others (Department of the Environment, Transport and the Regions, 1998). Thus implementation of the HImP demands collaboration not only at a strategic level, but also in terms of the operational planning and delivery of services. A major challenge will be that of setting joint targets and agreeing accountability arrangements which move beyond the vertical arrangements that already exist within the NHS or local government.

'Partnership' and 'collaboration' are thus a consistent thread that weaves through new NHS, public health and local government policy and, although the terminology may have changed, through decades of previous health policy, including *Health for All 2000* (World Health Organization, 1978), the *Ottawa Charter for Health Promotion* (World Health Organization, 1986) and *The Health of the Nation* (Department of Health, 1992). In organizational terms, partnership may range from loose networks through liaison and alliance structures to federative systems (e.g., Health Action Zones) with considerable resources and delegated power. There is a wealth of learning to be drawn from past policy and practice which is relevant to the implementation of this new policy on partnership and collaborative working. This learning is reflected both in reviews of effectiveness (e.g., Gillies, 1998) and in theories of collaborative working (Ferlie and Pettigrew, 1996; Huxham, 1996).

In this paper, we draw from this learning to develop a framework within which existing or past collaborative efforts can be interrogated, and by which proposals for future collaboration may be judged. We then illustrate the application of the framework using two case studies of collaborative working. The first case study is of the development of a multi-agency strategy for the promotion of physical activity in a health authority. The second case study explores the development of joint planning and delivery of services between the health and local authorities and social services in Easington, County Durham. The case studies thus relate to key challenges of new policy, namely strategic level joint working between NHS bodies and local authorities on health improvement and joint working to improve service delivery.

A framework for evaluating the sustainability of collaborative working

The policy of collaboration is founded on the premise of 'collaborative advantage' – that is, the realization, both collectively and individually, of benefits which could not have been created without collaboration (Huxham, 1996). However, making collaboration work at service and strategic levels is a significant management challenge (Challis *et al*., 1988; Hardy and Wistow, 1992).

Many collaborative ventures are initiated but either fail to perform as intended or lose support. The initiation and failure rate is likely to increase as a result of the new policy, which provides a 'blanket mandate' for collaborative working. The challenge now is not just to get organizations to work together but to piece together the jigsaw of old and new collaborative ventures – partnership with the public, joint investment plans, crime and community safety initiatives, children's services, and so on. Thus recent strategy has started to recognize that 'as they proliferate, partnerships can start to become part of the problem rather than the solution' (Social Exclusion Unit, 2000: 75). Thus collaboration may lose its force as 'simply a good thing to do'.

In exploring the principles and practice for achieving collaborative advantage, a number of apparently critically important behavioural qualities of organizational arrangements have been identified (Huxham, 1996). Sustainability is one such quality, since collaborative working seldom produces immediate outcomes and the transition from a culture of autonomy and separatism to a culture of collaboration will take time. In economic terms, sustainability may be conceptualized as the capacity to continue without (continuing) subsidy. However, in organizational terms, sustainability is an expression both of the value that collaborative working arrangements command and of the capacity of a collaborative venture to command support as a valued enterprise. This value may rest on firm past achievement and/or on hope for the future.

Discussions of the value or worth of a collaborative venture may refer, first and foremost, to the legitimacy of the arrangements, as Selznick (1984) suggests. Others emphasize the reliability and adaptability (Hannan and Freeman, 1984) and efficiency (Williamson, 1985) of different ways of organizing. Here we do not argue for the primacy of any single measure. Rather, these form a system of measures which will be linked in arguments about the value provided by collaborative working, as compared with alternatives such as competition, integration of services within a single organization, or indeed no productive relationship at all. At certain times, a basic legitimacy will be required to secure commitments to reliable service delivery. At other times, performance or the capacity to adapt quickly to changing needs will renew the commitment to collaborative working, despite any difficulties experienced. All things being equal, therefore, collaboration is likely to be valued and to persist where, for example, it is comparatively productive, efficient, secure, legitimate and adaptable.

Although the assessment of a collaborative venture may be conducted in these terms, it is also likely that it will be founded on other, prior judgements about the way in which a specific collaborative venture is constituted and represented (Cropper, 1996). A system of questions focused on four elements of a checklist will serve to illustrate the terms in which these primary judgements are couched.

1) Is there a purpose to this venture which is meaningful and relevant? Do we value the collaboration as an *expression of purpose*?
2) Does the collaboration add to our ability to acquire or organize resources to deliver activity against that purpose? Is it or could it be a sound infrastructure? Do we value the collaboration as *an organizing capacity*?
3) Does the collaboration fit within and strengthen the existing framework of organizing processes? Is it distinctive? Are its relationships to other processes helpful? Do we value the collaboration as an *element of the institutional framework*?
4) Is the collaboration operating collaboratively? Is the process good, fair and open – a principled way of working? Do we value the collaboration for *its conduct*?

Each of these bases of value – shared purpose, capacity to produce benefit related to purpose, fit within the institutional context, and conduct – is in turn closely linked to the others. Thus judgements about purpose will be made, with a close eye on whether or not the collaboration makes sense in terms of other existing, planned organizational arrangements. Each basis of value may be changed by judgements about the other. Identification of these two languages for assessing value (summarized in Table 1) provides a general framework within which to explore existing or past collaborative efforts, and by which proposals for future collaboration may be judged.

Application of the framework to two case studies

The case studies employed were those with which the authors have had direct involvement. In case study A, one of the authors (S.C.) related to the collaboration as an external adviser and observer of the process. T.K. was directly involved as coordinator of the collaborative efforts. In the second case study, J.S. had been acting as an external evaluator to the collaborative venture (Smith and Shapiro, 1996).

The framework has been applied to the case studies retrospectively, five years or more after the start of each of the collaborative ventures began, using documentary evidence (internal papers, minutes of meetings, and external and internal evaluation reports). The authors have kept track of developments through continued 'observer' status in case study A (S.C.) and via direct contact with those involved in managing the collaborations for both case studies. The potential sustainability of the collaborative ventures, explored through application of the framework, is then reconsidered retrospectively.

Case A: physical activity promotion – a district strategy

A health authority initiated a collaborative process to develop a multi-agency strategy to promote physical activity, charging a newly appointed physical activity specialist in the health promotion unit with convening an advisory group. Various local organizations were invited to nominate representatives to work with the health authority in the preparation of a strategy for the promotion of

Table 1 The two languages for assessing value

Consequential value	Constitutive value
Derivative, evaluative products	Primary character of collaborative efforts
Not susceptible to direct manipulation	Powerful, direct levers
Collaboration valued against other organizational arrangements for its: • productivity • efficiency • security • legitimacy • adaptability.	Collaborative arrangements valued as and for their: • expression of purpose • capacities to produce benefit • fit with institutional context • form/standard of conduct.

physical activity across the district. The advisory group, which linked a variety of organizations and resources, was envisaged as an efficient and productive way forward in this emerging area of public health policy.

The purpose of this group, namely creating a local strategy and a programme of action to promote physical activity, seemed on the face of it to have clear early legitimacy. Not only did it offer a means of drawing together fragmented efforts and resources, but it also fitted well with the health authority's responsibilities to pursue *Health of the Nation* targets, including the Physical Activity Task Force recommendations (Department of Health, 1995). More specifically, it was a direct response to a local assessment of health need that identified high rates of coronary heart disease, for which lack of physical activity is a risk factor. The health authority, in collaboration with one of its three local authority partners, had already agreed to address this issue as a matter of priority.

From the start, the leisure services departments within the three local authorities within the district were seen as essential partners because they provide or contract for the most visible points of entry into physical activity. Without their support, the scope of any strategy for physical activity promotion would have been extremely limited. Other organizations were invited to send representatives because they might provide access to resources or to groups within the population, one example being a voluntary organization which was piloting a national scheme to encourage physical activity among older people.

The first two meetings of the advisory group saw all invitees attending, with the exception of two, including one of the leisure services departments. Not all invitees attended both meetings. At the first meeting, there was a clear focus on the rationale for the initiative and on clarifying the purpose of the group. The health promotion specialist presented evidence for 'the case for physical activity', and reports of relevant work by agencies around the table were exchanged. The health authority's proposal that a strategy be developed was agreed.

The second meeting was less well attended. During that meeting, a senior officer from one of the leisure services departments who had missed the first meeting asked what resources were available to enable leisure services to participate in the development of new services which might be sustainable. Without resources, he argued, the group would have little capacity. There was also a challenge to the developing common sense of purpose. The very idea of a joint strategy was questioned. From the discussion it became clear that any attempt to do more than create a framework would not work. The three councils, it was asserted, had different priorities for their services. Since the group's task was to produce a joint, actionable strategy, this raised a question mark over the value of the putative collaboration.

In order to demonstrate practically the value of collaboration, and to create presence and identity for the initiative, a physical activity promotion project was proposed. The idea was that it would produce a 'quick win' and provide a base from which to pursue the more ambitious, less tangible strategy proposal. The plan was to develop a joint local

campaign, drawing on the national Active for Life campaign which the Health Education Authority (HEA) had just launched. The health promotion specialist successfully bid for funds to run two schools' competitions which were intended to lead to two visible outcomes, namely a poster for use in promoting the message of moderate physical activity, and an activity for use in schools to promote exercise. However, the links with education services were weak, and the timescale imposed by the HEA was not achievable. Consequently, this early opportunity to create value and establish the presence and identity of the initiative was lost.

The health authority's representatives again sought to establish a sense of purpose and to embody this in a method of working. Group members were asked to assess whether or not the services provided by their organizations met the requirements of new national policy and scientific evidence. The leisure services departments claimed that they were already meeting these needs. The health authority argued that provision predominantly through leisure centres was less oriented towards those who were most in need of a more active lifestyle, but instead tended to provide for those who were already active. The authority felt that more needed to be done to encourage a sustainable increase in moderate activity among the sedentary. A review of studies showing how few people, both nationally and locally, took the advised dose of physical activity, and the barriers to participation in conventional exercise programmes, were brought to the attention of the group. In short, the health authority continued to attend to the legitimacy of the project through appeals to evidence, national policy and local need.

There were also attempts to develop a process which would bring a sense of shared investment in the group, and to demonstrate its capacity to plan (its primary purpose) if it was not allowed to deliver a promotional activity immediately. Using information provided by members of the group, maps showing the pattern of provision were created. Although there seemed to be little value placed on the process of joint working in general, and little collaborative vision in particular, the very fact that the information provided was linked, analysed and used to identify shared concerns seemed to prompt a greater engagement.

All of the packages of materials which the group had been collating were painstakingly used to fill out the structure which had been proposed for the strategy, and versions were circulated for comment within the advisory group. Eventually, a draft strategy was issued for consultation on behalf of the advisory group. Despite the fact that many consultees would not have known about the existence of the advisory group, the response was broadly positive.

The final strategy document was passed to the three local Health Alliance steering groups (involving the health authority, local authority and other agencies – one Alliance for each local authority area) for endorsement, formal approval and adoption by the constituent bodies of the Alliances. However weakly formed, bound and ineffective the multi-agency advisory group had been, it was now recognized as responsible for the strategy development.

The strategy which was formally approved and adopted provided a mandate with which to extend connective capacity (Carley and Christie, 1992) – that is, to intensify relationships between the agencies involved in the advisory group and to encourage other actors to join. Immediately, however, the leisure services representatives made it clear that this was not the only piece of guidance to which they were working. A period of indifference followed, with lack of clarity about how to take the strategy forward in practical terms. Although there was connectivity between the various actors due to the existence of the strategy, it was tenuous.

So what can be made of this? An early legitimacy, founded in part on claims about the purpose, capacity and likely productivity and efficiency of a collaborative approach, may have been undone firstly by the complexity of the institutional framework in which local authorities in particular work, and secondly, by the lack of a set of resources that had the potential to work together to secure a core of productive capacity. Despite the multi-agency approach to strategy development, the final document had limited ownership by local authority partners, as it had been commissioned by the health authority and completed by representatives of two local academic institutions. The context for the strategy was the whole of the health authority area, but from a local government perspective, this was an artificial boundary. The strategy group has since split into three separate implementation groups, one for each local authority area.

Rather than being viewed as useful new capacity, the advisory group may have been seen as dissipating scarce resources and, most critically, the fit between this pan-district group and the three distinct Health Alliances within the district has not been obvious and modes of conduct have not helped to develop and reinforce a sense of value in the authority-wide collaboration. To overcome these problems, a framework was developed for implementation of the strategy through a locality approach in line with local authority boundaries. It was agreed that local leisure services would lead the locality implementation plans. The appointment at this point of a new lead officer for physical activity within the Directorate of Health Promotion provided legitimacy for a new start with the involvement of the leisure services. This new officer has sought to demonstrate that working collaboratively on a smaller scale (on the leisure service's agenda) has the capacity to produce benefit. Over time, this work can be set within the broader context of the strategy. New legitimacy for the physical activity strategy within local authorities has also been achieved through new policy – the emphasis on partnership and 'best value' in local government and the need for a broader approach to physical activity which has been strongly recommended and supported by Sport England.

Case B: joint planning and working for health and social care

This case study is set in Easington in County Durham which, prior to 1993, was covered by three district health authorities for the purpose of health commissioning. This potentially fragmented organizational framework, combined with the background of deprivation and ill health, led to a desire among local managers and politicians for more effective joint planning and working arrangements between health, social services and local authority agencies (Smith and Poxton, 1997). The district does not have a main secondary care provider within its boundaries, and the people of the various ex-mining villages which make up the locality travel out of the area for hospital services. This lack of a traditional focus for health services (i.e., a hospital building) added to the sense of a need to develop services and a common purpose for health and social care in the locality as an entity.

In 1992, the Northern Regional Health Authority provided an initial three years of financial support for the establishment of a Joint Commissioning Board (JCB) in the locality, thus providing the project with the legitimacy of regionally funded pilot status from the outset. One of the motivating factors in setting up the JCB was to facilitate the return of the locality as an entity to a single health authority's purchasing arrangements.

Poxton (1994) described the key factors in the setting up of the JCB as being concern about the extent of ill health in the locality, the fragmentation of service provision and the inherent complexities in cross-boundary working. Partners in the JCB included the health authorities (and subsequently the new county-wide health commission), the social services department, the local district council, local general practitioners (GPs) and the community health council, the latter having observer status at JCB meetings. Legitimacy was afforded by this inclusion of senior representatives of each stakeholder group, and further capacity was created by means of an agreement to pool health and social services budgets within the framework of the JCB.

The health commission appointed a locality director for the area with personal assistant support. This post carried responsibility for the commissioning of all hospital and community health services (HCHS) and all general medical services (GMS) for the locality. Further support for the activity of the board was subsequently provided by the appointment of a deputy locality director in 1994 and a joint commissioning development worker in 1995. The latter post was funded by the King's Fund as one of the five development sites for their Joint Commissioning Project for Older People. The locality director and her team were colocated with social services in the centre of a town in the locality.

A network of arrangements for the involvement of local people (residents and practitioners) in needs assessment and decision-making was established. This was seen as crucial to ensuring fit with the organizational context of practitioner groups within the locality, and also to strengthening its capacity to act as a body which would be viewed by local residents as reflecting their common purpose for their community. The project emphasized individual and community health and well-being as its overall focus and set up eight local groups, based on local villages and one town, to input to needs assessment and service planning. The groups

were facilitated by the locality director, the deputy locality director and the development worker, and this management capacity proved to be a vital factor for the groups' activities. The groups initially had a planning function, but this changed to an advisory basis during the course of the project.

In April 1994, the County Durham Health Commission extended the locality approach and joint commissioning model to all health commissioning in the county. This 'bedding down' of the Easington locality into a wider locality structure was seen as lending additional security to the JCB and adding to its legitimacy, within the health commission in particular.

Two years after its inception, the JCB sought an external evaluation of its first two years of activities. The evaluation was to measure the performance of the JCB against its nine original objectives. These included issues concerned with local involvement, holistic needs assessment, the development of primary care, integrated planning for the locality and the purchasing of services which placed a priority on providing improved quality of life. Issues to be explored were set out as being particularly concerned with conduct (was the JCB operating collaboratively and were processes fair, open and effective?), fit with institutional context (was the JCB valued as part of the institutional framework in the locality?), productivity (had the JCB delivered on its objectives in ways that would not have been possible via separate working?) and adaptability (had the JCB been able to adapt to changing circumstances?).

The evaluation (Smith and Shapiro, 1996) revealed that much had been achieved.

- Local agencies had collaborated on a range of projects and issues, focusing on well-being and improved quality of life.
- Agreement had been reached about the major health issues.
- Local stakeholders reported the development of more effective inter-agency working relationships.
- There had been a shift in the balance of health service activity towards primary care.
- There had been implementation of new services such as a bathing service, a positive parenting scheme, provision of home alarms for elderly people and the opening of a health resource centre.

There had been a continued focus on local needs assessment, lending legitimacy to the work. Relationships between strategic and operational managers in the local agencies were operating in such a way that recognizable 'collaborative advantage' (Huxham, 1996) was witnessed, leading to the conclusion that the JCB had indeed been productive.

However, all was not rosy. Several key areas for development were cited by the evaluation team, including the need to conduct a thorough review of the mechanisms for local involvement (some local people from the local planning groups interviewed by the evaluators had little or no knowledge of the plans, priorities and achievements of the JCB). This was clearly an issue of the conduct of the JCB, and additional capacity was required in this area if common purpose was to be maintained and nurtured. Related to this, various recommendations were made about communications processes, clarifying the JCB's terms of reference and ensuring that key groups of providers and GPs were fully involved. Again these concerns related to conduct and demonstrated the fact that the board needed to review its activities on a regular basis, challenge its priorities and *modus operandi*, and adapt itself accordingly.

The local orientation of the JCB offered an exciting possibility for the development of truly 'bottom-up' planning and service innovation (Smith and Poxton, 1997). Although there was evidence of the efficiencies to be gained from such local working within pooled budgets, there was also a risk of missing the importance of clear purchasing and business planning processes involving all local players. Issues of conduct could become lost in the focus on the local, and a small group of strong and innovative personalities could threaten the longer-term security of the board and its work.

The JCB has now gained new security as the Easington Primary Care Group, which retains and upholds its original aims and objectives for the locality.

Discussion

These two case studies suggest a number of key messages with regard to the sustainability of collaborative working. These messages are drawn out

by using a framework for identifying the value found in collaborative efforts (Cropper, 1996). From our analysis, certain bases of value have emerged as being of particular significance, namely legitimacy, purpose, security, conduct, adaptability and productivity.

Legitimacy

In Case A, the health authority sought to construct the legitimacy of multi-agency involvement at an early stage. Although this might have provided external legitimacy, the development and maintenance of recognized internal legitimacy within the advisory group was a constant struggle. One factor which appeared to contribute to this was the perceived low capacity of the advisory group. Although the health authority had funded a post specifically to promote physical activity in the district, it was clear that this post was not regarded as senior enough either to secure the involvement of other key players at a senior level, or to deliver the resources which those other actors were looking for. Without their involvement, it was difficult to increase capacity. In contrast, in Case B, legitimacy – founded in a sense of common purpose and capacity – was clearly of prime concern to those originally establishing the new commissioning arrangements in that community. Resources (both senior human and financial) were secured early on and these proved to be significant factors in sustaining the initiative.

Common sense of purpose and fit with institutional framework

Similarly, common purpose was not a consistent story in the two cases. For Case B, there was a desire to develop an agency that belonged to the community, and that would stand up for their needs and their resources within county- and region-wide bureaucratic organizations. This common sense of purpose was the cause around which the players rallied. For Case A, the initiative was driven by a small group of health professionals who were seeking to engage other colleagues in other agencies. Common purpose was therefore limited to a few individuals, with other agencies 'joining in' with a sense of having to be seen to do so. Although the initial purpose was a new and shared concern, attempts to establish cross-boundary and cross-sectoral working met with strong resistance from the existing institutional framework. Adjustment of the partnership structure to fit with the local institutional framework has now helped to restore the basic legitimacy of the initiative.

Security, conduct, adaptability and productivity

In both cases, issues of security, conduct, adaptability and productivity emerged as the projects got under way. In Case B, the JCB found that it needed to place a greater emphasis on a range of process issues, in particular its ways of involving local people. In Case A, the advisory group sought to become operationalized and to find a means of conducting itself within and through the various stakeholder management organizations. For both cases, security was threatened by issues of conduct and capacity. However, Case B had paid more attention to capacity in its early days and thus had a structure and dedicated management time to enact its aims and objectives.

An exploration of these two cases suggests that security and productivity flow from the establishment of sound legitimacy, which is itself founded on common purpose, fit with the institutional context, capacity, and ways of conducting business. It appears that in the early stages of collaborative working, fit with the institutional context and a common sense of purpose must be clearly established, ensuring legitimacy. Management capacity needs to be identified, as do resources to give 'teeth' to the activity of the collaborative enterprise. Fairly soon after the inception of the project, conduct is likely to become an issue if it is not clearly addressed at the outset, when initial enthusiasm may have carried the project. Long-term productivity and security will require constant attention to the four constitutive bases of value (i.e., common sense of purpose, capacity to produce benefit, fit with the institutional context and conduct) and a willingness to adapt.

To what extent did the differences observed between the two cases play out into differences in subsequent outcomes and potential sustainability? With regard to Case A, the nature and level of collaboration achieved to write the strategy has had to be adapted to a significant extent, some years later, in order to get the strategy to work, let alone become sustainable. It became clear that there was no common sense of purpose across the three local authorities, and that the broader 'physical activity' agenda did not fit all of the institutional contexts. Changing the perspective of the strategy to focus on key issues

within each locality and enhanced external legitimacy lent by new policy has led to enhanced involvement and motivation of the partner agencies.

The Easington joint commissioning work (Case B) is now nearly eight years old. The JCB and its work have survived major reorganizations at both regional and district level in the NHS, and a county-wide review of social services. Its ability to evolve to fit with a changing environment (adaptability) appears to be a key factor in its sustainability.

Conclusion

Collaboration may be regarded as a positive, purposeful relationship between organizations. Although linking different agencies together, each constituent organization nevertheless retains autonomy, integrity and distinct identity – merger is not collaboration. Thus we return to the question with which this paper started – what is it that binds agencies together within collaborative ventures and enables the relationship to be sustained in a creative and productive manner? From our analysis of the experiences of two cases of collaborative work, we conclude that structural solutions are not in themselves sufficient to deliver and sustain productive relationships between organizations (Challis *et al*., 1988; Cropper, 1996).

For current collaborative efforts, such as those required for the effective performance of HImPs and PCTs, it will be the judicious management of value attributed to collaborative working that will enable the constitutive parts of collaborative efforts to be held together and thus to perform.

This paper has set out and illustrated a framework for the analysis of collaborative working – one oriented to the management of value attributed to collaborative organizing efforts. If the conclusion is that the management of collaboration is complex, then that will be of little surprise to the many practitioners who are seeking to understand why collaborative work is so challenging. The paper provides a view of the many 'balls' to be kept in the air, and starts to suggest how they might form particular patterns.

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