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1 ‘Success’ in policy piloting: process, programmes and politics.

2 Short heading: ‘Success’ in policy piloting

3
4 Kath Checkland¹ Corresponding author – Katherine.checkland@manchester.ac.uk

5
6 Jon Hammond¹

7 Anna Coleman¹

8 Julie Macinnes²

9 Rasa Mikelyte²

10 Sarah Croke¹

11 Jenny Billings²

12 Simon Bailey²

13 Pauline Allen³

14 15 **Disclaimer:**

16 *This paper is based on independent research commissioned and funded by the NIHR Policy*
17 *Research Programme ‘National evaluation of the Vanguard New Care Models Programme’,*
18 *PR-R16-0516-22001. The views expressed in the publication are those of the author(s) and*
19 *not necessarily those of the Policy Research Programme, NIHR, or the Department of Health*
20 *and Social Care.*

21 22 **Acknowledgements**

23 We are very grateful to Charles Tallack and Samantha Hinks for their help and support
24 during this project, and to our colleagues, Matt Sutton and Marcello Morciano. We are also
25 very grateful to our participants, who were generous with their time.

- 26
27 1. School of Health Sciences, University of Manchester
28 2. Centre for Health Services Studies, University of Kent
29 3. Department of Health Services Research and Policy, London School of Hygiene and
30 Tropical Medicine

32 **‘Success’ in policy piloting: process, programmes and politics.**

33

34 *Abstract*

35 Research has demonstrated that pilots contain multiple shifting purposes, not all of which
36 relate to simple policy testing or refinement. Judging the success of policy pilots is therefore
37 complex, requiring more than a simple judgement against declared goals. Marsh and
38 McConnell provide a framework against which policy success can be judged, distinguishing
39 programme success from process and political success. We adapt Boven’s modification of
40 this framework and apply it to policy pilots, arguing that pilot process, outcomes and longer
41 term effects can all be judged in both programme and political terms. We test this new
42 framework in a pilot programme in the English National Health Service, the Vanguard
43 programme, showing how consideration of these different aspects of success sheds light on
44 the programme and its aftermath. We consider the implications of the framework for the
45 comprehensive and multi-faceted evaluation of policy pilots.

46 ***Introduction***

47 The piloting of policy initiatives prior to wider roll out (sometimes termed ‘policy
48 experiments’) is increasingly popular in many jurisdictions (Heilmann, 2008; Nair &
49 Howlett, 2016; Tassej, 2013), in part because of an implicit (and sometimes explicit)
50 association with apparently rational and depoliticised policy making (Brodkin & Kaufman,
51 2000; Martin & Sanderson, 1999). A UK Cabinet Office report in 2003 recommended
52 piloting as the default approach to policy making (Jowell, 2003), identifying a rational
53 process by which pilots should be carefully evaluated prior to decisions about wider roll out.
54 Rogers-Dillon (2004 p24) considers this vogue for policy piloting and identifies a yearning
55 for a ‘*cool, pristine world of policy*’, technical, efficient and removed from the ‘*messy world*
56 *of politics*’.

57

58 However, the reality is considerably more complex than this ideal implies. Exploring the
59 operation of policy pilots in the English NHS, Ettelt et al (2014) suggest that, alongside
60 rational testing of policy ideas, pilots are also used to expedite implementation, with the
61 ‘success’ of a pilot in meeting its goals less important than its ability to catalyse
62 implementation. Moreover, Rogers-Dillon (2004) highlights the potential party political or
63 ideological effects of pilots, arguing that the mere existence of ‘workfare’ pilots (ie
64 programmes linking welfare entitlements to engagement with work) in some US states in the
65 1990s shifted public and political opinion, rendering mainstream approaches to welfare which
66 had previously been unthinkable. These effects were not linked to pilot outcomes, nor
67 conduct, but rather the fact that their very existence overcame deeply embedded prior
68 assumptions about fairness and equity in welfare programmes. Nair and Howlett (2016)
69 situate pilots as ‘*framing or projecting the future*’ (p1), establishing meaning associated with

70 policies and expressing and enacting power relationships, whilst Bailey et al (2017) show
71 local pilots providing a political narrative which enhanced an existing national policy agenda.

72

73 How then, is the success of any given policy pilot to be judged? A straightforward
74 experimentation approach implies the rational pre-specification of desired outcomes,
75 followed by explicit judgement of their achievement, but the more messy and emergent
76 process described by Ettelt et al (2014), Bailey et al (2017) and Rogers-Dillon (2004) is not
77 so easily judged. The question of general policy success has been addressed by a number of
78 authors, led by Marsh and McConnell (Marsh & McConnell, 2010; McConnell, 2010) who
79 identify three dimensions of policy success: process success, the successful making of policy,
80 including passing legislation or creating a supportive coalition; programme success,
81 encompassing successful policy implementation and achievement of desired goals; and
82 political success, the potential for policies to enhance a government's reputation or advance
83 its ideology. Bovens (2010) modifies this framework, arguing that both policy making and
84 policy implementation can be considered in programme and political terms. In this paper we
85 contend that such frameworks require further modification to address the nature of pilots as
86 policy projects limited in time and occurring in specific places (Bailey, Hodgson, &
87 Checkland, 2019), embodying complex and not necessarily straightforward purposes. We
88 offer a modified framework to consider policy pilot success, and test it using an example of
89 policy piloting in England.

90

91 Our policy example is the Vanguard New Care Models programme in the English NHS
92 (2014a). These well-funded and supported pilots were intended to derive and test more
93 integrated ways of providing health and care services (NHS England, 2015b). Officially
94 designated as a 'successful' programme which has demonstrated better ways of designing

95 services (NHS England, 2019b), we draw upon an evaluation of the programme to consider
96 this claim. Using our modified framework we show that, whilst the programme met some
97 outcome goals, longer term local impact and further roll out have been limited. Moreover, we
98 show how early political claims about success may have impeded the work required to
99 facilitate either wider roll out or systematic learning from the pilots. This latter finding
100 demonstrates the importance of including a political dimension in evaluating pilot success.
101 We conclude by highlighting the value of our framework in supporting multi-faceted and
102 comprehensive evaluations of policy pilots, which in turn may enable better understanding of
103 later policy trajectories. .

104

105 ***Policy success and failure***

106 McConnell (2010) argues for a more nuanced approach to policy success than one focusing
107 upon the achievement of pre-defined goals. He suggests that the success or failure of any
108 given policy will be plural and contested, and that the policy sciences: *'lack an over-arching*
109 *heuristic framework which would allow analysts to approach the multiple outcomes of*
110 *policies in ways that move beyond the often crude, binary rhetoric of success and failure.*
111 *(McConnell 2010, p346).*

112

113 He goes on to define such a framework, identifying three dimensions of policy success.
114 *Process success* refers to the policy making process. McConnell (2010) suggests a successful
115 policy process is one in which a *'Government does what it sets out to do and opposition is*
116 *virtually non-existent and support near universal'* (ibid p352). Dimensions of success include
117 the establishment of a stable coalition behind a policy, and lack of significant opposition.
118 *Programme success* encompasses successful implementation and the achievement of desired
119 goals, including benefits for targeted populations. Finally, *political success* refers to the

120 political benefits accruing out of a particular policy. These might include sustaining an
121 electoral coalition, enhancing electoral prospects or silencing opposition.

122

123 Under each heading McConnell (2010) identifies a spectrum, from ‘success’ with criteria
124 fully met, through to ‘failure’ when none of the criteria are met. In between – the ‘grey area’ -
125 success may be partial, allowing more sophisticated judgements as to policy impacts (Marsh
126 & McConnell, 2010).

127

128 However, the complex formulation of dimensions of success across the three domains has
129 been criticised. In a commentary accompanying the paper by Marsh and McConnell (2010),,
130 Bovens (2010) argues that the authors make a category mistake in separating policy process,
131 programmes and politics. He argues that policy process – ie the processes surrounding policy
132 enactment– occupies a different analytical level to programme and political outcomes and can
133 itself be evaluated both programmatically AND politically. Thus for Bovens, ‘policy process
134 success’ can be both programmatic – e.g. when a piece of legislation is successfully
135 manoeuvred through parliament - AND political - when the passage of such legislation
136 enhances a government’s political capital. Bovens (2010) goes on to argue for a
137 categorisation of policy success or failure across two dimensions: process and outcomes; and
138 programme and politics (see table 1).

139 [table 1 near here]

140

141

142 This approach thus distinguishes between political and programme success (which Bovens
143 calls the ‘focus’ or perspective from which success is to be judged) and applies this to both
144 policy formation and policy outcomes (the ‘locus’ or object of the assessment). This has the

145 advantage of separating the political benefits or disbenefits of *policy making* from those
146 associated with *policy implementation*.

147

148 More recently, focus has expanded to consider the temporal nature of judgements about
149 policy success: at what point is it appropriate to judge a policy? In a recent book, t'Hart
150 (2019) explores policy successes, adding the question of policy sustainability to McConnell
151 and Marsh's (2010) framework for judging success. He argues:

152 *A policy is a complete success to the extent that (a) it demonstrably creates widely*
153 *valued social outcomes; through (b) design, decision-making, and delivery*
154 *processes that enhance both its problem-solving capacity and its political*
155 *legitimacy; and (c) sustains this performance for a considerable period of time,*
156 *even in the face of changing circumstances. (t Hart, 2019 p5)*

157

158 Thus, he suggests that only policies which endure and deliver ongoing public value can be
159 truly designated as 'successful'. However, it remains unclear exactly what 'a considerable
160 period' might be. Indeed, it could be argued that what constitutes a meaningful endurance of
161 particular policies will depend upon such things as changes of government, with endurance
162 beyond the hegemony of a particular political party potentially indicative of sustained success
163 even if the absolute timescale remains short. Moreover, 'endurance' may, as demonstrated by
164 Rogers-Dillon (2004), be less to do with programmatic endurance of a particular policy
165 initiative and more to do with a long term shift in how society views a particular issue. The
166 judgement of the extent of policy success becomes yet more complex when considering what
167 Newman (2014) calls the 'distributional' question, arguing that McConnell and Marsh fail to
168 take account of the differential impact of policies on different sectors of society. McConnell
169 et al (2020) take this further, providing a framework for considering not only differential
170 *societal* impacts, but also the impact on actors at each level of the process: policy making;
171 policy implementation and enactment; and politics. Thus, for example, a policy might benefit
172 one political actor over another, enhancing their reputation and providing further

173 opportunities for influence, whilst at the same time providing material benefits to a particular
174 sector of society.

175

176 Thus a complex and multifaceted set of frameworks for judging policy success emerges,
177 defining success from multiple perspectives, across time and through varied lenses,
178 differentiating between material outcomes and those of a more political nature. Importantly,
179 these approaches draw attention to the fact that desired outcomes might not be fully declared,
180 and, as highlighted by such policy analysis approaches such as the advocacy-coalition
181 framework (Sabatier, 2006; Sabatier & Weible, 2014) and Kingdon's (1995) streams and
182 windows, will usually entail agendas beyond the desire to provide public value.

183 *Success and policy pilots: an adapted framework*

184 How then, should we consider judging the success or otherwise of policy pilots? Pilots differ
185 from full policy implementation in that they are limited in both time and space (Bailey et al.,
186 2019). Moreover, they embody the ostensibly rational purpose of testing potential policy
187 solutions; they therefore rhetorically at least embody some uncertainty as to their value.
188 Importantly, the temporal dimension of policy success expounded by t'Hart (t Hart, 2019)
189 must be considered, with the longer term roll out or spread of piloted policies an important
190 element to be judged.

191

192 Much literature on policy piloting situates the use of pilots within the assumptions of
193 evidence-based policy. as small-scale experiments testing a policy prior to wider roll out
194 (Burch & Wood, 1983; Jowell, 2003). In practice these assumptions are challenged by the
195 political constructions and uses of knowledge and evidence within pilots (Martin &
196 Sanderson, 1999; Sanderson, 2002). We expand upon these concerns to consider the
197 performative effect of politics upon the purposes and outcomes of pilots.

198

199 Moving beyond the notion of experimentation, Harrison and Wood (1999), show how
200 ‘manipulated emergence’ arises out of incentivised early adoption of loosely defined ‘bright
201 ideas’, which is argued to be more effective than conventional top-down implementation.
202 This suggests a more ‘generative’ understanding of experimentation (Ansell & Bartenberger,
203 2016), alongside other implicit purposes, such as exemplification. Ettelt et al (2014) extend
204 this, suggesting that pilot programmes may be driven by a variety of purposes
205 (experimentation, demonstration, early adoption, and learning), only some of which might be
206 explicit, and which might shift and intersect during the programme. In this context, ‘success’
207 is not a simple concept, and requires an analytical approach which is attuned to the different
208 political ‘levels’ which piloting traverses, as well as the temporal dimension of success
209 implicit in moves from temporary pilots to enduring organisational arrangements (Bailey et
210 al., 2019).

211 Taking these issues into account, we draw upon Bovens’ (2010) modification of Marsh and
212 McConnell’s (2010) framework. Agreeing with Bovens that both policy process and policy
213 outcomes can and should be judged in both programme and political terms, we argue that, in
214 keeping with Ettelt et al’s analysis, the longer-term roll out or termination of pilot
215 programmes should also be considered across these two dimensions (see table 2).

216 [Table 2 near here]

217 Thus, we suggest that, in addition to considering the programme and political effects of the
218 design and implementation of policy pilots, a longer-term view of the eventual impact of
219 pilots should also be considered. We have termed this ‘pilot effects’. By this we mean the
220 effect of the pilot beyond the immediate judgement as to whether ostensible goals have been
221 met, and beyond the term of the pilot. In programme terms, taking the ostensibly rational
222 view, pilots ~~can~~ should be judged according to whether or not apparently beneficial effects

223 are implemented more widely, or, if assessment demonstrates no obvious benefits, the pilots
224 are rationally modified or terminated. More widely, pilot programme effects might also be to
225 influence the shape or direction of future policy. The effect of the pilot from a political
226 perspective, however, can be more complex to assess, as it may range from party political
227 advantage through to less obvious accrual of power or advantage to one or more actors within
228 the system. For example, in Rogers-Dillon's (2004) example of workfare pilots in the US,
229 political advantage accrued to the party in power, shifting public opinion to allow further
230 changes to the welfare system without attracting electoral disadvantage. Alternatively, a pilot
231 programme might empower a particular non-governmental body, enhancing their influence
232 by association with an ostensibly successful pilot. Taking the view, with Lasswell (1936
233 (2018)), that politics relates to the question of 'who gets what, when, how?', we argue that
234 judgement of the political success or otherwise of pilots should consider how policies
235 influence the distribution of power or resources in a political system alongside party political
236 advantage. This political dimension is particularly important in considering pilot effects
237 ~~impacts~~, given their multiple, shifting and potentially undeclared purposes (Ettelt et al.,
238 2014). However, we acknowledge that judging political success will be multifaceted and
239 complex. In this paper we explore the effect of pilots on the distribution of power and
240 resources; we do not explore in depth more diffuse questions of complex political goals or
241 hidden agendas. We return to this question in our discussion.

242

243 Finally, in considering McConnell et al's (2020) distributional question, we acknowledge that
244 any assessment of a policy pilot's success will be from a particular perspective. A pilot which
245 acts to empower one actor will often disempower another, and it is therefore important that
246 *the perspective from which success is being judged* should be declared in operationalising the
247 framework.

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Population of the ‘cells’ in the framework requires evaluative work utilising multiple methods, from quantitative analysis of before-and-after outcomes to qualitative analysis examining political speeches and documents. In order to explore the utility of this framework in judging different aspects of ‘success’ as applied to policy pilots, we here apply it to an English national policy pilot scheme, the Vanguard New Care Models programme, combining findings from a variety of evaluative methods and approaches to produce an overall assessment of ‘success’.

Research context: the NHS in England and the Five Year Forward View

NHS England was created in 2012 as an Arm’s length Body, responsible for the delivery of health services to the population under a ‘mandate’ from the Department of Health and Social Care (Hammond et al., 2018). In 2014 NHS England published a policy document, the Five Year Forward View (NHS England, 2014a), setting out the challenges facing the NHS, including demographic pressures and shrinking budgets following the global financial crash. The solution offered was increasing integration between different types of providers, ‘dissolving traditional boundaries’ and ‘learning fast from the best examples’ (p16). The document proposed the creation of pilots – known as Vanguards – to test out new ways of providing services. A number of new service models were suggested, eventually consolidated into five different types of Vanguard (Table 3). Local areas were invited to apply, and, following a selection process, 50 sites were chosen and provided with additional funding as set out in Table 3. The substance of the service delivery models was left for the sites to determine.

273 An extensive support programme was established, alongside a formal evaluation programme.
274 The findings presented here draw upon an independent national evaluation of the programme,
275 commissioned and funded by the National Institute for Health Research Policy Research
276 Programme (Checkland et al., 2019; Checkland et al., 2021). This evaluation focused upon
277 the three Vanguard types which addressed integration between hospital, community and
278 social care services (MCPs, PACS and ECHs).

279

280 [table 3 near here]

281 Crucially, the Five Year Forward View argued that ‘one size will not fit all’ (NHS England,
282 2014a p9), with diversity of local solutions encouraged. The well-resourced support package,
283 extensive programme of continuous evaluation and expectation of local determination makes
284 explicit a rationale of ‘generative’ rather than ‘controlled’ experimentation (Ansell &
285 Bartenberger, 2016). By this we mean that the design of the programme suggested a desire to:
286 ‘generat[e] and iteratively refin[e] a solution concept (an idea, innovation, design, policy,
287 program, etc.) based on continuous feedback and with the goal of addressing a particular
288 problem’ (Ansell and Bartenberger 2016 p68). Controlled experimentation, by contrast,
289 would have initiated clearly delineated and characterised programmes, with before-and-after
290 analysis of outcomes..

291

292 The programme ran for three years from 2015. Vanguard pilots received £329 million, with
293 £60 million spent on support and evaluation (National Audit Office, 2018) (Checkland et al.,
294 2019). The programme is referred to repeatedly in subsequent policy documents as having
295 been ‘successful’ (NHS England, 2017, 2019a, 2019b).

296

297 In the rest of this paper we will explore the programme in depth, and consider this ‘success’
298 using the framework which we have derived from Bovens (2010). A final section considers
299 the value of this approach to exploring the success or otherwise of policy pilots.

300 *Methods*

301 The paper draws upon a wider evaluation programme, the findings of which are reported
302 elsewhere (Checkland et al., 2019; Coleman, Billings, et al., 2020; Morciano et al., 2020). In
303 this paper we look across the data collected to answer the questions:

- 304 • To what extent can the Vanguard pilot programme be judged successful, across which
305 dimensions?
- 306 • Does our proposed framework capture relevant aspects of pilot success, and how
307 might it be improved?

308 We draw upon the findings from three elements of the research: initial qualitative study of
309 programme initiation and oversight; qualitative case studies exploring programme operation;
310 and an ongoing study of relevant policy documents, including those which use the Vanguard
311 programme to make arguments about future policy direction. We contextualise our findings
312 with reference to a quantitative impact analysis, published elsewhere (Morciano et al 2020).

313

314 We first analysed all policy documents produced by NHSE to support the programme (NHS
315 England, 2014a, 2014b, 2015a, 2015b, 2017), focusing upon understanding the espoused
316 programme goals. Our analysis (Checkland et al., 2019) suggested that these were:

- 317 • To implement integrated care programmes in designated Vanguard areas
- 318 • To use Vanguard experiences to design ‘standard approaches and products’ which
319 could be rolled out
- 320 • To monitor performance against ‘benchmarks’ and use this information to guide
321 future investment decisions

322 We then interviewed 29 stakeholders, including senior managers from NHS England,
323 regional staff supporting local Vanguard, members of a national oversight group, and
324 representatives of the national regulators, NHS Improvement and the Care Quality
325 Commission. Interviewees were purposely selected to represent the principal groups of
326 stakeholders involved in the programme, including senior managers responsible for its
327 initiation, those leading the programme, those responsible for day to day running and those
328 responsible for associated evaluative activity. In addition, we used ‘snowball’ sampling to
329 identify key individuals with knowledge about particular aspects of the programme, including
330 regulatory representatives and those with an advisory/oversight role. Table 4 details the
331 interviewees.

332 [table 4 near here]

333

334 Interviews were semi-structured, with tailored topic guides for each group of interviewees.
335 The focus was upon their experience of the planning, initiation and operation of the pilot
336 programme, and its outcomes. The programme formally commenced in April 2015, and
337 concluded at the end of March 2018. The interviews took place in years 2 and 3. Interviews
338 were transcribed verbatim, and analysed using the computerised analysis programme NVivo.

339

340 The second phase of the study took a qualitative case study approach to explore the processes
341 and experiences of participants involved in implementing and operating the Vanguard
342 programme (2015-2018) at the local level. We selected six case-study sites to study in depth:
343 two MCPs, two PACS and two ECH Vanguards. Between October 2018 and July 2019, we
344 carried out focus groups and interviews with a variety of respondents at six case study sites.
345 Individual interviews were used to elicit individual participants considered reflections about
346 their personal roles and experiences in the programme. Focus groups were used as a means of

347 eliciting reflective discussion amongst groups (O.Nyumba, Wilson, Derrick, & Mukherjee,
348 2018). This approach was particularly used amongst groups of senior executives involved in
349 the pilots and with public contributors, asking these contributors to retrospectively reflect
350 upon historical events and decision-making processes. The focus group approach was
351 particularly valuable in eliciting illuminating discussions which allowed us to understand
352 from a variety of perspectives and in more depth how particular decisions came to be made.
353 Interviews were a mix of face-to-face or telephone. Focus groups were conducted face-to-
354 face and facilitated by at least one researcher. A total of 80 respondents participated across
355 the sites, including current and past representatives from Clinical Commissioning Groups
356 (CCG), provider organisations, local authorities, voluntary sector organisations, Vanguard
357 programme leads, frontline staff and patient/public contributors. One NHS employee
358 participated in both an interview and a focus group.

359 [table 5 near here]

360 Focus groups and interviews were recorded and transcribed verbatim, followed by a thematic
361 analysis using a coding schedule based on previous literature and our previous findings
362 (Checkland et al 2019) using NVivo software.

363

364 Our ongoing analysis of policy documents involves systematic capture and analysis of all
365 major policy documents issued by NHS England or the Department of Health and Social Care
366 from 2014. All new documents are read and interrogated for mention of the Vanguard
367 programme. The content of relevant extracts is explored to consider: the context in which the
368 Vanguard programme is mentioned; any claims made about its success; and the rhetorical
369 uses made of any such claims. Our approach to this process is interpretive, viewing policy
370 documents as pieces of rhetoric, seeking to make an argument (Winton, 2013). Our aim was
371 therefore to understand which particular arguments the performance of the Vanguard

372 programme was used to underpin, in which contexts, in order to better understand how the
373 programme is being used politically, by whom.

374

375 For the purposes of this paper, all sources of data were synthesised and a second order
376 analysis undertaken to consider pilot ‘success’ against our framework.

377

378 *Findings*

379 In this section we apply our framework for exploring policy success to the Vanguard
380 programme. In keeping with our appreciation of the importance of McConnell et al’s (2020)
381 distributional question (success for whom?), our perspective is that of those initiating the
382 pilots, NHS England. We return to the question of other perspectives in our discussion.

383

384 **Pilot process programme success: was the programme successfully developed and 385 initiated?**

386 From this viewpoint, the programme was a resounding success. The timescale involved was
387 extremely tight: the Five Year Forward View (NHS England, 2014a) proposing the pilot
388 programme was published in September 2014, with details about how to apply to join the
389 programme announced in December and the first 29 Vanguard sites chosen in March 2015.

390 Pilot initiation followed within months. At the same time a wide-ranging support programme
391 was set up (NHS England, 2015b), providing individual ‘account managers’ for each chosen
392 site, alongside workstreams addressing anticipated issues in integrating care across
393 organisational and sector boundaries.

394

395

396 By September 2015 (only 6 months after pilot initiation) all 50 sites were in operation across
397 all five ‘models’, a designated National lead, Vanguard ‘model’ leads, support stream leads
398 and strategic account managers appointed, funding distributed to sites and the support
399 programme in operation. In programme terms, therefore, the pilot process was extremely
400 successful.

401

402 **Pilot process political success: what was the political impact of the initiation of the**
403 **programme?**

404 The political impact of the initiation of the Vanguard programme must be seen in the context
405 of the contemporary political environment. When the Five Year Forward View was published
406 in 2014, the NHS, along with other public services in the UK and elsewhere, was subject to
407 so-called ‘austerity’ policies (The Centre for Local Economic Strategies, 2014) designed to
408 support recovery from the global financial crash of 2008. NHS funding was consequently
409 growing slowly and below the level of health care cost inflation (Appleby & Gainsbury,
410 2017). The NHS was predicting a significant funding shortfall (Torjesen, 2012), and NHS
411 England and the Department for Health and Social Care were negotiating with HM Treasury
412 for additional funding. This was obtained in the form of ‘sustainability and transformation’
413 funding, a proportion of which was used to support the Vanguard programme (NHS England,
414 2014b). This funding came with an expectation that there would be associated
415 ‘transformation’ in service delivery, rather than being used to pay down deficits. The
416 Vanguard programme was thus established at least in part to ‘frame the future’ (Nair &
417 Howlett, 2016 p1) by demonstrating that the NHS could change, and it could do so rapidly.
418 Our respondents picked this up:

419

420 *In practice, what we found, a very strong interest, very often politically driven, to*
421 *start demonstrating results very quickly. And so, suddenly there'd be reports, the*
422 *Secretary of State wants an update every Monday morning on rates of non-elective*
423 *admissions in Vanguard areas, versus other areas. Well, hang on a minute. That's*
424 *not how the programme's supposed to be up and running, and within a year you're*
425 *starting to ask those questions. (ID018)*

426

427 Whilst funding was initially offered to all Vanguard sites, by the third year of operation
428 ongoing funding was tied to performance against centrally-determined targets, with
429 Vanguards required to show that they had 'earned their way' (NHS England, 2017 p47). In
430 November 2017, just over a year into the programme, a speech made by the Chief Executive
431 of NHSE England (NHSE) ([https://fabnhsstuff.net/fab-stuff/simon-stevens-ceo-nhs-england-](https://fabnhsstuff.net/fab-stuff/simon-stevens-ceo-nhs-england-speech-nhs-providers-birmingham-november-8th-full)
432 [speech-nhs-providers-birmingham-november-8th-full](https://fabnhsstuff.net/fab-stuff/simon-stevens-ceo-nhs-england-speech-nhs-providers-birmingham-november-8th-full)) argued that the 'Five Year Forward
433 View 'recipe' is working', before asserting that the main problem facing the NHS is not
434 excess demand but 'fragmentation and funding'. The speech finished with a suggestion that
435 to support the further roll-out of the beneficial service changes demonstrated by the
436 Vanguards, further additional funding would be required. Thus, the appeal to the Treasury for
437 additional funding over and above that already provided was explicitly linked to the
438 demonstration that the NHS had made rapid beneficial changes in service delivery. The rapid
439 initiation and delivery of the Vanguard pilots was thus used *politically* to argue for additional
440 funding for the NHS, and this argument was successful, with a new five year funding deal
441 announced in July 2018 ([https://www.gov.uk/government/speeches/pm-speech-on-the-nhs-](https://www.gov.uk/government/speeches/pm-speech-on-the-nhs-18-june-2018)
442 [18-june-2018](https://www.gov.uk/government/speeches/pm-speech-on-the-nhs-18-june-2018)). Thus, in political terms as we have defined them, relating to the distribution
443 of power or resources between actors in a political system, the pilot process was also
444 successful, with NHS England achieving its objective of obtaining additional funding.

445

446 **Pilot outcome programme success: did the pilot programme achieve its stated goals?**

447 In terms of Ettelt et al's (2014) characterisation of the purposes of pilot programmes, policy
448 documents (NHS England, 2014a, 2014b, 2015a, 2015b, 2017) suggest that the Vanguard
449 programme was conceived of as supporting both early implementation and learning, with an
450 explicit intention that Vanguard sites would test out approaches to change, which could be
451 spread more widely (Checkland et al., 2019). There was also an element of demonstration,
452 with the argument made that: *'All three of these care models [PACS, MCPs and ECH] will*
453 *demonstrate the reinvention of out of hospital care, with PACS and MCPs organising this for*
454 *the whole population, and enhanced care homes targeting their approach to a care home*
455 *setting.'*(NHS England, 2015b p4).

456

457 In July 2015 further guidance set out an explicit goal for the Vanguard programme to develop
458 approaches which could be subsequently rolled out more widely:

459

460 *Each Vanguard system is rooted in its local diverse community. The national New*
461 *Care Models programme draws together these individual local threads into explicit*
462 *patterns, in order to exploit common opportunities for radical care redesign and*
463 *remove barriers to change. Through the support package, our focus is on creating*
464 *simple standard approaches and products, based on best practice and co-produced*
465 *with Vanguards, which are designed from the outset for national spread. (NHS*
466 *England, 2015b p9)*

467

468 In addition, the programme was established with a well-resourced evaluation programme,
469 suggesting that these pilots also embodied an experimental approach with genuine
470 uncertainty as to whether the new approaches would work:

471

472 *The new models need to show how they help solve the particular issues*
473 *confronting that particular health community, with proper safeguards against*
474 *unintended consequences. There'll need to be independent evaluation, and*
475 *regular performance benchmarking against comparable area, with periodic*
476 *opportunities to decide whether to continue with or amend, the arrangements.*
477 *(Stevens, 2014)*

478

479 There were thus a number of programme goals:

- 480 • To implement integrated care programmes in designated Vanguard areas
- 481 • To use Vanguard experiences to design 'standard approaches and products' which
482 could be rolled out
- 483 • To monitor performance against 'benchmarks' and use this information to guide
484 future investment decisions

485

486 The service changes introduced by Vanguards were eclectic, building upon previous
487 initiatives and existing collaborative relationships. A great deal of activity happened in
488 Vanguard sites, and new services or ways of working were introduced. In Pilot Outcome
489 terms, there was thus demonstrable programme success in initiating and running new
490 services.

491

492 However, there was less success in developing the promised ‘standard approaches and
493 products’ to be rolled out widely. The programme ran for three years, and towards the end of
494 the programme ‘frameworks’ for each of the Vanguard types were published (NHS England,
495 2016b, 2016c, 2016d). Two of these (MCPs and PACS) are at a high level of abstraction and
496 diffuse, indicating areas of work which might be considered by those seeking to better-
497 integrate care across sectors. Neither offers standard approaches or ‘products’ which could
498 straightforwardly support local action. The Enhanced Healthcare in Care Homes framework
499 is somewhat more specific, setting out services which should be provided to improve care in
500 Care Homes. (NHS England, 2014a)

501

502 Finally it was intended that performance would be monitored and managed. At the start of the
503 programme Vanguards were given significant leeway to determine their own outcome
504 objectives, but halfway through the programme this changed, with funding for the final year
505 contingent upon success against two metrics – reducing emergency hospital admissions and
506 reducing the average length of stay in hospital.

507 The impact of the programme on these standardised metrics has been explored in a
508 quantitative evaluation (Morciano et al., 2020). The findings are nuanced, but essentially
509 show that the programme was associated with a small fall in emergency admissions towards
510 the end of the programme, and this was concentrated in the Care Home Vanguards. There
511 was no effect on hospital length of stay.

512

513 In summary, in programme terms the success of the pilot programme was mixed. Following
514 rapid initiation, pilot sites worked quickly to make changes to the way services were
515 delivered. However, the intention to use the programme to develop ‘standard approaches and
516 products’ to support rapid replication of the Vanguard ‘new models of care’ was not realised,

517 apart from to a limited extent in the Care Home sites. Finally, by midway through the
518 programme, funding was contingent on reducing emergency admissions, a standardised
519 metric of success. There is evidence that this outcome was achieved in a limited way towards
520 the end of the programme, mainly in the Care Home sites.

521

522 **Pilot outcome political success: did the outcomes of the programme have political**
523 **impact?**

524

525 We will now consider the political impact of the programme outcomes, in terms of our
526 definition of ‘political’ as relating to the distribution of power and resources within the UK
527 state and from the perspective of those initiating the pilots. In 2019 NHS England published
528 its NHS Long term Plan (NHS England, 2019b). This 10 year plan set out NHS priorities
529 over the longer term and was, in part, a response to the announcement that spending on the
530 NHS would increase at more than the rate of inflation for the next five years. The Plan sets
531 out how the NHS will spend this ‘taxpayers’ investment’ responsibly (NHS England, 2019b
532 p100). Whilst not explicitly asking for further additional funding, the Plan could be argued to
533 be part of the ongoing case being made by one public service that it was deserving of an
534 additional share of public resources.

535

536 In making this case, the ‘success’ of the Vanguard programme forms a prominent element of
537 the argument:

538

539 *Following three years of testing alternative models in the Five Year Forward View*
540 *through integrated care ‘Vanguards’ and Integrated Care Systems, we now know*
541 *enough to commit to a series of community service redesigns everywhere. The*

542 *Vanguards received less than one tenth of one percent of NHS funding, but made a*
543 *positive impact on emergency admissions, and demonstrated the benefits of*
544 *proactively identifying, assessing and supporting patients at higher risk to help*
545 *them stay independent for longer. (NHS England, 2019b p13)*

546

547 This was accompanied by a bar chart (figure 1).

548 [figure 1 near here]

549 The source of this chart is an internal evaluation of the Vanguard programme which has not
550 been published; it is therefore not available to be examined. Notwithstanding this, the
551 existence of a single outcome metric showing a positive effect is used in national policy
552 documents as evidence of pilot programme success. The outcomes of the pilot programme (as
553 presented in this chart) are thus being used *politically* because they are underpinning the
554 claim that the NHS is deserving of additional resources.

555

556 **Pilot effects programme success: what happened next?**

557 Although the Long Term Plan references ‘a series of community service redesigns
558 everywhere’, in practice, only the Enhanced Healthcare in Care Homes Vanguard has been
559 implemented more widely. Linked to a new primary care contract, groups of GPs are being
560 incentivised to set up new services for Care Home residents which have some similarities to
561 the Vanguard ECHC service framework (Coleman, Croke, & Checkland, 2020). In other
562 areas elements of the Vanguard MCP and PACS service changes have been retained or
563 locally spread, but there has been no systematic wider implementation as envisaged by the
564 initial pilot policy, with no ‘simple standard approaches’ which can straightforwardly spread
565 (Checkland et al., 2021). Thus, there was no clear programme success in the form of
566 widespread implementation of new service delivery models derived from the pilots.

567

568 One reason for the failure of the pilot programme to catalyse the widespread changes
569 originally envisaged is that national policy changed only a year into what was intended to be
570 a five year programme. This new policy mandated the formation of 44 geographical areas of
571 the country into groups of care providers who were obliged to produce plans (Sustainability
572 and Transformation Plans - STPs) to promote service integration (Hammond et al., 2017). At
573 this point, the pilot projects had yet to be fully implemented, and there were no obvious
574 beneficial outcomes. Yet the STP national policy stated that funding would only be granted to
575 each area if they could address the following questions:

576

577 *What are your plans to adopt new models of out-of-hospital care, e.g. Multi-*
578 *specialty Community Providers (MCPs) or Primary and Acute Care Systems*
579 *(PACS)? Why should NHS England prioritise your area for transformation*
580 *funding? And when are you planning to adopt forthcoming best practice from the*
581 *enhanced health in care homes Vanguard?* (NHS England, 2015a p15)

582

583 Thus, before any beneficial outcomes were possible, initiating wider roll out was a condition
584 of obtaining additional funding for a different programme. However, as we have seen, such
585 roll out has not occurred, apart from in the limited case of Care Homes. Participants in the
586 Vanguard told us that they felt that in the second half of the programme policy attention had
587 shifted elsewhere.

588

589 *By year 3, attention had moved onto the next shiny thing... (ID013)*

590

591 ...we expected there to be some kind of conference where all the Vanguard teams
592 would come together, and everybody would say what they'd done, you know,
593 specific to their own team, and you know, what their own statistics were. There was
594 nothing, nothing like that at all. (S4R011)

595

596 The programme effect success of the pilots has also been attenuated by the failure to realise
597 the initial aim of learning from the pilots' experience. Whilst there was a broad and well-
598 financed internal evaluation programme (NHS England, 2016a), and each Vanguard procured
599 a local evaluation (Wilson et al., 2019), no overall report has been published, and there is no
600 public statement of 'lessons learned' available. It could thus be said that, despite a rhetorical
601 commitment to drawing together wider lessons to facilitate pilot impact, there were only
602 limited attempts to do this.

603

604 In summary, there has only been limited success in terms of longer term pilot programme
605 effects, with only a small degree of roll out to non-pilot areas (in respect of Care Homes)
606 despite announcements and policy requirements that this should happen.

607

608 **Pilot effect political success: what has been the political effect of the pilot?**

609 It is perhaps too early to clearly identify the extent to which the overall effect of the pilots
610 supports political claims to success. As evidenced by the Long Term Plan and narratives
611 around Sustainability and Transformation Partnerships there is a political narrative that the
612 Vanguard programme has 'worked' and has shown how services should be redesigned to
613 improve integration as well as demonstrating the efficient use of 'taxpayers' investments',
614 but there is limited evidence that this has led to any specific subsequent activity, with the
615 exception of new services for Care Homes. Policy focus is now upon the transformation of

616 Sustainability and Transformation partnerships into what are known as ‘Integrated Care
617 Systems’. In policy documents setting how these are being developed, the Vanguard
618 programme is again referenced as providing a blueprint:

619

620 *[Integrated Care Systems] also incorporate learning from initiatives such as the 50*
621 *‘vanguards’ that tested and refined new care models. In the most successful of these*
622 *vanguards, NHS providers and commissioners, councils, care homes and others*
623 *developed more preventive approaches to care and saw significant reductions in*
624 *emergency admissions. (NHS England, 2019a p2)*

625

626 Thus it is claimed that Vanguard learning has been incorporated into new policy, in spite of
627 limited publicly-available evidence that this is actually the case. Whilst this new development
628 is not overtly political in the sense of bolstering arguments for an additional share of
629 resources, the Integrated Care Systems policy has a political element in that their
630 establishment will require legislative change (NHS England, 2020). Thus claims to lasting
631 effects arising from the Vanguard pilots are being used to support calls for particular changes
632 to legislation. Moreover, Vanguards received considerable additional funding (National Audit
633 Office, 2018), whereas follow on initiatives have not. This embeds a political (distributional)
634 inequity in the developing system.

635 There is thus some evidence of ongoing political dividends and effects associated with the
636 pilot programme, with ongoing legislative developments predicated upon claims of pilot
637 success.

638

639 ***Discussion***

640

641 We began this paper by suggesting that the conceptualisation of policy pilots as rational,
642 experimental processes proceeding in discrete stages is not reflected in the reality which can
643 be messy, performative and political. Recognising this, drawing conclusions about the
644 success or failure of pilots becomes more complex and uncertain than the assessment of pre-
645 specified outcomes from standardised interventions. Building upon others' work in this field,
646 we have developed a framework to support deconstruction of the impact of policy pilots
647 across a number of dimensions and exploration of success within each. Applying this
648 framework to the Vanguard programme case study, we have found that it supports a more
649 nuanced, detailed account of different aspects of pilot 'success'. This facilitates moving
650 beyond a simple assessment of whether or not initial outcomes were met to interrogate the
651 ways in which the pilot programme has been used politically to achieve other things. This fits
652 with Ettelt et al's (2014) account of the complexity, ambiguity and mobility of the purposes
653 of policy piloting, providing a framework which surfaces pilot impacts which might
654 otherwise be hidden, and potentially allowing more nuanced causal explanations to be
655 considered.

656

657 Table 6 summarises our assessment of the 'success' of the Vanguard pilot programme against
658 3 categories within 2 dimensions: programme and politics.

659 [table 6 near here]

660 In our case, whilst claims have been made that current policy is building upon lessons learned
661 from the Vanguard programme, there is little public evidence of any systematic attempt to
662 draw lessons from the pilot programme. One possible explanation for this may lie in the
663 strongly positive political claims to success which have been made nationally. Once the Long
664 Term Plan had declared the programme a 'success', a more nuanced study of what had gone
665 badly as well as what had gone well becomes unnecessary and perhaps more difficult, with

666 the danger that public consideration of problems or difficulties might disturb the narrative of
667 success constructed to bolster the case for additional NHS funding.

668

669 This assessment is from the perspective of the body initiating and running the pilots, NHS
670 England. Space precludes a full assessment from other perspectives as recommended by
671 McConnell et al (2020), but it is possible to see that this exercise could be rerun from
672 alternative viewpoints. For example, exploration from the perspective of local participants in
673 the Vanguard programme might lead to consideration of the local and national political
674 advantages for both individuals and organisations arising out of association with a high-
675 profile pilot programme. In this vein, Bailey et al (2017) suggest that local actors' reputations
676 were enhanced by association with local pilots which were seen to have influenced national
677 policy, whilst Hammond et al (2021) found that, regardless of the lack of any meaningful
678 local programme success in high-profile innovation policy pilots, local actors felt that their
679 engagement with the pilot programme positioned them well for further funding opportunities.
680 Alternatively, examination from the perspective of the Department of Health and Social Care
681 might suggest a political dividend arising out of the appearance of supporting a rational
682 approach to healthcare reform, something seen as valuable in the aftermath of what was
683 generally agreed to be a disastrous major reorganisation of the NHS in 2012 (Timmins,
684 2012). The explicit declaration of the perspective from which the framework is being applied
685 facilitates this type of engagement with the multi-scalar and temporally and geographically
686 bounded nature of policy pilots.

687

688 The model we have proposed extends the work of McConnell and Marsh (Marsh &
689 McConnell, 2010; McConnell, 2010) and Bovens (2010). In particular we have shown how
690 assessments of pilot success can usefully separate out an assessment of the outcomes of

691 particular pilots from the assessment of the longer term effect of the pilots in influencing
692 policy more generally, either via wider roll out or via judicious adjustment of policy design,
693 engaging with the temporal aspect of policies as advocated by t'Hart et al (2019). Moreover,
694 we have shown that such longer term effects have both programme and political dimensions.
695 However, the political dynamics associated with the Vanguard programme are particular in
696 the sense that NHSE, an arm's-length body, is driving policy change whilst simultaneously
697 making the case for the health service to receive additional funding (Hammond et al., 2018;
698 Rutter, 2014). While the process, outcome, and effect elements, both in relation to
699 programmatic success and political success, are features that can clearly be ascribed to any
700 policy pilot, future research could usefully explore the application of the framework to pilots
701 in other sectors and contexts to explore avenues for its refinement and to consider its wider
702 applicability. We would argue that our broad definition of 'political success' and our explicit
703 use of multi-faceted evaluation approaches supports potential cross-sector transferability, but
704 this contention should be tested.

705

706 Perhaps the most complex area of the framework is in judging political success. We have
707 judged political success to be evidenced by the making of claims in other contexts which
708 suggest that this particular policy pilot programme was successful or important in order to
709 bolster arguments or support other policies which aim to improve the funding status of the
710 NHS or influence the legislative agenda. However, we have not engaged with a broader
711 consideration of political effects in terms of the advancement of the interests of other relevant
712 parties, nor of the possibility that pilots may address altogether more complex political goals
713 or hidden agendas (McConnell, 2018). For example, it is possible that, on occasion, simply
714 doing something, regardless of outcome, may act to reduce political pressure – co-called
715 'placebo' policies (McConnell, 2020). We do not see evidence that the Vanguard pilots fall

716 into this category, but this illustrates the fact that judgements of political success must take a
717 broad and expansive view beyond ostensible or clearly visible effects.

718

719 Time is central to the character of pilots, which imply some transitory constellation of actors
720 and elements intended to foster the development of some more permanent form (Bailey et al.,
721 2019). Our proposed framework facilitates the separating out of pilot outcomes from wider
722 effects, including learning or rollout, and allowing the analyst to consider local success
723 against stated goals separately from longer term effects. However, when objectives are
724 malleable and change during the pilot period as with the Vanguard programme, then a
725 process for drawing conclusions about success needs to make explicit the answer to ‘success
726 as defined when?’ and clearly chart the revision of objectives and claims of success, and the
727 political or process consequences associated with any of these (t Hart, 2019). In the case of
728 the Vanguards, we have suggested that the early declaration of success may have had
729 important consequences for wider policy. Moreover, in keeping with Ettelt et al (2014),
730 shifting objectives also had process implications for the pilots, as an initial permissive
731 approach shifted to a focus on a single metric of success halfway through the programme.

732

733

734 ***Conclusion***

735 Policy pilot evaluations often adopt a relatively simplistic approach of considering whether or
736 not a pilot has ‘worked’ against particular outcome criteria. We have shown that this
737 represents a limited understanding of the purposes and effects of pilots. We have brought
738 together literature on policy success with that on policy pilots to generate a framework within
739 which empirical evaluation findings can be synthesised with analysis of the wider policy
740 landscape to consider pilot success in a more nuanced and multi-faceted way. Whilst no such

741 framework can be completely comprehensive, and judgements as to ‘success’ in each
742 category will be contingent, provisional and potentially arguable, we would suggest that the
743 most valuable aspect of the framework is its focus on explicit delineation of different
744 dimensions of success and on the declaration of the perspective being adopted. Whilst
745 different commentators may disagree with particular judgements in each cell of our summary
746 table, the criteria by which we are judging and the specific aspect of the pilot being judged
747 are clear, providing a more nuanced evaluation framework and facilitating constructive
748 discussion. Furthermore, we believe that explicitly considering pilots across all of these
749 dimensions holds promise in supporting the design of more comprehensive and nuanced
750 evaluation programmes which move beyond a simplistic attempt to demonstrate ‘what
751 works’. We have also shown how the explicit separation between programme and political
752 elements of success allows interrogation of the antecedents of particular policy decisions,
753 facilitating deeper understanding of contemporary policy trajectories. This in turn supports a
754 more nuanced understanding of later policy developments. For example, we suggest that
755 early political claims to the success of the Vanguard programme may have inhibited longer
756 term consideration of the practical steps required to facilitate programme success, with
757 potentially significant implications for NHS managers seeking to implement new approaches
758 to service integration.. Moreover, we would suggest that our framework facilitates a more
759 nuanced understanding of pilots, looking beyond stated rationales, and encouraging
760 evaluators and others to explicitly consider the extent to which particular pilots do indeed
761 represent a rational attempt to test policy ideas, or whether they in fact represent an approach
762 to implementation. ‘Success’ can then be judged against these more complex objectives. We
763 invite others interested in this area of research to consider the applicability of this approach in
764 other fields, with a particular focus upon issues of temporality and methods to identify
765 criteria by which political success might be judged.

766

767

768 **References**

769 Ansell, C. K., & Bartenberger, M. (2016). Varieties of experimentalism. *Ecological Economics*, 130,
770 64-73. doi:<https://doi.org/10.1016/j.ecolecon.2016.05.016>

771 Appleby, J., & Gainsbury, S. (2017). *Five reasons why the Chancellor must find extra cash for the*
772 *NHS at the budget"*, comment. . Retrieved from [https://www.nuffieldtrust.org.uk/news-](https://www.nuffieldtrust.org.uk/news-item/five-reasons-why-the-chancellor-must-find-extra-cash-for-the-nhs-at-the-budget)
773 [item/five-reasons-why-the-chancellor-must-find-extra-cash-for-the-nhs-at-the-budget](https://www.nuffieldtrust.org.uk/news-item/five-reasons-why-the-chancellor-must-find-extra-cash-for-the-nhs-at-the-budget)

774 Bailey, S., Checkland, K., Hodgson, D., McBride, A., Elvey, R., Parkin, S., . . . Pierides, D. (2017).
775 The policy work of piloting: a case study in the English NHS. *Social Science & Medicine*,
776 179, 210-217.

777 Bailey, S., Hodgson, D., & Checkland, K. (2019). Pilots as Projects: Policy Making in a State of
778 Exception. In D. Hodgson, M. Fred, S. Bailey, & P. Hall (Eds.), *The Projectification of the*
779 *Public Sector* (pp. 130-148): Routledge.

780 Bovens, M. (2010). A comment on Marsh and McConnell: Towards a framework for establishing
781 policy success. *Public Administration*, 88(2), 584-585.

782 Brodtkin, E. Z., & Kaufman, A. (2000). Policy Experiments and Poverty Politics. *Social Service*
783 *Review*, 74(4), 507-532. doi:10.1086/516423

784 Burch, M., & Wood, B. (1983). *Public policy in Britain*: M. Robertson.

785 Checkland, K., Coleman, A., Billings, J., Macinnes, J., Mikelyte, R., Lavery, L., & Allen, P. (2019).
786 *National evaluation of the Vanguard new care models programme. Interim report:*
787 *understanding the national support programme*. Retrieved from Manchester, England:

788 Checkland, K., Coleman, A., Croke, S., Billings, J., Mikelyte, R., Macinnes, J., & Allen, P. (2021).
789 *National Evaluation of the Vanguard New Care Models Programme: Report of qualitative*
790 *case studies: understanding system change*. Retrieved from Manchester, England:

791 Coleman, A., Billings, J., Allen, P., Mikelyte, R., Croke, S., MacInnes, J., & Checkland, K. (2020).
792 Ambiguity and conflict in policy implementation: the case of the new care models (vanguard)
793 programme in England. *Journal of Social Policy*, 1-20.

794 Coleman, A., Croke, S., & Checkland, K. (2020). Improving care in care homes: what can Primary
795 Care Networks learn from the Vanguards? *Journal of Integrated Care, ahead-of-print*(ahead-
796 of-print). Retrieved from <https://doi.org/10.1108/JICA-06-2020-0037>

797 Ettelt, S., Mays, N., & Allen, P. (2014). The Multiple Purposes of Policy Piloting and Their
798 Consequences: Three Examples from National Health and Social Care Policy in England.
799 *Journal of Social Policy, FirstView*, 1-19. doi:doi:10.1017/S0047279414000865

800 Hammond, J., Bailey, S., Gore, O. Z., Checkland, K., Darley, S., McDonald, R., & Blakeman, T.
801 (2021). The Problem of Success and Failure in Public-private Innovation Partnerships.
802 *Journal of Social Policy*, 1-21. doi:10.1017/S0047279421000192

803 Hammond, J., Lorne, C., Coleman, A., Allen, P., Mays, N., Dam, R., . . . Checkland, K. (2017). The
804 spatial politics of place and health policy: Exploring Sustainability and Transformation Plans
805 in the English NHS. *Social Science & Medicine*.

806 Hammond, J., Speed, E., Allen, P., McDermott, I., Coleman, A., & Checkland, K. (2018). Autonomy,
807 accountability, and ambiguity in arm's-length meta-governance: the case of NHS England.
808 *Public Management Review*, 1-22. doi:10.1080/14719037.2018.1544660

- 809 Harrison, S., & Wood, B. (1999). Designing Health Service Organization in the UK, 1968 to 1998:
810 from Blueprint to Bright Idea and 'Manipulated Emergence'. *Public Administration*, 77(4),
811 751-768. Retrieved from <http://dx.doi.org/10.1111/1467-9299.00178>
- 812 Heilmann, S. (2008). From local experiments to national policy: the origins of China's distinctive
813 policy process. *The China Journal*(59), 1-30.
- 814 Jowell, R. (2003). *Trying it Out: The Role of pilots' in Policy-making: Report of a Review of*
815 *Government Pilots*: Cabinet Office, Strategy Unit.
- 816 Kingdon, J. W. (1995). *Agendas, alternatives and public policies*. New York: Harper Collins.
- 817 Lasswell, H. D. (1936 (2018)). *Politics: Who gets what, when, how*: Pickle Partners Publishing.
- 818 Marsh, D., & McConnell, A. (2010). TOWARDS A FRAMEWORK FOR ESTABLISHING
819 POLICY SUCCESS. *Public Administration*, 88(2), 564-583. doi:10.1111/j.1467-
820 9299.2009.01803.x
- 821 Martin, S., & Sanderson, I. (1999). Evaluating public policy experiments: measuring outcomes,
822 monitoring processes or managing pilots? *Evaluation*, 5(3), 245-258.
- 823 McConnell, A. (2010). Policy Success, Policy Failure and Grey Areas In-Between. *Journal of Public*
824 *Policy*, 30(3), 345-362. doi:10.1017/s0143814x10000152
- 825 McConnell, A. (2018). Hidden agendas: shining a light on the dark side of public policy. *Journal of*
826 *European Public Policy*, 25(12), 1739-1758. doi:10.1080/13501763.2017.1382555
- 827 McConnell, A. (2020). The use of placebo policies to escape from policy traps. *Journal of European*
828 *Public Policy*, 27(7), 957-976. doi:10.1080/13501763.2019.1662827
- 829 McConnell, A., Grealy, L., & Lea, T. (2020). Policy success for whom? A framework for analysis.
830 *Policy Sciences*, 53(4), 589-608. doi:10.1007/s11077-020-09406-y
- 831 Morciano, M., Checkland, K., Billings, J., Coleman, A., Stokes, J., Tallack, C., & Sutton, M. (2020).
832 New integrated care models in England associated with small reduction in hospital
833 admissions in longer-term: a difference-in-differences analysis. *Health Policy*, 124 (8), 826–
834 833.
- 835 Nair, S., & Howlett, M. (2016). Meaning and power in the design and development of policy
836 experiments. *Futures*, 76, 67-74.
- 837 National Audit Office. (2018). *Developing new care models through NHS Vanguard*s. Retrieved from
838 <https://www.nao.org.uk/report/developing-new-care-models-through-nhs-vanguards/>:
- 839 Newman, J. (2014). Measuring Policy Success: Case Studies from Canada and Australia. *Australian*
840 *Journal of Public Administration*, 73(2), 192-205. doi:[https://doi.org/10.1111/1467-
841 8500.12076](https://doi.org/10.1111/1467-8500.12076)
- 842 NHS England. (2014a). *Five Year Forward View*. Retrieved from Leeds:
843 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- 844 NHS England. (2014b). *THE FORWARD VIEW INTO ACTION: Planning ahead for 2015/16*.
845 Retrieved from Leeds:
- 846 NHS England. (2015a). *Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21*
847 Retrieved from Leeds:
- 848 NHS England. (2015b). *THE FORWARD VIEW INTO ACTION: New Care Models: update and*
849 *initial support*. Retrieved from Leeds:
- 850 NHS England. (2016a). *Evaluation Strategy for the new care model vanguards*. . NHS England.
- 851 NHS England. (2016b). *New Care Models: Integrated primary and acute care systems (PACS) -*
852 *Describing the care model and the business model*. Retrieved from Leeds:

853 NHS England. (2016c). *New Care Models: The framework for enhanced health in care homes*
854 Retrieved from Leeds:

855 NHS England. (2016d). *New Care Models: The multispecialty community provider (MCP) emerging*
856 *care model and contract framework* Retrieved from Leeds:

857 NHS England. (2017). *Next steps on the Five year Forward View*. Retrieved from Leeds:

858 NHS England. (2019a). *Designing integrated care systems (ICSs) in England*. Retrieved from Leeds:

859 NHS England. (2019b). *The NHS Long Term Plan*. Retrieved from Leeds:

860 NHS England. (2020). *Integrating care: Next steps to building strong and effective integrated care*
861 *systems across England*. Retrieved from [https://www.england.nhs.uk/wp-](https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf)
862 [content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-](https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf)
863 [systems.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf):

864 O.Nyumba, T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion
865 methodology: Insights from two decades of application in conservation. *Methods in Ecology*
866 *and Evolution*, 9(1), 20-32. doi:<https://doi.org/10.1111/2041-210X.12860>

867 Rogers-Dillon, R. H. (2004). *The welfare experiments: Politics and policy evaluation*: Stanford
868 University Press.

869 Rutter, J. (2014). The Quango Conundrum Revisited—Why the Government Still Needs a More
870 Coherent Approach to Arm's-Length Bodies. *The Political Quarterly*, 85(2), 148-152.
871 doi:10.1111/1467-923X.12083

872 Sabatier, P. A. (2006). Policy change and learning: An advocacy coalition approach (theoretical lenses
873 on public policy).

874 Sabatier, P. A., & Weible, C. M. (2014). *Theories of the policy process*: Westview Press.

875 Sanderson, I. (2002). Evaluation, Policy Learning and Evidence-Based Policy Making. *Public*
876 *Administration*, 80(1), 1-22. doi:10.1111/1467-9299.00292

877 Stevens, S. (2014). Speech to the NHS Confederation [Press release]

878 t Hart, P. (2019). *Great Policy Successes*: Oxford University Press.

879 Tassej, G. (2013). Innovation in innovation policy management: The Experimental Technology
880 Incentives Program and the policy experiment. *Science and Public Policy*, 41(4), 419-424.
881 doi:10.1093/scipol/sct060

882 The Centre for Local Economic Strategies. (2014). *Austerity Uncovered: Final report prepared by*
883 *The Centre for Local Economic Strategies, Presented to TUC. December 2014*. . Retrieved
884 from

885 Timmins, N. (2012). *Never again? The story of the Health and Social Care Act 2012. A study in*
886 *coalition government and policy making*. . London The King's Fund.

887 Torjesen, I. (2012). NHS is unlikely to meet Nicholson challenge to deliver £20bn in efficiency
888 savings, says King's Fund. *BMJ : British Medical Journal*, 345. Retrieved from
889 <http://www.bmj.com/content/345/bmj.e6496.abstract>

890 Wilson, P., Billings, J., Macinnes, J., Mikelyte, R., Welch, E., Richie, R., & Checkland, K. (2019).
891 *Investigating Locally Commissioned Evaluations of the NHS Vanguard Programme*. .
892 Retrieved from [https://www.research.manchester.ac.uk/portal/en/publications/investigating-](https://www.research.manchester.ac.uk/portal/en/publications/investigating-locally-commissioned-evaluations-of-the-nhs-vanguard-programme(3c8cfbf6-52de-4639-b715-2df5627c105e)/export.html#export)
893 [locally-commissioned-evaluations-of-the-nhs-vanguard-programme\(3c8cfbf6-52de-4639-](https://www.research.manchester.ac.uk/portal/en/publications/investigating-locally-commissioned-evaluations-of-the-nhs-vanguard-programme(3c8cfbf6-52de-4639-b715-2df5627c105e)/export.html#export)
894 [b715-2df5627c105e\)/export.html#export](https://www.research.manchester.ac.uk/portal/en/publications/investigating-locally-commissioned-evaluations-of-the-nhs-vanguard-programme(3c8cfbf6-52de-4639-b715-2df5627c105e)/export.html#export):

895 Winton, S. (2013). Rhetorical analysis in critical policy research. *International Journal of Qualitative*
896 *Studies in Education*, 26(2), 158-177. doi:10.1080/09518398.2012.666288

897

899 Table 1: Dimensions of policy success (adapted from Bovens (2010))

900

	Programme success	Political success
Policy process	Policy developed as planned, legislation successfully passed,	Passing the legislation or developing the policy enhanced the government's reputation or electoral prospects
Policy outcome	Policy implemented as planned, policy outcomes achieved	The implementation or outcome of the policy enhanced the government's reputation

901

902 Table 2: Dimensions of policy pilot success

903

	Programme success	Political success
Pilot process	Did the piloting programme happen – ie was it developed and implemented?	Did pilot initiation have any positive political consequences, for whom?
Pilot outcomes	Did the piloting programme meet its ostensible goals?	Did its eventual outcome have any positive political consequences, for whom?
Pilot effects	Was the programme locally sustained and /or more generally rolled out? OR was it rationally modified or discontinued? Was future policy altered as a result?	Did roll out or discontinuation have positive political consequences, for whom?

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905

906 Table 3: Types of Vanguard (funding amounts derived from (National Audit Office, 2018

907 p6))

908

Vanguard Type	Date	Number	Description	Funding between 2015/16 and 2017/18 (£Million)
Primary and acute care systems (PACS)	March 2015	9	Joining up GP, hospital, community and mental health services to improve the physical, mental, social health and wellbeing of the local population. Population-based care model based on the GP registered list.	103
Multispecialty community providers (MCPs)	March 2015	14	Moving specialist care out of hospitals into the community. Working to develop population based health and social care. Population-based care model based on the GP registered list.	124
Enhanced health in care homes (ECH)	March 2015	6	Offering older people better, joined up health, care and rehabilitation services. Care homes working closely with the NHS, Local authorities, the voluntary sector, carers and families to optimize health of their residents.	18
Urgent and emergency care networks (UECs)	July 2015	8	New approaches to improve the coordination of services and reduce pressure on A&E departments	72
Acute care collaboratives (ACCs).	Sept 2015	13	Linking local hospitals together to improve their clinical and financial viability, reducing variation in care and efficiency	13 (One year only)

909

910

911 Table 4: interviewees in phase 1

912

Interviewee type	Numbers interviewed
NHS England employees (current / past)	19
Advisors	7
Regulators	3

913

914 Table 5: Interviewees and focus groups phase 2

915

Respondent type	Numbers interviewed	Numbers in focus groups
NHS employees (current / past)	48	14
Local Authority	4	-
Private/Community/Charity sector	9	1
Public contributor	1	4

916

917 Table 6: summary assessment of the ‘success’ of Vanguards as pilots

918

	Programme success	Political success
Pilot process	Full success – rapidly and successfully initiated	Rapid initiation of change programme used politically to bolster arguments for additional funding
Pilot outcomes	Pilots successfully implemented and locally popular. Some outcome goals met. Standardised ‘models of care’ only developed in the care of Care Home Vanguards	Outcome success against a single metric used politically to support a longer term policy programme
Pilot effects	Roll out limited to Care Home Vanguard, although elements from other models used locally to inform integrated care developments Limited evidence of systematic learning from the pilots	Claims made that new initiatives are based upon ‘learning from the Vanguards’; pilots used to make arguments about new legislative change.

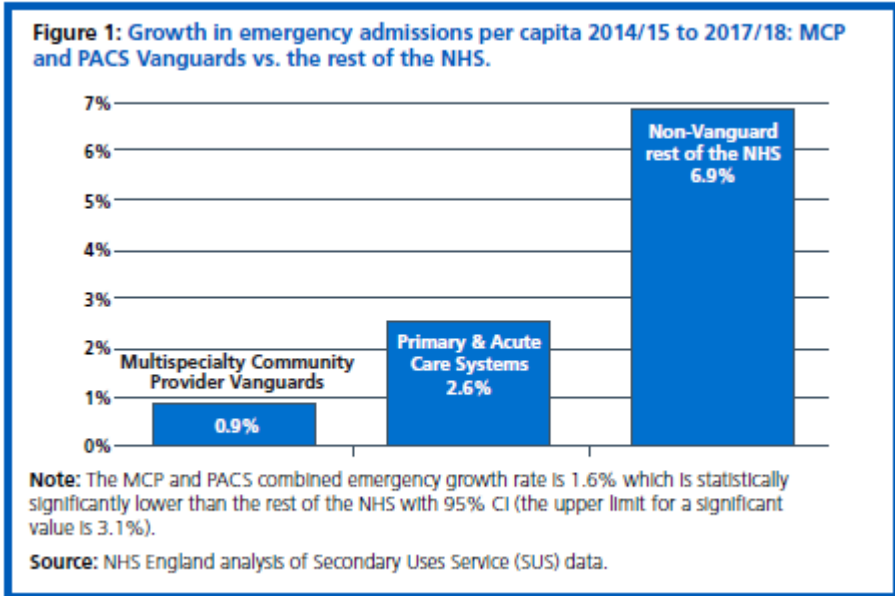
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926 Figure 1: the impact of the Vanguard programme as set out in the NHS Long Term Plan (NHS England
927 2019b, p13)

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