Emotional Engagement in Strategic Partnerships: grassroots organising in a tobacco control partnership in the North East of England

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Abstract

Multi-agency partnership is often regarded as crucial for the planning and delivery of public health initiatives. A number of evaluative frameworks stress governance, structure and management as the fundamental factors contributing to partnership success. However, ethnographic research into the multi-agency partnership that sets the strategic direction for tobacco control in the North East of England revealed emotional engagement and positive personal relationships, factors that have largely been overlooked in the relevant literature, to be more important. The partnership coordinators have successfully used a model developed by grassroots organizers in the international tobacco control movement to create an environment where positive affect and mutual liking develop and underpin a dynamic and productive partnership. In some cases, this grassroots model directly contradicts the advice of partnership tools and analyses, but has proved highly effective in engaging with professionals.

Introduction

Partnership or collaborative working is seen as an appropriate means of widening the responsibility for and lessening the burden of the major public health issues worldwide, and is a particular concern of contemporary health policy makers in the UK (Snape and Taylor, 2003:1; Wanless, 2004:183-184; Glasby *et al*, 2006). Collaborative partnerships have been one of the key components of the current Labour government's 'Third Way' governance approach (Snape and Taylor, 2003: 7; Dowling et al, 2004: 309; ODPM, 2005; Dickinson,

2006: 375). Nevertheless, many of the resulting partnerships have not been as productive as was originally hoped (Huxham, 1996: 239; Newman, 2002; Huxham and Vangen 2005).

As a result, a range of evaluative frameworks have been developed in the UK in recent years (Hudson et al, 1999; Asthana et al, 2002; Audit Commission, 2005; Hardy et al, 2003; ODPM, 2005; ODPM, 2006; Dickinson, 2006). These evaluative frameworks tend to focus on tangible issues, such as structure, governance, accountability, outcome measures and process (Dowling et al, 2004: 311). Some contradict each other, for instance calling for clear structures, while others call for greater flexibility. Some call for clear aims and objectives, while others suggest that too much clarity may inhibit partner engagement by excluding those who might bring a slightly different motivation to the table. Inherent in many of these contradictions is an uncertainty about the importance of the emotional engagement of the individuals involved. Complex personal relationships are often simplified to one characteristic such as 'trust' (McAllister 1995; Hudson et al, 1999; Huxham and Vangen, 2005), 'openness' or 'inclusiveness' (ODPM, 2005: Appendix 2). They are frequently included as one factor alongside many others and are embedded within other principles, such as 'ownership', 'good governance' or 'clarity of structures' (e.g. Hardy et al, 2003), or on an economic model that reduces participation to a matter of 'costs' and benefits', mediated by factors such as leadership, decision-making and accountability (Metzger et al, 2005). Such tendencies may partly be related to the difficulty of pinning down the emotional dynamics which lead to functioning partnerships, but they can also be related to a general assumption that work relationships are instrumental (Gersick et al, 2000: 1027) and a concern to avoid the overt attempts to control emotion that have become all too common in popular management (Fineman 2000b; Bolton, 2005).

Our concern here is to highlight the factors that have contributed to the dynamism and energy of the Smoke Free North East (SFNE) Advisory Panel, a high-level strategic

partnership that has been described by one of its members as having 'a sort of fizz and an...excitement to the atmosphere which is enormously positive and (off which) people feed' (AP13). It was clear from the outset that the important emotional dynamics were more similar to those described for citizen coalitions, such as hope, the influence of a charismatic leader (who nevertheless was not more powerful than the other members), the sense that members' input was valuable and the hope that the partnership would significantly improve public health. Participants in the advisory panel put this down to 'luck', 'a good mix' or even 'magic' and most were unable to explain how the positive emotional charge of the partnership was created. However, the ethnographic methods used in this study have shed new light on this element and reveal something about how it came about and how its presence relates to the structures, governance and management that are the central focus of many of the partnership evaluation tools in existence.

Emotional Dynamism in Partnerships

In the last decade or two, a neglect of emotion in the workplace by researchers has, to a certain extent, been redressed (Fineman, 2000a; Bolton, 2005; Coupland *et al*, 2008). However the importance of emotional dynamics in the health and long-term success of coalitions and partnerships are less well documented. One major arena of collaborative work, grassroots movement building, has been highly successful at intentionally motivating, integrating, and engaging individuals since at least the 1960s (see for example Staples, 2004). Grassroots movements work hard to create emotional dynamics that make people want to become involved and committed to their coalition. A few studies of citizen coalitions show that members of the public are more likely to participate in coalitions, grassroots campaigns or public health initiatives if they feel useful, valued, hopeful, and involved on equal terms

with professionals and managers (van Stokkom, 2005; Peterson *et al*, 2006;). However, studies of partnerships involving professionals and experts do not consider these emotions, instead focusing on control dynamics, trust and conflict resolution (Mohr and Spekman, 1994; Huxham and Vangen, 2005; Hudson, 2004; Duffy, 2008). This is to some extent understandable since we know that managers and administrators downgrade emotional experiences in order to conform to generally accepted ideas of professional behaviour (Coupland *et al*, 2008), a factor which helps to explain why coalitions designed to increase engagement with lay members of the public have different emotional dynamics than groups involving high level professionals or experts (van Stokkom, 2005). We argue, however, that the adoption of grassroots methods by the managers of this high-level strategic partnership has been key in developing the successful dynamic.

Partnerships in Tobacco Control

Based on successful tobacco control (TC) initiatives in California (Bal et al, 2001), Massachusetts (Robbins and Krakow, 2000), Canada (Cunningham, 1996), and elsewhere, the WHO has developed what can be considered best practice guidelines for TC. Its Framework Convention on Tobacco Control (FCTC) (WHO, 2003) has been made legally binding in at least 142 countries (WHO, n.d.). The FCTC goal is to 'create a social milieu and legal climate in which tobacco becomes less desirable, less acceptable and less available' (CDHS, 1998: 3). This guiding principle entails a series of 'comprehensive multisectoral measures and coordinated responses' (WHO, 2003: 6), requiring a broad array of expertise and legitimacy.

One of the central challenges of TC, then, is to develop partnerships that can effectively plan and implement these measures. The formation and activities of partnerships in TC are ideally dictated by a series of evidence-based interventions that have been repeatedly

demonstrated to be effective (CDC, 1999; Mueller et al, 2006; Robbins and Krakow, 2000; American Cancer Society, 2003a, 2003b; WHO, 2004: 217-26). Crucially, TC originated as a grassroots movement and some of the key guidelines for strategy development include techniques for grassroots coalition building (*eg* American Cancer Society, 2003b).

In 2002, England's Department of Health developed a six-strand tobacco programme, which was largely based on the international evidence base (Department of Health, n.d.) and on 16 December 2004, the UK ratified the FCTC (WHO, n.d.). The Department of Health's six-strand programme and the California programme were the key influences on the formation of the SFNE model (Fresh-SFNE 2006: 10), thereby integrating international best practice into its design.

Smoke Free North East

Smoke Free North East is the umbrella term for a broad network of TC alliances, working groups and activities in the North East region of England. It was formally launched 31 May 2005. SFNE's activities are determined by the regional tobacco strategy, which prioritises eight strands of activity: the six Department of Health strands; the development of regional TC infrastructure; and monitoring and evaluation (Table 1). The operational level activities are coordinated through a series of regional and local alliances that consist of members from local government, NHS primary care organisations, acute, mental health and ambulance trusts, prisons, voluntary organisations, local businesses, the fire service, etc. All these activities are coordinated on a regional level by the Smoke Free North East Office, which has a director, two regional coordinators and a number of commissioned and administrative staff. The structure and funding of SFNE is the first of its kind in the UK.

The SFNE advisory panel sits over the operational alliances. It is a multi-agency partnership whose aims are to guide the strategic direction of SFNE and ensure that the strongest evidence base is followed. In 2006, when data were collected, it consisted of representatives from a wide range of public and third sector organisations (Table 2). The representatives were mostly directors and upper level management, with an elected councillor and two representatives of voluntary organisations.

Table 1 illustrates how the activities of each of the members fit into the strategy. Within each strand, the organisations that could play a role were identified and key regional organisations were invited to join the advisory panel. The individual advisory panel members had a variety of roles and tasks, which fell into four categories:

1) Attendance of quarterly meetings to set policy, the budget and oversee the operation of the office and other alliances;

2) Advising office staff as and when necessary;

3) Disseminating information to and engaging their own organisations in TC campaigns;

4) Individual activities depending upon their position and skill.

For example, the representative of the voluntary organisations network was asked to mobilize his members to write letters and sign petitions for passage of the 2006 Health Bill; the environmental health representative worked to ensure that information about the details of the upcoming legislation flowed as quickly as possible between government and the environmental health departments of the northeast region's 24 local councils, since these were to be responsible for enforcing the new regulations; the trading standards agency representative was responsible for the flow of information about restricting underage sales and advertising, as well as commenting on the perceived desirability of stricter laws and enforcement. As shall be seen below the second and the fourth of these activities were crucial in encouraging advisory panelmembers to be more active in the first and third categories.

(Insert table 1 here)

(Insert table 2 here)

Methods

Fineman (2000a: 13) has identified a series of difficulties with studying emotions. These include the fact that 'expressed emotions and private feelings do not necessarily correlate, nor

are they always known to the individual' and that 'different social/organisational contexts encode different rules of feeling and emotion display'. For him, methods such as questionnaires, experiments and interviews distort the subject matter and obscure the role of emotions in workplace settings. Instead, he argues for methods that will capture 'situated discourses' of emotion, in other words a 'critical style of ethnographic organisational research' (2000a:14). This study uses such methods, combined with elements of action research as described by Huxham (2003). Participant observation was used to identify significant issues and to develop semi-structured interviews (Dewalt and Dewalt, 2002). The resultant responses were then triangulated with further participant observation and documents used and written by participants to identify correlations and contradictions. As Huxham points out, in undertaking this kind of research, the researcher sacrifices some control over factors such as replicability and quantification in order to fully immerse in the research context, thereby becoming aware of issues that are unspoken, not well understood by participants or intentionally downplayed.

Data on which this paper is based were collected in several contexts:

1) Participant observation in the SFNE office; observation of advisory panel meetings (three meetings) and one-on-one meetings between the SFNEO director and members of the advisory panel between April and November 2006; other events such as the visit of the Deputy Chief Medical Officer to the region in May 2006, and annual planning days.

2) One-on-one semi-structured interviews with 15 of the 20 advisory panel members carried out by Heckler between June and October 2006;

3) Semi-structured telephone interviews with 14 of 21 members of the Department of Health's Tobacco Policy Team between August and October 2006;

4) Iterative feedback of results to participants and incorporation of their comments;

5) Collation and analysis of grey literature, scientific literature and internal documents used by SFNE members and employees.

Detailed notes of affective statements, attitudes, interactions and subsequent responses were taken during participant observation. As participant observation largely occurred at meetings, it was possible to write these extensively without causing undue influence on participants' behaviour or utterances. Participant feedback was collected either during conversations, during which detailed notes were taken, in written form by e-mail or as thoughts marked on hard copies of preliminary analyses. Unstructured interviews occurred at a time and place specified by the participant, often in their office during work hours, and lasted between 45 and 75 minutes (Box 1). They were audio-recorded and transcribed verbatim. They were then subjected to thematic analysis by Heckler and coded in respect to the themes raised by the participants (Box 2). The analysis was cross-checked by Russell. The identified themes were then matched with similar themes in participant observation notes, iterative feedback and documents using a method similar to that described by Huxham (2003).

In what follows, quotes have been drawn from recorded interviews or comments written by participants themselves. Since the interviews sought to elucidate what respondents themselves considered significant, in their own words, rather than measuring significance against a checklist of pre-assigned factors, not all respondents articulated the same factors or issues in their responses. Failure to mention a topic cannot be taken as meaning it had no significance for the interviewee in question; however, where disagreement existed between respondents we indicate this in our text. In some cases, details have been generalised to avoid identification of the participant. For each instance where sufficient information is divulged that participants may be identified, they have given written consent. The project was reviewed and approved by the following ethics committees: Sunderland TPCT's local research ethics

committee (06/Q0904/47); Durham University's School for Health (EC2/06/2); and Durham University's Anthropology Department (ETH/05/05). Prior informed consent of all the subjects was obtained before the research began.

(Insert Box 1 here)

(Insert Box 2 here)

Results and Discussion

The Campaign

It is difficult to teas out SFNE's contribution to successes in which many groups, including the advisory panel, have played a part. The main priority for the first eighteen months of SFNE's existence was the passage and subsequent implementation of the Health Act 2006, which made smoking unlawful in virtually all enclosed workplaces. The passage of this Bill was a major success for England's TC community as a whole, especially since the government had originally supported a watered down version of the bBill.

It impossible to determine what proportion of this success was due to SFNE's campaign as opposed to the work of the many other groups involved nationally. However, Department of Health Tobacco Policy Team members highlighted two SFNE activities that they considered to have been of national influence. The first of these was the distribution of 145,000 Fresh-SFNE branded postcards calling for a total ban in enclosed workplaces, which led to the highest response of any region to the government consultation on the proposed legislation (approximately 18% of the government's recorded 60,000 responses were from the North East [Fresh-SFNE, 2006: 27], which has only 5% of country's total population). Second was the production of a survey which showed that 81% of pubs in the District of

Easington, which contains some of the most deprived wards in England, would have been exempt from the legislation under the government's proposal (Fresh-SFNE, 2006: 24). This survey was used nationally to argue that the government's proposal would widen, rather than narrow, health inequalities, thereby running counter to one of the government's own public service agreement targets.

Another activity that was singled out as uniquely effective was a campaign to encourage supporters to write letters to their local paper, which may have been influential in the unusual step of throwing the bill open to a free vote. As one advisory panel member put it:

> 'What I do know is that... (cabinet members, some of whom are in the region) read their local press cuttings...so it did seem that if we kept putting tobacco control in the local newspapers...that were going to be landing on Tony Blair's desk and (other senior government members') desks that they were going to be seeing them each time and they would be seeing that smoking is a big deal for the North East.' (AP6)

An indicator that five advisory panel members mentioned as pointing to early success of the partnership activity was a significant shift in public opinion on the desirability of smoke free public places during the lobbying campaign for the Health Bill. Survey research commissioned by SFNE to measure the success of their early publicity and media campaigns, first in May 2005, and again in December 2005, showed that public support in the North East for smoke free pubs increased from 55% to 66% during this time (Swift Research, 2005; Fresh-SFNE, 2006: 28), compared to 2004, when the support for smoke free pubs was 47% (Fresh-SFNE, 2006: 19). This research was used in lobbying for the Health Act 2006 to counter the assumption that the majority of voters would be opposed to the legislation.

Many of these activities speak to SFNE's ability to reach a wide range of people and galvanise public opinion. They also reflect SFNE's ability to get the right message by the right messenger to the right audience at the right time. This may involve quiet words or letters by respected colleagues to community leaders, social marketing campaigns, or large-scale lobbying efforts (cf. WHO, 2004). Certainly, advisory panel members were in little doubt about the effectiveness of the SFNE lobbying campaign:

'...have they been effective in doing what they set out to do? I would say it's been probably the most successful campaign that's been run on a regional basis... It has been visible and has had a very positive response and attitudes have been consolidated as a result of their activity. So, I would use the (SFNE) campaign and the way in which it's been built up as an exemplar for the future and a lot of lessons to be learnt.' (AP11)

'The (Easington pub survey)…was coming at the government from all sides, including the health scrutiny committee…I do think that the work of the North East was a major factor in making sure (the legislation) did go through.' (RA4)

'The campaign has done an awful lot to raise people's awareness about what smoking means to working people.' (AP8)

Thirteen thought the SFNE campaign was particularly effective. Two were uncertain, having joined the advisory panel after the campaign was won.

The partnership

Of the 15 advisory panel members interviewed, nine expressed an enthusiasm for SFNE and the advisory panel that would be the envy of many partnerships, and one felt too involved to be able to express an objective opinion. The other five were generally positive, but had concerns either about how strategic decisions were implemented (two cases) or about the role of their organisation in the partnership (three cases). Two in this last category were too new to the panel to be able to express a strong opinion, but the ambivalence of their organisation to SFNE's aims and objectives, identified during participant observation, helps explain this. Because they and their organisations considered the advisory panel to be a low priority, they had been delegated to take on the role by previous members from their organization. Of the five that were not interviewed, three expressed a highly favourable opinion of the panel in other observed contexts or informal conversation, one expressed a generally favourable opinion of the partnership, but with some concerns for its management, while the fifth, although supportive of its aims, was not sufficiently involved with the panel to express an opinion on its day to day operation. None of the panel members said that the panel was dysfunctional as a partnership or should be dismantled or radically altered.

Another way of measuring the success of the partnership iss the degree of active pursuit of SFNE aims outside the advisory panel meetings. Sixteen advisory panel members were actively working to establish TC priorities in their organisations and had lent their expertise and status to SFNE to strengthen its influence in the region. (The degree to which the other four members were actively introducing the TC agenda into their organisations is unknown). One representative had set up a smoke free working group in his own workplace independently of his advisory panel duties and, as a medical expert, was a useful and knowledgeable spokesman to the press and in the House of Commons. Another advisory

panel member had been involved in regional politics in a variety of roles for many years and, as a result, was particularly well-connected. SFNE office staff often asked him to identify and facilitate contact with key decision-makers in political, industry and health sectors on behalf of SFNE. Advisory panel members were regularly asked to recruit members of their organisations to write letters to decision-makers, disseminate information and campaign materials and identify problems or opportunities and bring them back to SFNE for consultation.

Most members were highly experienced, well connected and with expertise in a variety of related fields, for instance an elected councillor was also the director of a voluntary community organisation and had a background in health, while the regional assembly representative had a background in business, but had also been a non-executive director of a primary care organisation and was involved with a mental health trust.

Fourteen members had experience with a wide array of partnerships; several expressed the view, and none dissented from the view, that the SFNE advisory panel a uniquely effective example:

'It's the one body that brings together all the different strands…the (different) strands would have lingered on and done some stuff but it wouldn't have been so good and it wouldn't have been as successful and as well coordinated…and it certainly wouldn't have been fitted into some bigger strategy.' (AP12)

'What is Smoke Free North East? I think it's principally a campaign which has very clear objectives about improving health in the region. I think it's a very good brand and I think it's a very good partnership.' (AP8)

'I think what...has been good...is...(that they've) built a dialogue with the trade unions and other sectors which have a role to play and have an interest, but aren't part of the usual suspects when it comes to public health partnerships. I couldn't see another way of those organisations being engaged at a sufficiently senior level for this to have made any kind of impact in the past.' (AP14)

Managers Speaking Emotions

The topic of this paper was first identified during a quarterly advisory panel meeting in June 2006. During a review of the previous year, members took turns making glowing speeches about the partnership managers (SFNE office staff), their fellow advisory panel members and the achievements of the first year. One member stated that this case was the most effective of the approximately twelve partnerships that he sat on. Similar statements were made at external meetings, for instance with the Deputy Chief Medical Officer of England during her fact-finding visit to the region in May 2006 when she met with representatives of SFNE.

On the basis of such assertions by our participants and in keeping with the action research method, we chose to develop and carry out semi-structured interviews on the issue. As expected from studies on emotional expression in professional contexts (Coupland *et al*, 2008; Vince, 2006), these high level managers generally expressed their emotional engagement within the context of concrete cause and effect relationships. Thus much of the data about emotion emerged during the discussion of the following themes:

1) a uniquely independent organisational structure that straddles boundaries;

2) the clear aims and goal-oriented focus of panel activities;

3) the collaborative leadership skills of SFNE office staff;

4) The presence of trust and positive relationships between partners.

These factors are often the subject of partnership evaluation tools and studies (Hudson *et al*, 1999; Huxham and Vangen, 2005; Harrison *et al*, 2003; Hardy *et al*, 2003). In this case, they left partners feeling engaged and useful and helped them to fulfil both personal and organisational aspirations. We shall discuss each of these themes in more detail.

Straddling boundaries

SFNE is coordinated by an office that is intentionally positioned on the boundaries between the NHS, national government and local government, and seven advisory panel members talked about the unique autonomy of SFNE. It is currently jointly funded by the region's primary care organisations (NHS) and the Department of Health (national government), and its offices are situated in the Chester-le-Street District Council headquarters (local government). Although the budget is handled by Northumberland Care Trust, it is managed on a daily basis by the SFNE Director and overseen by a joint committee representing Northumberland Care Trust, Chester-le-Street District Council and Government Office for the North East. Thus, the office serves as a crucial structural bridge between the different 'monolithic' sectors that are involved, effectively smoothing over the 'non-coterminosity' and 'fragmentation of responsibilities' that are too often barriers to effective partnerships (Hudson *et al*, 1999).

This unique position has allowed SFNE to engage in activities and work in a way that the contributing organisations would not have been able to do.

'..having it sufficiently at arm's length from health was very important…for its ability to articulate a view without running into [the] danger of being stamped on by [the] Department of Health for saying inconvenient things' (AP13)

SFNE is also adaptable and able to react quickly to particular challenges, such as quickly reprioritising in order to create an effective lobbying campaign, or being able to approve funds in a streamlined manner for materials, research or staff:

'Now the way the Councils and the NHS like projects to run is that you have a linear plan: you go in there, you do these actions over the next six months and you stop and (assess), then move on to the next bit. Whereas things (at SFNE) are done on the hoof…and I think that's really valuable because it's moved faster than we anticipated. The solid NHS-type body would have struggled to come to terms with the fluidity of the last year and a half.' (AP12)

For the advisory panel members, however, the crucial point was that SFNE could take on board suggestions, advice or requests for support from panel members without having to engage in lengthy approval processes. As a result, they could see their suggestions being implemented, thereby feeling that their time was meaningfully spent and that their input was valued. One member of the advisory panel expressed this point vividly:

'So often…you get these big committees ...and at least half the time they spend discussing what their reporting arrangements are and what their governance structures are and how they operate and who they're accountable to etc. etc. We haven't had any of those discussions, we've been...very task orientated. Which has been hugely

refreshing from my point of view. I wouldn't have stuck around if all we'd done was sit around and talk about who we're accountable to and how do we make sure we report back properly to people about the use of money and so on. That would be completely tedious!' (AP10)

This is not to say that governance issues have been ignored. As one panel member wrote when feeding back on initial results:

'We actually spent focused time before SFNE came into being working on the governance aspects. In other words, while we didn't "waste" time once people were around the table working on the structural aspects, neither did they occur just by chance.' (AP14)

The unusual expenditure and independent management structure has, if anything, contributed to greater accountability than many other more costly, but less innovative, initiatives:

'...it is an incredibly small proportion of the budget that the PCOs [Primary Care Organisations] are spending, [but] they end up scrutinising and putting in enormous personal hours dealing with that rather than the bulk of the spend.' (AP6)

Clear Aims

Ten advisory panel members mentioned their ability to be able to work towards a clear and finite goal as important (three did not mention, two disagreed). Internationally, nationally and

regionally, TC has developed a clear strategy and targets that are repeatedly communicated by the SFNE Office. Huxham (1996) argues, however, that goals must not be too narrow, since this leaves little scope for individuals and organisations to interpret and tailor them to meet their own needs and priorities. In this case, SFNE seems to have found the proper balance between these two issues. The partners know what they are working towards and are able to evaluate their organisation's potential contribution. This was mentioned by members as making their organisations feel 'useful' and 'valuable'.

'...we (sometimes) get invited to get involved (with partnerships) because...it will look good on the marketing literature (and) that's the lot. (But) there's none of that (with SFNE).' (AP1)

'We've managed to come up with things that (our organisation) can do, like it would be good if (a member) had a report on tobacco and agreed to champion it. It would be useful if the chairman wrote to local authorities, so (they've been) given something that they would be happy to agree to that's been very tangible.' (RA4)

'(At a meeting), I asked the director, "What impact will our profession make?" And she said, "We're aiming for ten per cent (drop in smoking prevalence), a ban will be four per cent and (your contribution would be five per cent spread over several interventions), that was phenomenally helpful getting my profession on board.' (AP12)

'I think we recognise that people have all sorts of different experiences and roles... the way I feel is that I bring a wider range of skills than you would normally expect from (someone in my position).' (AP10)

The interviewees also mentioned that they have been challenged to develop new skills. For instance, three advisory panel members went to Parliament to lobby, an activity that they stated was highly motivational for them as individuals. Media training has been offered to all members and five of those that took up the opportunity mentioned this as a significant feature of their own professional development, which in turn increased their commitment to SFNE (ten did not mention it). In exchange, having experts on a wide variety of issues, from environmental health officers to public personalities with a personal story, all able to speak about the importance of TC measures in their areas of expertise is a particularly effective lobbying and media strategy for SFNE (Hooker and Chapman, 2006).

Management and Leadership

Nine mentioned the attitudes and work of office staff as being crucial to keeping them engaged (two mentioned both positives and negatives). During the planning stage, a debate was had about the type of director that would be most appropriate for SFNE. Some felt that a senior 'heavy hitter' would be the best way of lending SFNE credibility and giving it sufficient political clout. In the end, however, it was decided that advisory panel members could lend that clout and seniority, that it would be better to hire a knowledgeable and passionate TC specialist with networking and communication skills, in other words a 'catalytic leader' (Barnes et al, 2005: 95). One element of this catalytic leadership style is 'the application of interpersonal skills to relate to and successfully motivate others' (Barnes et

al, 2005: 95), and indeed SFNE office staff have put considerable care and attention into developing and maintaining good relationships. This has been an important factor in the dynamic of the partnership:

'...they could have gone for the director to be some figurehead-type person who was a...captain of industry and they'd transfer their leadership and management skills to something they've never managed before. Had they (done that), they would have been like an empty shell, chairing meetings and perhaps it wouldn't have come from the heart as much as with (the directors)...But (the staff) have a good track record working with people and in roles that require a bit of humility as well...they've come from a collaborative type background, rather than a directive type background.' (AP12)

'(The director) has been very effective and meticulous about making people feel valued for their contribution. The most excellent management techniques are (those) that don't feel like management techniques and she's got lots of those.' (AP13)

The relationships that work best in the advisory panel are those in which the panel members and the director are in regular contact with each other outside of the panel meetings. This often involves giving the members a reason to engage, such as the director asking them for assistance or giving them particular tasks. Panel members feel that their time is well spent, that they are appreciated and that they are effective, encouraging greater contribution to the process:

'Regular contact between (office) staff and advisory helps. I don't think that a day goes by that I don't get an e-mail from one of them about something or other. I don't

read all of them, but it's useful as a kind of reminder that we're here and we're doing this work. That helps to keep the concept in my mind. Particularly (in my job), we're representatives on [*wave of the hand*]...for instance I'm a member of … [another] Committee, which meets 2-3 times per year and I honestly don't give a moment's thought to…[that committee] outside of that meeting.' (AP10)

'I think the quality of how (the work) is managed in terms of the relationships between the partners and in terms of what the partners are expected to do and the quality of service from the office make it very easy for partners to play their role effectively.' (AP8)

Thus the positive dynamics are not merely a question of luck, but are at least partly due to time and resources dedicated by staff with particular skills. A failure to devote sufficient resources or time to partnerships has been cited as one of their most common downfalls (Huxham, 1996: 248) and in this time of tight budgets and redundancies, there is some concern that posts devoted primarily to supporting collaboration are more at risk than other posts.

Trust and Relationships

'Good relationships' (AP10) and 'the right people' (AP4) were mentioned by seven panel members one was ambivalent). Most attributed this to luck, as one member put it 'it's almost like a dating agency for work, isn't it? If I could tell you how to make that happen, I would make a fortune, wouldn't I?' (AP3). In fact, this is a neglected, but not entirely overlooked, issue in the literature on partnerships. Like AP3, Harrison *et al* (2003) compare partnership

working to romantic relationships. They acknowledge the centrality of one-on-one relationships to partnership working (2003:28) and consider 'trust, respect, honesty and shared risk-taking' to be the fundamental qualities of functioning partnership relationships (*ibid*). This is a slightly different perspective to that of much of the work on partnerships. For instance Hudson *et al* (1999: 248-50) and Huxham and Vangen (2005: 66) focus more on the single issue of trust, of which personal relationships are seen as only one aspect. However, our participants were clear—relationships are central:

'There's a whole lot written (about partnerships), (but) it's really about people working with other people and wanting to work with other people.' (AP12)

Trust was clearly present between advisory panel members:

'They're all positive people, they're quite keen to get involved and they are prepared to put the time and effort or finance into it in their own field of expertise and provide time towards the partnership for the greater good.' (AP4)

'If you get a selection of 12 or 15 people...in most circumstances...there'll be elements of clashes and blockers, but we don't seem to have that. We seem to have a roomful of people who are willing to volunteer ideas, to contribute, to give their time and are also open-minded and excited about other people's ideas.' (AP13)

Comments such as 'they're all positive people' or 'are open-minded and excited about other people's ideas' speak to an emotional dynamic that goes beyond trust, however. These

people clearly like each other and enjoy working with each other. Trust was part of the relationship, but there was a larger emotional dynamic:

> 'It's one of the things with partnerships, you know, a lot of people think they're just mechanisms, but actually it's all about people. Having somebody who smiles at you and says "Hello, mate!" when you walk into the room makes you feel much more of a partnership than somebody whose got their head down and "You're agenda eight," and ignores you until agenda item eight. It's felt very inclusive and welcoming, which has been why people are willing to do a bit more voluntary work towards it than towards other (groups) that they've been involved in.' (AP12)

The advisory panel members' descriptions went beyond the long-term, safe, trusting partnerships advocated in the literature, instead describing a working partnership with 'energy', and 'fizz' with which participants 'want to be involved because it feels an effective and successful body' (AP13).

Emotional Engagement and Grassroots Movement Building

Two advisory panel members said that the SFNE partnership had a 'grassroots feel'. In April 2006, SFNE office staff had their annual planning day. During this meeting, several documents were discussed, including the American Cancer Society's 'Strategy Planning for Tobacco Control Movement Building' (2003b). This document, based on the lessons learned by the grassroots campaigners who founded the TC movement in various US states, includes tips on how to organize successful TC coalitions. The staff talked about how helpful they had

found the guide and how the tenor and approach of the guide underpinned their own approach to their work.

The guide offers a concrete indication of how and why the emotional dynamics of this partnership differed from the careful, trusting, incremental approach advocated in the literature. For example, in suggesting that coordinators should 'lead' rather than 'manage':

'Leaders are movers and shakers, original, inventive, unpredictable, imaginative, full of surprises…. Managers, on the other hand, are safe, conservative, predictable, conforming…team players, dedicated to the establishment.' (American Cancer Society 2003: 58)

The guide is full of strongly emotive assertions about TC and the requirements for being successful at it. For instance, it describes the different kinds of people necessary for a successful campaign:

'[A] sparkplug [is a] small energy source that ignites a whole engine and sets it in motion. Sparkplugs can ignite a movement, coalition or organisation and keep energy flowing through it.' (ibid: 51)

'Visionaries make campaigns "take flight".' (ibid: 52)

'Movement builders reach out to draw in. They recruit more members and make them feel welcomed, valued and needed' (ibid: 53)

A common problem with partnership working is the tendency for partnerships to try to accommodate the different structures, plans, and norms of the different organisations involved, making partnerships slow and cumbersome (Huxham 1996). The American Cancer Society document, on the other hand, exhorts that 'planning is the enemy of opportunity' and that TC coalitions should 'continually re-set the agenda for action.' (2003b: 59). By creating a boundary-straddling structure that was largely independent of the bureaucratic processes of its large member organisations, SFNE was able to respond more quickly to new opportunities. This made the partners felt engaged, valued and enthusiastic.

Far from gradually building trust by taking on 'modest, low-risk initiatives' (Huxham and Vangen 2005: 154) or 'small wins' (Hudson *et al*, 1999: 253), the SFNE advisory panel took the advice of the TC movement building literature and took a big risk (American Cancer Society 2003: 59) by putting the majority of its resources into campaigning for the Health Act 2006 from the beginning. This big risk paid off, not only by handing them a big win on the issue that they were united around, but also by uniting the partners in an exhilarating and personally challenging endeavour. It is true that they might have failed, but the grassroots movement also has tactics to handle failure, notably to dig in further and fight harder, with more passion and more creativity (Stout 1996; Staples 2004).

By constantly reiterating the big dreams of the TC movement, by talking about success stories elsewhere in the world, by greeting advisory panel members warmly, by phoning them to ask their advice on particular issues, the SFNE office staff were following the American Cancer Society's exhortation to be 'sparkplugs', 'visionaries' and 'movement builders'. In so doing, they drew in and engaged the professionals in refreshing ways that, by their own admission, made them more likely to come to meetings and volunteer extra work.

It is a common tenet of grassroots campaigning that by creating a dynamic that is welcoming, energetic, and appealing, people will become more committed, more trustworthy

and more productive. They therefore intentionally use mechanisms to increase positive emotions and to encourage participation. However, this is more often recognised at the citizen participation end of collaboration, rather than in the context of how senior level professionals are engaged, since the latter are expected to be dispassionate, responsive to rationality and professional atmospheres (Fineman, 2000a: 10; van Stokkom, 2005: 401-02; Coupland *et al*, 2008).

Concerns

Although the advisory panel has worked so far as an example of effective partnership working, there are some concerns that are worth highlighting here. One concern mentioned by two panel members is the low level of public involvement. Although the public is meaningfully engaged through the local alliances, there were only two voluntary sector representatives on the advisory panel and, as one was a thoracic consultant, only one could be considered a 'non-expert'. Their kind of input is often couched in terms that the coordinators have found difficult to incorporate in their 'evidence-based' approach. This problem is by no means unique to SFNE or to partnerships. Moreover it is too complex to be addressed here. However, there needs to be more recognition that members of the public may require extra, or at least a different kind, of effort to incorporate them into partnerships in a meaningful way.

Four members flagged up the need to widen the funding base as a potential problem for the advisory panel. At the moment, the funding comes from two sectors of its membership, the NHS and the Department of Health. While broadening that funding base might increase the size of the budget and would help to spread the financial burden amongst partner organisations, it could also have an impact on the dynamics of the panel:

'There's a few of us...who sit there and say "Well, I feel that I can't really contribute to discussions (about issues) that would require financial input". I don't feel right in actually saying "Yes, I think you should spend the money this way," because it's not my money in the first place.' (AP3)

'I asked, "Do we have a vote on this board, because they're providing the money?" And we were told "Yes", but I'm still not comfortable about it...we did have a bit of a question mark over whether we had a legitimate right to do that.' (AP4)

For these respondents, having a wide range of funders is not just important for obtaining sufficient funds, or increasing the security of funding, but also for improving their sense of legitimacy on the panel.

Finally, of course, the advisory panel is still in its early days. Whether the partnership can maintain its momentum beyond the boost provided by the 'big win' of the lobbying campaign, whether it can survive the change in direction necessary for the next phase of TC activity, and whether it can maintain the enthusiasm and sense of purpose that now characterises the meetings remains to be seen. Again, however, the American Cancer Society document gives guidance on this issue: 'Find new initiatives to keep momentum' (2003: 59) it commands, which is exactly what SFNE began working on in 2007.

Conclusion

Most commonly identified barriers to partnership working have been effectively addressed by SFNE through its governance and managerial arrangements, but from the perspective of its advisory panel members, many of whom are familiar with the grey literature on partnerships,

it is the personal relationships and emotional engagement that make or break a partnership. These factors are notoriously difficult to intentionally create and to pin down, perhaps helping to explain their relative marginalisation in the literature. In this case, rather than turning to popular management literature, which attempts to control or manage emotions in a hierarchical setting (Bolton, 2005: 45-65), the partnership coordinators have taken their lead from the grassroots movement, which emphasises motivation and integration through equality and collaboration.

Many partnership evaluations seem to rely primarily on interviews (Audit Commission, 2005: 12; ODPM, 2005: Appendix 2) or self-assessment (Hardy et al, 2003). The interviews in this research were undeniably useful in exploring the perspectives and opinions of participants, but were not useful in explaining how and why the relationships work. However, combined with participant observation and iterative cycles of participant feedback, the key issues that could most usefully be explored in more depth were identified, intentionality and causality were elucidated and the correlation of the stated viewpoints with actions could be noted. The cause and effect relationships highlighted were not necessarily recognised by the participants, and hence would not necessarily have been expressed in interviews. In highlighting the importance of relationships and emotional engagement, we are not arguing that good governance and structures have no value. Indeed, it is clear from the examples given above that good governance, management and structures have facilitated good relationships in this instance. As one panel member responded when this finding was suggested to him:

'I'd say that SFNE has been approached as a more thought out campaign than most partnerships I've been part of. The very fact that some people have felt it to be more

organic is a reflection of how well the preparatory/backroom work paid off—people didn't feel it to be a restrictively mechanistic approach.' (AP14)

However, governance and structures can all too easily become the central focus of partnerships, and that 'most self-evident and elusive' (Hardy *et al*, 2003: 28) principle of ensuring good one-on-one relationships is ignored or forgotten, probably because it is seen as too difficult to tackle or something that can only be left to chance.

The ethos of grassroots campaigning was explicitly adopted by the SFNE office team and had a notable influence: advisory panel members were more likely to come to meetings; more likely to go out of their way to advise the office staff; and more likely to engage with their own organisations in an effort to further TC goals. Managers of high level partnerships should not assume that the rational justification ('the incentive') for involvement in a partnership is sufficient to ensure its effectiveness , even for senior level managers and professionals. Rather, they should take a lesson from the grassroots organizing manuals and recognize one-to-one relationships as the key means to 'motivate, integrate, facilitate, educate and activate' (Staples 2004).

Acknowledgements

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Table 1: the eight strands of the regional TC strategy as developed and delivered by SFNE. For acronyms, see Table 2

Strategic Plan	SFNE Activities in 2005-06	Key NE Agencies
Establish an appropriate infrastructure for TC in the North East	Establish and support local tobacco alliances, raise the profile of tobacco related issues in organisations, increase number of knowledgeable TC advocates in NE	SFNE Office, advisory panel and alliances.
Reducing exposure to second-hand smoke	Lobbying for passage of Health Act 2006; coordinating implementation, supporting implementation of smoke free NHS, smoke free prisons, smoke free workplaces	Lawmakers, voluntary orgs, Trade Unions Congress, Business sector, Health and Safety Executive, Environmental Health, PCOs, Acute Trusts, Mental Health Trusts, HM Prisons, Roy Castle Lung Foundation
Stop smoking support	NHS Stop Smoking Services, media support	NHS Stop Smoking Services, PCOs
Education and media campaigns	Supporting national campaigns, public relations, distribution, schools programmes	Public Relations Firm, OneNE, PR staff in regional and local government, PCOs and SHA, voluntary organisations.
Reducing tobacco promotion	Ensuring compliance with national advertising bans	NETSA

Tobacco regulation	Monitor the warnings on tobacco products, regional response to government consultation on graphic pack warnings.	NETSA, Local Authorities
Reducing the availability and supply of tobacco products	Enforcement of age restrictions, sale of smuggled and counterfeit tobacco, coordinating a response to government consultation on increased legal age of sale.	NETSA, Customs and Revenue, police, Government Office NE
Monitoring and evaluation	Monitor NE prevalence rates, smoking cessation rates	NE Public Health Observatory, NHS Stop Smoking Services, commissioned research agencies

Table 2: Membership of the SFNE Advisory Panel as of October 2006

Organisation	Sector Represented	Comments
Centre for Tobacco Control Research	Monitoring and Evaluation	Based in Scotland: not involved in daily operation
Regional Director of Public Health	NHS, National government	Advisory Panel Chairperson
North East Strategic Health Authority (SHA)	NHS	
Northumberland, Tyne and Wear	NHS	Representing funders

Primary Care Organisations (PCOs)		
County Durham and Tees Valley Primary Care Organisations (PCOs)	NHS	Representing funders
Newcastle Primary Care Trust	NHS	Chairperson of Intelligence sub-committee
Regional Local Authority Chief Executives' Group	Local government	
Association of North East Councils (ANEC)	Local government	Advisory Panel vice-chairperson
North East Chamber of Commerce	Local business	
North East Trading Standards Association (NETSA)	Local government (professional group)	
Environmental Health Representative	Local government (professional group)	
Smoke Free North East Office	Independent	
Voluntary Organisations Network, North East (VONNE)	Voluntary Organisations	
Commission for Patient and Public Involvement in Health (PPI)	Public	
North East Regional Assembly	Regional Government	
One North East (OneNE)	Regional Development Agency	
Health and Safety Executive (HSE)	National government	

Smoke Free North East Regional Alliance	Multiple	Representative of local TC partnerships

Box 1: An outline of the unstructured interview guide

Personal Details Name Job Professional background Amount of time working in tobacco control (TC) Why/how did you get involved in TC?
TC What does 'tobacco control' mean to you? What are the most important components of TC?
SFNE What is Smoke Free North East? What alliances/working groups are you a part of? In what ways are you involved with SFNE activities? How is it doing? What things could it do better? What is it doing well? How are other public health issues tackled in your area?
Your organisation How is TC seen in your organisation? SFNE? Do you have support in your TC activities? Do people accept the importance of TC?
Partnerships (if not already discussed) How does the partnership work? Is it more or less successful than you expected? Have you had experience with multi-agency partnerships before?

Box 2: Themes identified and coded in semi-structured interviews

Colour	Theme
Yellow	Media, use of, evaluation of
Orange	Partnership, how it is working, what is done well, what could be improved
Blue	Role of their organisation and perceptions of SFNE in their organisation
Purple	Structure and governance of SFNE office
Pink	Their opinion of the importance of tobacco control and the efficacy of the tobacco control movement
Green	The role of SFNE, what it is and their own identification with it
Red	Outcomes of the partnership and how they were achieved
Blue text	The experience and impact of the campaign for the Health Act 2006
Pink text	Staff skills, including discussion of leadership and management