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**Collaborating for governance experiments on societal challenges:
A dispositive process perspective**

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*Collaborating for the Future: Organizing across Organizations for Societal Challenges
from a Practice and Process Perspective*

ABSTRACT

Tackling societal and grand challenges requires the collaboration of multiple organizations and actors on a common issue to innovate, which can take the form of so-called ‘governance’ policies. In the context of collaborative public innovation, governance experiments have become widespread, but are subject to tensions in relation to the articulation between local implementation and wider diffusion and to the articulation of the tight project time with processes of collective action.

Drawing on a post-analysis of a major experiment in France to prevent ‘avoidable’ hospitalizations of frail elderly people, this paper proposes to shed a new light on governance experiment as ‘dispositive implementing’, articulating the theoretical notion of the Foucauldian dispositive in organization studies with process studies.

Through the analyse of the ‘dispositive implementing’ of a platform that aims to be a single desk to better coordinate elderly care pathways between health and social professionals, the research highlights the variety of elements in the dispositive and that the intensity of the links between them comes from physical aspects, such as co-location, strategic discourse, but cannot be achieved without frequent and close management combining bilateral and collective relations. It also suggests moving away from the dichotomy between design and implementation in experiments towards a more continuous process of concretisation.

KEYWORDS

Elderly care, care pathways, experiment, governance policy, dispositive

INTRODUCTION

« Taken together, these analyses show that local situations are highly heterogeneous, making it difficult to compare territories on the basis of strictly common indicators. »

« Looking at the results territory by territory, we can see that **the sooner the territories entered the programme, the more sustainable the results are¹.** »

(Final press release on Paerpa experiment, 2020, p.11)

The above quotes are taken from the final report and communication of the main French national experiment on the care of frail elderly people, which ran from 2013 to 2019. Called Paerpa (*Parcours de santé pour les personnes âgées en risque de perte d'autonomie* / Frail elderly care pathways), the experiment consisted of a program of measures aimed at preventing “avoidable” hospitalisations due to sudden breaks in the care pathways of people over 75. Among the forty actions of the programme, the major one was to establish a platform that could act as a single desk to inform and to support social and health professionals involved in frail elderly care by facilitating the achievement of personalised care plans and by easing professionals’ coordination. Implementing such a platform of coordination between professions and institutions, called CTA (*Coordination Territoriale d'Appui* / Territorial Coordination Support), reveals to be an organizational challenge, as health systems have been structured in compartmentalised logics through pathologies (Breton et al., 2019) and a division of labour between professions (Abbott, 1988).

In ageing societies, as is the case in many countries in the world, organizing care pathways for frail elderly people is an example of societal challenge that requires a collaboration between a range of different actors and institutions, carrying complexity, diversity, and uncertainty (Ferraro et al., 2015; Head, 2019; Lauche, 2019). To this aim, experimentation has become a common mode of action to innovate and learn about potential ways to address societal challenges (Ferraro et al., 2015; Laakso et al., 2017). It is especially the case when it comes to public policies developed in a ‘governance’ context (C. Ansell et al., 2023; C. Ansell & Geyer, 2017; Turnheim et al., 2018), where governance refers to the collaboration between different public and private actors (Ansell & Torfing, 2016).

We argue that such implementation of experiments cannot be understood as simple projects management in a strict *evidence-based policy* perspective, particularly due to local adaptations

¹ Our bolded emphasis.

in the process that change the original experimental frame (Hilbolling et al., 2022; Loorbach et al., 2020). Research on such kind of experiments suggest that there are tensions around, on the one hand, the articulation between issues of global steering and local adaptation (Moulaert et al., 2005), and, on the other hand, around the sought synchronization of the “clock-time” involved by a national project management, and the “process-time” of local action elaboration in pre-existing settings (Dougherty et al., 2013).

The purpose of this paper is to shed a refreshed theoretical light on the implementation processes of governance experiments to better understand their distinctive features and the ways that makes them effective in a constrained time.

To this end, we propose to use a process approach of the Foucauldian ‘dispositive’ (Aggeri, 2017; Raffnsøe et al., 2016). The latter aims to analyze organizing as a purposefully regulated arrangement of related heterogeneous elements (discursive, material, cognitive, human, relational) that frames the actors’ practices. Analyzing the temporal implementation of ‘dispositives’ in governance experiments then aims to better understand how change occurs on experimentation fields within a constrained time.

Using this theoretical framework, we address the following research questions: How do governance experiments unfold through dispositive implementing? How can contrasting processes be understood?

Using data collected as members of the implementation process evaluation team of the Paerpa experiment, the research is focused on the implementation process of the CTA dispositive in two territories. Contrasted implementation processes within a similar timeframe of project management reveals how processes of governance experiments departs from a linear view of organizational change. They reveal a mix of heterogeneous elements, from strategic discourse to the design of an institutional space of collaboration, that can remain artificial if they are not echoed with close concrete perspectives to keep participants involved. Deploying fastly and effectively the ‘dispositive’ appears to be facilitated when actors move away from the management project distinction between design and implementation to foster an ongoing process of implementing an incomplete but operating ‘dispositive’, which is then completed and whose links are strengthened. The cases both shed light on the essential element of the local experiment management to manage the required continuous intensity of relations with participants and articulate the elements of the ‘dispositive’ over time.

This paper proposes a first contribution by showing how a ‘dispositive’ perspective enlightens the process of governance experiments in its complexity, moving away from the linear view of

organizational change. Second, it contributes to understand how “clock-time” and “process-time” articulate or not in governance experiments and the way to handle this tension.

The remainder of the paper first introduces a literature review on inter-organizational collaboration for societal challenges and the characteristics of governance experiments. It then outlines the dispositive theoretical perspective to analyze processes of governance experiments. In a third part, the research context and the methodology are exposed. We then turn to the findings which open to a discussion section in the last part.

1. TENSIONS IN THE MANAGEMENT OF GOVERNANCE EXPERIMENTS

1.1. Tackling complex social issues through governance experiments

Societal challenges, whether referred to as ‘grand challenges’ (Ferraro et al., 2015) or ‘wicked problems’ (Rittel & Webber, 1973), are characterized by the diversity of actors and views on the issues at stake, by the uncertainty about the solutions to be implemented and their impacts, and by their inherent complexity due to the variety of actors involved (E. H. Klijn & Koppenjan, 2014). They cover a wide range of societal issues, from environmental protection, climate change mitigation, poverty reduction, to health issues such as societal ageing (Bianchi et al., 2021). From an organizational perspective, tackling societal challenges requires the collaboration of multiple organizations and actors at different levels on a common issue to innovate (Ferraro et al., 2015). Inter-organizational collaboration is then not just an option but a process in which autonomous but interdependent actors work together in an organized way (Ansell & Torfing, 2016).

In the field of public administration and policy, ‘governance’ refers to a third model of public action, alongside Weberian bureaucracy, based on rules and hierarchy, and New Public Management, based on market mechanisms. Given the limitations of the last two to address public issues combining lack of knowledge and multiple parties (Ansell & Torfing, 2016), ‘governance’ policies means that public action is carried out through networks between multiple actors, at different administrative and political levels but also private (citizens, non-profit organizations, possibly for profit) in the perspective of being more participatory, innovative and accurate to the local contexts (Osborne, 2006; Sorensen & Torfing, 2009).

Governance is particularly adapted in the search for policy innovations (Klijn & Koppenjan, 2016; Torfing, 2019; Torfing & Ansell, 2017), with a possible perspective of ‘path creation’ (Garud & Karnoe, 2001).

However, research has documented the pitfalls of implementing governance policy, due to multiple complexities - cognitive, relational, and institutional (Klijn & Koppenjan, 2016), and the need for management and leadership adapted to governance contexts (E.-H. Klijn & Koppenjan, 2004; Torfing & Ansell, 2017). In these contexts of collaborative public innovation, experimentation in governance policy has become widespread, especially in environmental and health issues (e.g. Laakso et al., 2017; Newman et al., 2017; Touati et al., 2019).

1.2. Tensions in governance experiments

Following McFadgen & Huitema (2017, p. 164), a policy experiment can be defined as “a temporary, controlled field-trial of a policy-relevant innovation that generates evidence for subsequent policy decisions”. It provides a space with possibly relaxed institutionalised rules and dedicated resources to test and learn about potentially valuable interventions for a societal issue. We refer to governance experiments as policy experiments that take place in the context of governance policies, involving the collaboration of multiple and autonomous actors.

Governance experiments go along with tensions that have been identified in the literature. A first tension relates to the link between global policies and local initiatives (Loorbach et al., 2020). As governance experiments are implemented ‘in vivo’, there is a need to articulate with pre-existing practices, actors, organizations, and adjacent policies, at the risk of being rejected during the experimentation period or hindering their sustainability (van Buuren & Loorbach, 2009). Implementing a governance experiment is a process of appropriation that generates *ad hoc* design and a singular dynamic of ‘customization’ (Moulaert et al., 2005). But this comes in tension with the perspectives of comparison and diffusion held by policy pilots at a national level for example (Loorbach et al., 2020).

A second tension is temporal. Time conflicts are inherent between political, local and scientific actors (Voß & Simons, 2018), but also between participants from different institutions (Hilbolling et al., 2022; Klijn & Koppenjan, 2016). There is a particular tension between two conceptions of time (Hilbolling et al., 2022; Reinecke & Ansari, 2015), namely “clock-time” and “process-time”. The former refers to a linear view of processes, focused on following schedules and meeting deadlines, as in usual project management (Brunet et al., 2021). The

“process-time” view considers time in articulation with events and action, in which practices and learning occur in non-linear processes (Chia, 2002). In the context of multi-party experiments, reaching synchronization of both times, under the dominance of “clock-time”, appears to be a challenge (Dougherty et al., 2013), that some recent work departs from to explore ways of transient and partial coordination in a “process-time” approach of experiments (Hilbolling et al., 2022).

In this paper, we first consider governance experiment as a process of organizational change. Following the typology of Van de Ven & Poole (1995), we explore the interest of moving away from a linear and determined view of governance experiments as project management, to consider them in a “teleologic” perspective where the analytic emphasis is placed on learning and recurrent actualization of ends and means over time within the “clock-time” constraint of the experiment schedule. Second, we approach the implementation of governance experiments as a concretisation process that articulates different levels of action and different organizational elements. In this vein, the Foucauldian notion of the ‘dispositive’ offers a promising theoretical perspective.

2. GOVERNANCE EXPERIMENT AS A PROCESS OF ‘DISPOSITIVE’ IMPLEMENTING

The importation of the work of French philosopher Michel Foucault into management studies has been a major theoretical movement since the late 1980s (Carter, 2008). Raffnsøe et al. (2019) identify four major themes that have been imported from Foucault's work: discipline, the place of discourse in the construction of organizational problems and individuals, subjectivity and self-care, and governmentality. The latter is understood as a specific way of “conducting the conducts” through a liberal government that does not rely only on coercive instruments, such as law and discipline, but aims to ‘frame’ the scope of individual action (Aggeri, 2017; Raffnsøe et al., 2016).

In his lectures on governmentality (Foucault, 1994a), Foucault demonstrates that governmentality rests on the ability to ‘dispose’ (arrange) different means for an end. In this sense, the Foucauldian ‘dispositive’ is the infrastructure of governmentality (Aggeri, 2017). While central in Foucault’s work, the concept has remained in the shadows of Foucauldian research in management and organization studies, be it for translation issues or early critics of Foucault’s commentators (Raffnsøe et al., 2016).

However, over the last decade, the interest of the concept for contemporary organizational analysis has been highlighted and elaborated as an approach that moves away from major dichotomies (autonomy/control, structure/agency, inside/outside, subject/object) and from organisational entities to focus on organisational practices and processes. It is also an approach that recognises ‘framing’ effects on individual and collective actions without strictly determining them (Raffnsøe et al., 2016; Villadsen, 2021).

While Foucault used the concept repeatedly and in an evolutionary manner in his works, he himself only came late to define what is a dispositive, as:

“a thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic propositions – in short, the said as much as the unsaid. Such are the elements of the dispositive. The dispositive itself is the network of relations that can be established between these elements. (...) By dispositive, I mean a kind of - let's say - formation, which, at a given moment in history, had the major function of responding to an emergency. The dispositive therefore has a dominant strategic function.” (Foucault, 1994b, p. 299)²

In the cited text and in subsequent developments, Foucault insists on some key features of the dispositive (Aggeri, 2017; Charrier et al., 2024; Le Breton & Aggeri, 2018; Raffnsøe et al., 2016; Villadsen, 2021):

- 1) The dispositive elements are **heterogeneous**, both material and non-material, structural, discursive, scientific and non-scientific. Rather than determining *ex ante* what the elements of the dispositive are, Foucault leaves open what constitutes it and what contributes to framing individual practices, this is even a methodological choice.
- 2) The fundamentally **relational nature** of the dispositive: he seeks to distance himself from substantive approaches to power, by placing at the centre of the study the links and the nature of the links between the elements and their evolution.
- 3) The dispositive is driven by an intention, **a purpose** put forward by an actor who wishes to guide the behaviour of other actors. While it provides a framework for action, it does not reduce the process to a simple top-down application. It is a driving force behind the

² Our translation adapted from Linguee.

constitution of the dispositive, but the latter is also shaped by reactions, initiatives, the knowledge generated, and the links with existing dispositives.

- 4) The evolution of the dispositive is **not determined**: it is uncertain and recursive, a product of the evolution of the elements and their relations.
- 5) The dispositive frames **practices**.

Following previous organization and management scholars (Aggeri, 2017; Le Breton & Aggeri, 2018, Raffnsøe et al., 2016, Villadsen, 2021), we propose to define a dispositive as a purposefully regulated arrangement of heterogeneous elements (discursive, material, cognitive, human, relational) that acts on the actors' practices.

Methodologically, dispositive analysis relates to a constructivist perspective in which the elements are not predetermined but elaborated through the researcher's analysis (Aggeri, 2017). Foucault also insisted on the use of a genealogical perspective to make things more visible as they take shape (Aggeri, 2017). This calls for attention to the study of dispositive implementing as the process of organizational change through which a dispositive is elaborated, adapted, revised, and comes to a temporary but relatively stable existence in articulation with other dispositives.

While a dispositive refers primarily to a 'spatial' arrangement, we argue that such a study could benefit from the theoretical and methodological contributions of the process studies (Langley et al., 2013). This articulation of process analysis with other theories is not uncommon and has already proved fruitful in the analysis of inter-organizational collaboration, particularly in explaining the interplay between structure and agency (Berends & Sydow, 2019).

The methodological tools of process research and previous research in addressing the management of inter-organizational collaboration as a process phenomenon provide a time-oriented theoretical frame for exploring our research questions on the analysis of governance experiments' implementation: How do governance experiments unfold through dispositive implementing? How can contrasting trajectories be understood?

3. RESEARCH CONTEXT AND METHODOLOGY

3.1. Research context and journey

The ageing of the population is already evident in many countries and will continue to increase until the middle of the 21st century. For example, in 2050, 16.4% of the French population will be over 75 years old, representing 12.1 million people, compared to 9% in 2013 (Desrivierre, 2017). This unprecedented phenomenon raises the question of how societies can support the loss of autonomy of some elderly people and their ability to live safely at home. Multiple care services have been developed to provide health, social and technical support, but a key issue remains the coordination of care services and actors in care pathways (Contandriopoulos et al., 2004; Røststad et al., 2015) to avoid sudden breaks that end in emergency hospitalisations.

In 2013, the French Ministry of Health and Social Affairs launched the experimental programme Paerpa, which was initially implemented in nine experimental territories following a call for projects. The experimental programme involved the design and implementation of actions and services for a better coordination around elderly care pathways between individual actors and organizations in the health and social care sector (general practitioners, nurses, physiotherapists, pharmacists, social workers, medical practices, hospitals, long-term dependency care, nursing homes...). To this end, it offered the development and funding of personalised care plans, new information systems and administrative support, but the major action was the creation of a ‘CTA’ (*Coordination Territoriale d'Appui / Territorial Coordination Support*) on each territory. CTA were thought as “information and support platform to professionals, elderly, and their caregivers. It offers a single desk service to direct them to the region's health, medical and social resources³”.

In this paper, we focus on the implementation process of the CTA that we consider as a dispositive implementing process. Out of nine territories, the analysis is concentrated on two of them, anonymized “North” and “South”, to investigate in depth how contrasted trajectories occurred and enlighten the final statement on “clock-time” discrepancies between territories and its consequences.

³ <https://sante.gouv.fr/systeme-de-sante/parcours-des-patients-et-des-usagers/le-parcours-sante-des-aines-paerpa/article/les-outils-de-coordination>

The governance experiment was developed using a multi-level governance approach (Touati et al., 2019). It combined a national steering committee with local project management held by the Regional Health Agencies (RHA). At the local level, each experiment was developed using a network approach, typical of the public governance model. The process involved mobilizing and managing multiple stakeholders and professionals.

The experiment followed a “temporal structure” (Orlikowski & Yates, 2002) of project management. A first phase of design intended to elaborate a roadmap, including the CTA dispositive, and it was compulsory that it ends after 9 months. A second phase of implementation followed once the roadmap validated in a “go/no go” project milestone.

When the implementation process evaluation began in March 2016, the second phase was engaged for 18 months. Despite this, there were significant discrepancies in the trajectories of implementation. As members of the evaluation team, we had the opportunity to analyze how governance and actions were designed and implemented with a direct access to the fields.

3.2. Data collection

Process research “builds on “process data” (Langley, 1999), i.e., data that capture empirically in one form or another events, activities, practices, choices, doings or sayings over time” (Brunet et al., 2021). It is very congruent with the data needed to analyze a dispositive formation, which involves tracing the origins of the dispositive and identifying its various elements and the relationships between them (Aggeri, 2017; Charrier et al., 2024; Raffnsøe et al., 2016; Villadsen, 2021).

The process evaluation work was carried out over 18 months, between 2016 and mid-2017. The first step was to gain a general understanding of the experiment and its history, by reading documents and interviewing informants to design the fieldwork. To promote methodological triangulation (Denzin, 2006), the fieldwork was conducted through participant interviews, documentary analysis, and field visits and observations. Semi-structured interviews followed a chronological line to collect how the CTA dispositive was implemented and developed in the territory. All interviews were systematically transcribed and shared among the research team. The table 1. below outlines the material collected on each case.

	North case	South case
Semi-structured interviews	20 1 RHA Project manager 3 RHA Project management team 1 RHA General manager 1 RHA member of another regional service 1 CTA Head 2 CTA coordination nurses 2 Managers in the field of autonomy at the Department council 3 Representatives of professional unions 1 Manager in charge of the information system project 5 other stakeholders representatives : hospital, home services for elderly, long-term dependency care	11 1 RHA Project manager 1 RHA Project engineer 2 CTA Co-Heads 1 Head of complex elderly care dispositive 'MAIA' 3 Hospital members: geriatrics and social services 1 Mission manager in the field of autonomy at the Department council 2 Managers of city social services
Internal and communication documents	Multiple presentation slides at different experimentation steps Roadmap Administrative contracts Communication brochures Performance and activity reportings	Multiple presentation slides at different experimentation steps Roadmap Administrative contracts Communication brochures
Field visit	2 days: next to interviews, include visit to the premises, software demonstration, local tools and their use, informal discussions on experiment management.	1 day: next to interviews, include visit to the premises, software demonstration, local tools and their use, informal discussions on experiment management.

Table 1. Collected data on the two cases

3.3.Data analysis

Both process and 'dispositive' research follow an iterative process of data analysis from raw data to theory building. In our study, the aim was to 'trace back' (Langley, 2007) from a state of implementation of the CTA in two territories, to reveal how 'dispositive' implementing explains convergences and discrepancies between the case-studies.

Our data analysis strategy unfolds in three successive steps. The first step was to examine individual case-studies through a longitudinal study of implementation and a thematic analysis focused on the CTA from which we wrote monographs. This grounded analytical step helped to identify a variety of dimensions that occur in the process of implementing governance experiments. It also identified a time constraint, roadmap validation, with consequences as delays appeared in both cases, but at different moments and with contrasted consequences.

In a second step, we went back to literature to explore theoretical explanations and frameworks to make sense of the observed process. We found literature on dispositives, processes, and time collisions as promising frameworks. In a third step of analysis, we returned to both case-study data with common 'temporal brackets' (Langley, 1999), representing the 'clock-time': pre-experiment, from experiment start to roadmap validation, and the first 18 months of roadmap implementation. Within each case, we used the NVivo software to code data following a

strategy of ‘event’ coding around What/Who/When codes (Hilbolling et al., 2022). Then we made cross-analysis between What/Who codes within a common timeframe and identified elements of the emerging dispositive, relations between them, and issues of articulation with other dispositives.

4. FINDINGS

The deployment of the Paerpa experiment in the two territories, North and South, is analyzed on the basis of the final CTA dispositive 2 years and 3 months after the start of the experiment in each territory and 18 months after the start of the implementation phase. We compare the pace and methods of deployment of the governance experiment in the two territories. The structure of the results follows a chronological, process-based, order in three successive periods:

- The configuration in the two territories prior to the start of the experiment (4.1).
- A design phase clearly identified in the piloting of the experiment: this runs from the launch to the validation of the roadmap by the national steering committee, the latter being equivalent to a ‘go / no go’ moment in project management. The duration is 9 months in both cases, imposed by the national steering committee (4.2).
- An implementation phase of the roadmap in the territories, for which we focus on the CTA (4.3).

Each period involves multiple actors, organizations and actions that we describe below in Table 2.

Main actors / Organizations /Networks who act in the PAERPA experiment	Acronym	Description
Regional Health Agency (<i>Agence régionale de santé</i>)	RHA	Administrative public body of the French State responsible for implementing health policy in its region (source : Wikipedia)
Departmental Council (<i>Conseil départemental</i>)	/	Elected representative assembly with social competence and a dedicated administration.
<i>Coordination territoriale d'appui</i> / Territorial Coordination Support	CTA	Single desk platform to provide information and support in coordination to professionals, elderly, and their caregivers.
<i>Centre local d'information et de coordination</i> / Elderly care coordination centre	CLIC	Organization providing information on social services to elderly and their caregivers, support to professional coordination

Method of Action in Integration and Autonomy for dependent elderly	MAIA	Organization dedicated to ‘complex case management’ of loss of independence and to territorial animation of professionals
Gerontological Health Networks	GHN	Organization composed of health professionals specialized in global care for elderly in support of GPs
Public Hospital	/	One or several public hospitals are present in each Paerpa territories. Key actors but involvement in the experiment varies from one to another Paerpa territory
Paerpa project manager/Paerpa project team	/	Team in support of Paerpa experiment on the territory. Size and proximity of the team with territorial actors vary from one to another Paerpa territory
Public policy experiments in which actors / organizations / networks act	Acronym	Description
<i>Parcours de santé pour les personnes âgées en risque de perte d'autonomie /</i> Frail elderly care pathways	PAERPA	2013 to 2019. Experiment consisted of a program of measures aimed at preventing “avoidable” hospitalisations due to sudden breaks in the care pathways of people over 75
‘Article 70’ experiment	/	2011 to 2015. Experiment dedicated to the management of hospital admissions and discharges of frail elderly people

Table 2. Glossary of the specific actors / structures / actions

4.1. Before the experiment: local, but fragmented, dynamics around local leading actors

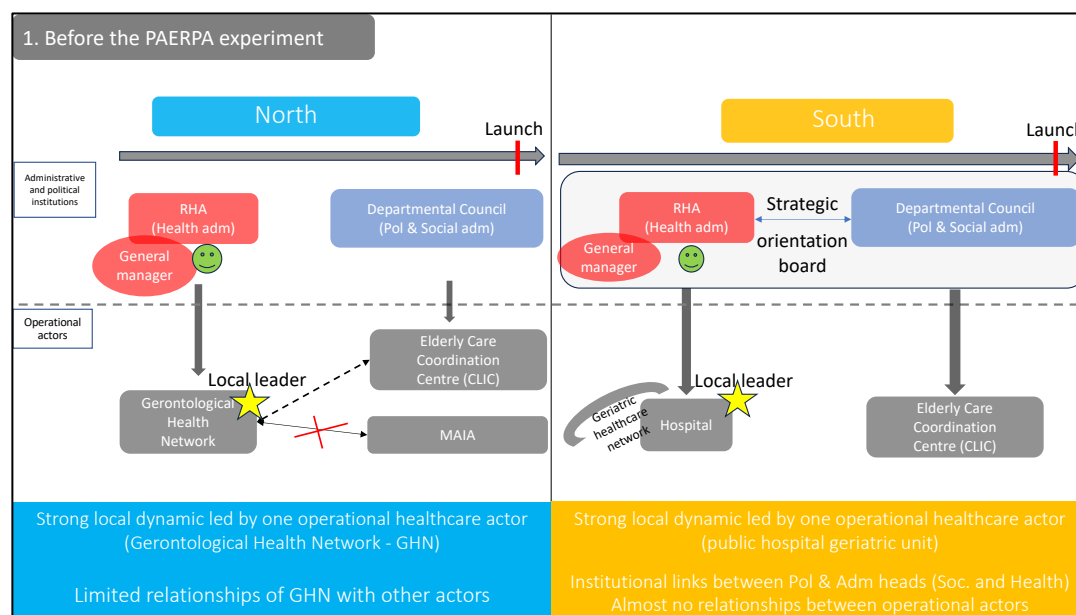


Figure 1. Configuration before the Paerpa experiment

4.1.1. North: a central but contested gerontological health network

The North case is located in a dense urban area, comprising a large central city and about twenty adjacent municipalities. It is considered to have a very good range of health and social services compared with other areas of the department. As the main town, this is where the departmental council and the headquarters of the Regional health agency (RHA) are based.

The area has been identified as dynamic, particularly through a Gerontological Health Network (GHN) that has been in existence for around ten years, and whose director is very active in local coordination and participation in experiments. The various stakeholders see her as a local leader:

- through links with General practitioners (GPs) and their patients:

“60% of our referrals come from GPs. (...) Either directly, or the family calls and says ‘the doctor said I should call you’. So that’s the way it’s been for years.”

(Director of the GHN)

- through links with the geriatrics department of the University Hospital Centre, that are historical professional links and within the framework of a previous experiment, known as ‘Article 70’, on the management of hospital admissions and discharges of frail elderly people:

“There is a close partnership with the hospital, and an organization has been set up at the hospital, particularly to identify its patients. So, in this case, it’s the mobile geriatric liaison team from the hospital that identifies patients who can benefit from the scheme.”

(CTA nurse, previously assigned to the ‘article 70’ experiment)

Through the Departmental Council's social responsibilities, the territory also has dedicated services to support the care of dependent elderly and their families, which are widely deployed in France: a CLIC (*Centre local d’information et de coordination / Elderly care information and coordination Centre*), to inform and support elderly and their caregivers with social services, and a MAIA, to manage ‘complex cases’ of loss of independence and to coordinate professionals involved across the territory.

But relations between the heads of these structures and the GHN are loose. For example, the representative of general practitioners has reservations about the visibility of the structures and actors involved in social and healthcare coordination:

“The (gerontologic health) network provided the beginnings of coordination, ... but only to a limited extent, as there was no link with the (departmental) council.”

As I always say, (...) after 30 years in practice, I didn't even know that there was a CLIC in (X).” (General practitioner, president of the Professional union at the start of the experiment)

Tensions crystallize around the relationship between the MAIA, which has been experimented in the area for 4 years, and the GHN, with conflictual relations between the two managers.

Beyond the experimental territory, the RHA is already involved in health care pathways, within a local care department which is running the ‘article 70’ experiment. As for the Departmental Council, in addition to its existing commitment through the CLICs and MAIAs, there are some operational initiatives on an *ad hoc* basis:

“The (health) networks had been talking about this even before Paerpa was set up. At a meeting, they showed us the SEGA grid and said that it would be very useful for (departmental autonomy) advisers to use it to identify frailty. So they used it at the same time as their assessment with (their own) grid. So they were doing it even before Paerpa.” (Director, Department for the Elderly and Disabled, Departmental Council)

We can therefore observe a strong dynamic around a leading actor, the local gerontological health network, but also a still limited, or even conflicting, relationship with the actors to be involved in the Paerpa experiment.

4.1.2. South: a highly structured hospital in geriatrics, but only health-related

The South case covers a territory representing a third of the department concerned, with a medium-sized town in the centre surrounded by rural areas. As a result, the population has unequal access to health and social services. The main town is not the chief-town of the department and is an hour's drive from the RHA head office, while the RHA local delegation has few human resources.

As in the North case, there is a well-established local dynamic, in the health and social fields respectively, but it is not articulated. The focal point of the healthcare dynamic is the hospital centre and its head of geriatrics, who is unanimously recognized for her investment over twenty years in formalizing a complete geriatric care network, including a mobile geriatric liaison team within and outside the hospital:

“So, there is indeed a past (...) but a positive one in (region) because we are... (...) foreshadowing the France of tomorrow because we have a very high

percentage of elderly people whatever the territory (...). In the territory we chose, there was already a structured offer with things that seemed important to us in terms of the rate of long term dependency care, but also the presence of geriatric care. There was a mobile team, there was a... people who were motivated and interested in experimental projects (...) there were MAIAs, there was a MAIA policy which was also quite good". (Paerpa project manager, RHA)

Although the 'article 70' experiment carried out by the head of the hospital geriatrics unit was not funded at national level, the RHA funded it regionally and used it to identify the local dynamics of the hospital centre.

The social sector is also covered by the Departmental Council's long-standing involvement, dating back to the 1980s, in structures that foreshadowed the CLICs. However, there is a lack of coordination with the main town's elderly social services.

Beyond the operational level, institutional relations are established between the RHA and the Departmental Council, including within a joint strategic orientation board:

"As they (Departmental Council) had a gerontological plan and we had worked with them, we had a shared approach; there was also a board that already existed, called the strategic orientation board, which was co-chaired by the president of the departmental council and our GM (General manager)" (Paerpa project manager, RHA).

In the South case, there is a strong dynamic, but it is focused on the hospital's geriatrics unit and its head of unit. The institutional configuration between the RHA and the Departmental Council is well established, even if this does not translate into operational links between the health and social sectors.

4.2. Design phase

The Paerpa experiments are launched 4 months apart in the two territories but follow the same timeline, i.e. an imposed 9-month period for designing a 'roadmap'.

This phase is orchestrated by a national steering committee which imposes certain common elements of project management:

- A project manager (PM) within the RHA;
- The design of a roadmap grouping the main measures, some of which, such as the CTA, are imposed by top-down specifications;

- The method of roadmap elaboration is based on 3 common elements: a territorial diagnosis drawn up by the RHA with its partners, thematic working groups (WG) with stakeholders in the field to feed the roadmap and to configure the implementation, meetings by ‘micro-territory’ to feed the diagnosis and mobilise stakeholders (general practitioners, nurse...);
- The support of selected consultants to help the project leaders with the coordination and design activities mentioned above.

We shall see that, during the 9 months, contrasted trajectories emerged, due to managerial choices and progressive configurations which foreshadowed the speed and form of deployment of the CTA dispositive in the implementation phase.

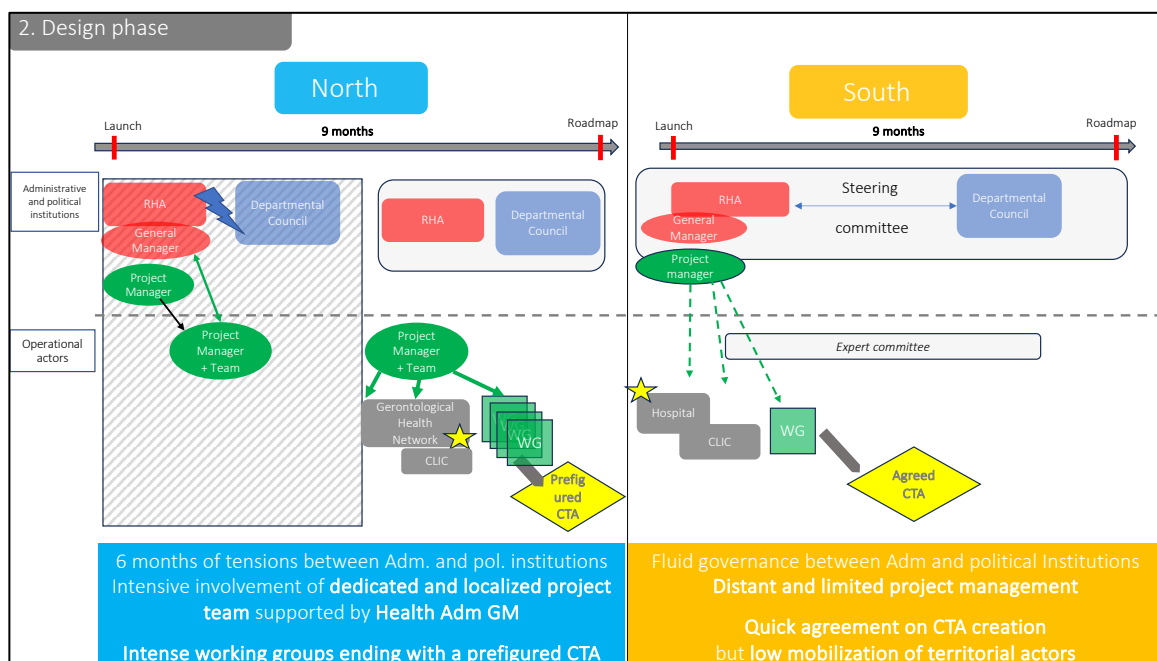


Figure 2. TCS design process during the design phase

4.2.1. North: a period of institutional reconfiguration before intensive steering

Although the project for the North territory is launched in September 2013, the design phase is slowed down for around 6 months due to institutional differences between the Departmental council and the RHA. There are focused on the link between an existing dispositive, MAIA, steered by the Departmental council, and the arrival of the Paerpa experiment, in which the gerontological health network is expected to lead the CTA:

“This has been a stumbling block. Initially, we found it hard to... (...) to understand the Paerpa project... (...) to understand that we were going to be

experimenting with a new system, even though we felt that we were in the middle of the road with the MAIAs and that we were more receptive to talking about how we could make the MAIA work better than to hearing ‘oh well, what if we tried something different’”. (Director, Department for the Elderly and Disabled, Departmental Council)

From the RHA's point of view, difficulties with the MAIA's effectiveness in terms of territorial coordination and leadership are underlined, which should be acknowledged and lead to a reconfiguration. At this stage, the involvement of the RHA's General manager is crucial for political negotiation:

“In 2013, we hadn't yet completely come to terms with the Maia system, and Paerpa forced us into a fairly frank dialogue between the RHA and the Departmental Council to say, “Look, let's take note of the failure and try to learn some very clear lessons from it”. And of course, who can say that if not the GM of the RHA himself, and he says it (...) at least to the vice-president of the departmental council in charge of solidarity, between his eyes: ‘let's learn the lessons, let's admit that it didn't work, and let's try Paerpa together, we'll co-lead it, it's an opportunity to have resources, and we'll think together about building this project’.” (Paerpa project manager, RHA)

This time for dialogue, which lasts two third of the time allowed to design a roadmap (6 months out of 9), appears to be decisive for what happens next. In addition to setting up a common governance for the experiment, it has direct consequences for the configuration of the CTA dispositive:

“I think the idea of co-leadership was probably already mentioned during the dialogue phase... the institutional negotiations. (...) Initially, the people working in the field, between the (gerontologic health) network and the CLIC manager, were a little reluctant about the idea of co-leadership, thinking that carrying it out was already very complicated and co-leading it would be even worse. But there was this strategic political will between the Regional Health Agency and the Departmental Council that... well, that's what these actors are saying today, saying at the time ‘our respective supervisory bodies have tied our destinies together and today we can't imagine it any other way’”. (Paerpa project manager, RHA)

The co-leadership perspective is then integrated into the management of delicate interpersonal relations with the departure of the MAIA pilot at the end of her contract.

But this institutional pre-configuration of the dispositive, which is also based on a proactive strategic discourse from the RHA's GM, is not enough to produce the roadmap. The design phase calls for a major mobilization of dozens of partners from sometimes distant professional backgrounds, from private GPs to home help services.

During the first few months, in parallel with the institutional negotiations, the RHA's GM realizes the need to manage the experimentation as closely as possible to the local level, and decides to transfer project management from RHA's headquarters to the territory delegation, whose manager also becomes the Paerpa project manager:

“Historically, the project manager was in the (headquarters) before being transferred to the territory delegation. And then there was a decision by (RHA GM) to transfer the project to the territory delegation, because he felt that it was a local experiment and that the territory delegation was the best place to work on local issues. I say that because it's not completely neutral in the organizations.” (Paerpa assistant project manager, RHA)

For all that, the Paerpa project manager benefits from the proximity of the RHA head office, not only in terms of mobilizing resources to carry out the territorial diagnosis, but also in terms of mobilizing the RHA's GM when needed to weigh on orientations and decisions:

“We put ourselves around the table with all the actors and we really gave it a lot, meaning that the RHA was ultra ultra present in all the discussions, all the exchanges, (...) the RHA's GM himself in the strategic meetings, myself in the technical meetings and when there was something to arbitrate it was arbitrated by the RHA.” (Paerpa project manager, RHA)

In addition to this measure, human resources, not financed as part of the experiment, were allocated by the RHA's GM to organize a project team: an assistant project manager, then a second person, were dedicated to the experiment.

The size of the team means that it can multiply its interactions with dozens of actors in the field, especially when it comes to organizing the 5 thematic working groups, one of which being dedicated to the CTA design. The density of the meetings is striking, with 4 working group meetings held in 2 weeks on the CTA dispositive, with a prefiguration of what it would be:

“There was a CTA working group with (...) a mission and organization section and a resources and operational section. (...) And then it was during this working group, that the actors took on... with an appropriation of each of 7 missions of the CTA by identifying which of the existing coordination and integration actors in the territory really carry out such a mission. And it was on the basis of these elements... that we definitively defined this notion of co-leadership between the gerontological health network and the CLIC of the departmental council for our CTA”. (Paerpa project team member, RHA)

The intensity of bilateral relations to mobilize partners emerged from the interviews to explain the extent of mobilization of local professionals, but also the discourse of the project manager/general manager pair on the prospects for mobilization and concretization:

“To get people involved in a project like this, you also have to sell them a bit of dream, or at least sell them new, striking, visible things that create added value in the territory”. (Paerpa project manager, RHA)

Ultimately, the roadmap is produced in 9 months, one month after the end of the working groups.

4.2.2. South: a fluid governance but a lack of local management intensity

Observation of the governance of the design phase in the South case suggests that it was fluid. Over the 9 months, the governance body, known as the ‘steering committee’, meets two weeks after the official start of the experiment, co-chaired by the RHA’s GM and the President of the Departmental Council, in the same way as the pre-existing Strategic Orientation Board. It meets again at the end of the design phase to finalize and approve the roadmap then submitted to the national steering committee. The experimentation management is located at the regional headquarters because the RHA GM wishes to quickly transfer the experimentation to other territories, and therefore to make it already visible to those to be next involved. Healthcare pathways are a political priority for this same GM for other diseases (diabetes, autism, etc.). The commitment of the RHA’s GM and the fact that the Paerpa experiment is part of a regional policy from the outset have a positive impact on the mobilization of the RHA's internal departments to carry out the territorial diagnosis:

“It's an inventory that can be shared across all care pathways. (...) As the General manager was really committed to his pathway policy, he got everyone

on board. (...) The impetus given by the General manager is fundamental, because if we don't have his support, I can tell you that the egos of everyone and the compartmentalization of the RHA departments don't make things any easier.”
(Paerpa project manager, RHA)

At the territory level, an ‘expert committee’ of around thirty people is set up, representing the operational stakeholders, from hospitals to homecare associations and representatives of health professional unions. It also met twice, two months after the launch and one week before the second steering committee. In the meantime, working groups are set up in the spring, including one on the CTA dispositive, where it is “agreed”.

The territorial diagnosis is produced in mid-September, and within two weeks the roadmap is validated by the national steering committee.

However, the formal impression that the roadmap design process runs smoothly, supported by a strong strategic discourse from the RHA’s GM, masks flaws that hamper the CTA perspective of implementation.

Project management is positioned and maintained within the RHA head office, with limited time for the project manager in addition to the necessary travels to the field, an hour's drive each way:

“We never did a full-time equivalent of project management because we're a small region, so we couldn't, because we had a number of big projects on our plate. (...) Let's say, I was at 0.40 on the Paerpa”. (Paerpa project manager, RHA)

This limited availability is a major obstacle to mobilizing the actors and feeding the working groups. In the South case, the working group on the CTA dispositive only meets once. Moreover, the time between this meeting and the potential implementation of the CTS is already almost 6 months, which leaves some participants lost:

“We had received a few requests, but the meetings were a bit sporadic, there wasn't really a link, well, a thread, really,... Some things had been developed with certain partners, but not with all of them. So we didn't really have a clear idea of how the process was going to be completed”. (Social service Director, main town in the territory)

Despite the support of the Departmental Council's Autonomy Officer in identifying and contacting partners for the experiment, mobilization is much lower than in the North case. Bilateral relations are essential, but impossible to achieve due to the lack of a project team's resource:

“It is necessary to request, to request again, to support over time otherwise you cannot achieve! It's... it's impossible! It's a radical change in culture. (...) That's it, and if there aren't project managers, field managers, who build, who structure, who know... who learn to know the territory, who meet people... (...) When we have things that go top-down like that, no, we have to meet people to get them to... If we don't have that, I think it's a real obstacle.” (Head of geriatrics unit, Hospital centre)

The lack of frequency and intensity of relationships in the working group weighs on the perspective of achieving the CTA dispositive, and this lack of visibility in turn weighs on the commitment of the mobilized partners:

“To bring this thing, this project, to life, you need a project manager. (...) What I find quite painful is that one imagines that saying is doing. And saying is not doing, you need support, you need to manage... professionals, to support them in a process that they did not necessarily ask for. And you must integrate them. And to integrate them, (...) you have to interest them. And to interest them, you have to show them that they will benefit from it. But it's not by saying you're going to have a benefit from, by providing tools where people say to themselves: “no but wait, it's still nonsense” (...). And then you have to fit into a period of time and that doesn't happen with the times like that. You need someone.” (Head of geriatrics unit, Hospital centre)

In the South case, the design time is respected, the governance is quickly set up and the roadmap is developed with an agreement on the CTA. But the lack of anchoring in the territory, by distance and a lack of resource, produces formal elements that remain elusive on the implementation of the CTA dispositive since its perimeter and the leadership are not prefigured.

4.2.Implementation phase

The implementation phase in the two territories reveals differences in the dispositive implementing process. In the North case, the implementation phase is not decoupled from the

design process, it continues based on related elements and learning from the previous phase. In the South case, a decoupling between the two phases of design and implementation is initially observed, revealing the artificiality of the design process under the time pressure of project management and in a context of resource deficit.

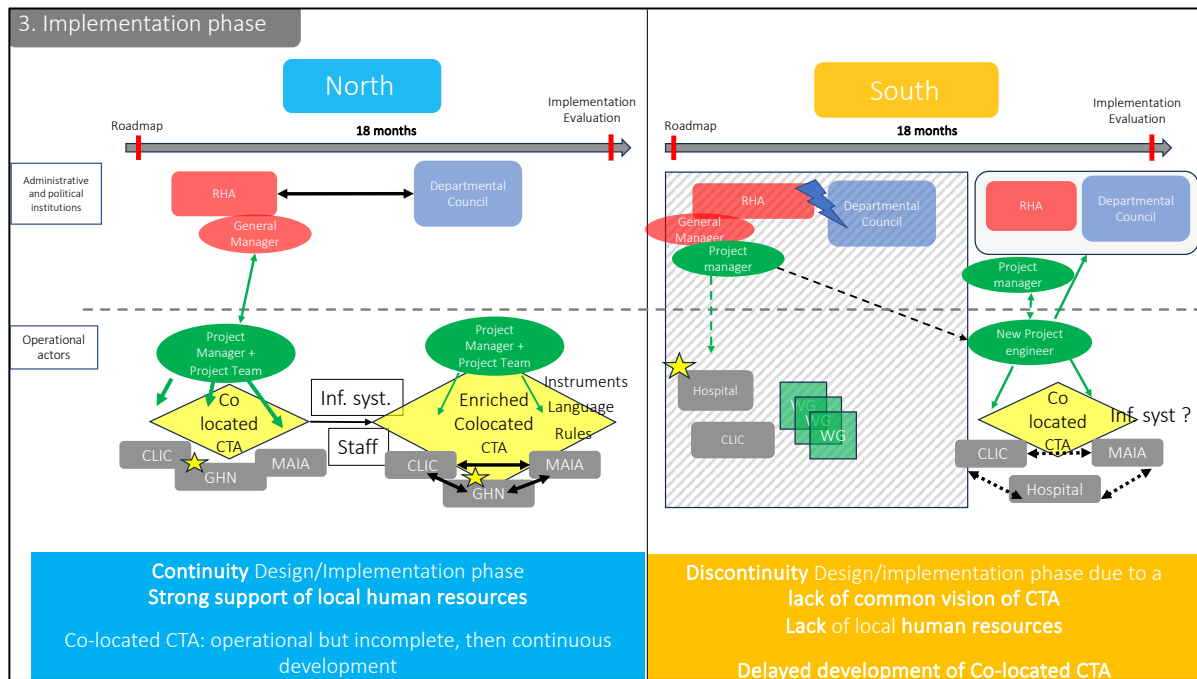


Figure 3. CTA dispositive implementing on the two territories

4.3.1. North: Fast dispositive implementing “while walking”, physical nearness and learning

Once the roadmap is validated, the process until the opening of the CTA takes 5 months, which is remarkable considering the summer months. Several elements should be noted, including the strategic orientation of the actors involved:

“We never said to ourselves, we’re going to wait until everything is ready to launch Paerpa.” (Paerpa project manager, RHA)

“I think that in (North), um... initially, we are perhaps able to get out of the box. And that's important. There, we have to get out of the box. If we don't help people get out of the box, it's impossible. It's impossible. » (Director of a long term care for dependent elderly in the territory)

The CTA's strategic choice of fast implementation is clear, with the desire to align the discourse of mobilization of health professionals:

“Prioritization of the installation of the CTA as... to be able to operationalize this support which is promised during the design phase of the project to professionals in the territory and especially to general practitioners in the territory.” (Member of the Paerpa project team, RHA)

A notable element is that the CTA dispositive, co-supported by the gerontological health network and the CLIC, is integrated into a broader co-location approach, encompassing these two structures but also the MAIA and an orientation platform towards home nursing services. However, this perspective emerged from the operational actors once the co-leadership of the CTA was established:

“Quite spontaneously, the health network and the CLIC told us ‘we are able to take advantage of a real estate opportunity to move into the same premises’. So that was an idea that came from them, and which was a general idea.” (Paerpa project manager, RHA)

“For me, an initial pitfall, an obstacle to the implementation of Paerpa, was how we were going to make both of us work together, and so, there you have it, the idea of having them share the same premises, I think it was a detonator.” (Director, Elderly and Disabled People Department, Departmental Council)

This co-location initiative then has major consequences on the dynamics of the CTA and its articulation with other coordination dispositives around frail elderly people (see below).

But it is one of the elements among others in the implementation of the CTA. The approach implemented is based on “construction by walking”, with basic elements in an unfinished but functional form. The opening of the CTA as a service is scheduled early, without waiting for the premises to be ready, as well as the information system to enable the exchange of data between professionals on the territory:

“At one point, we felt that in the dynamics of the actors, (...) we had to release a date to say now it begins. And this date, the only technical question that arose was on what date we can open a telephone line. A phone number. So as soon as we knew that this telephone number could be opened at the end of September, we said ok, here we go on October 1st. The second technical point we needed was to have recruited at least one person who would pick up the phone. (...) Once we

had recruited the person and the telephone line was working, we announced with great communication that Paerpa was entering its operational phase.” (Paerpa project manager, RHA)

A software delay could have been a blocking point. Here too, the choice made is to gradually implement the dispositive without waiting for all the elements to be ready, using a substitute for 6 months, namely a software made available by the professional union of general practitioners:

“And then we also have a project that was a priority, targeted from the start, it is the collaborative information system project. The CTA started with a provisional information system which is provided by the (general practitioner professional union). The CTA operated with this provisional information system for six months.” (Head of the health cooperation group, in charge of developing the information system)

As in the previous phase, the intensity of the implementation was achieved through the massive mobilization of the actors involved, through weekly meetings during one year in addition to daily telephone contacts:

“There is (...) the hard core, the engines, the pistons of the project, the (gerontological health) network, the Departmental Council, the representatives of health professionals in general. And there, we see each other very, very regularly, in small groups, etc. We have meetings and discussions every week, of course. On the RHA side, not counting me, there are three persons working on the project. So it's every day. Contacts with the actors are every day.” (Paerpa project manager, RHA)

In resolving the multiple issues emerging gradually, the construction of links between the elements of the dispositive can save a lot of time by personal investment at the highest level. The RHA's GM remains involved and responsive, to particularly influence the evolution of authorizations and data sharing practices:

“A nurse released from hospital who says “when I go to the hospital, I can't touch anything, I have to wait for the social worker so she can look at things”. Ah? Well, in the days that followed we had a meeting between (RHA's GM),

(Hospital Director) and it was settled.” (Director of CLIC and CTA co-leader, Departmental Council)

The advantage of a rapid implementation, operational although incomplete, is that it makes it possible to open a learning phase between the different actors involved in the CTA and in the co-location within the same premises. At the initiative of the director of the GHN and co-leader of the CTA, elements of common language, shared between health and social professionals, were developed based on analyses of supported patients’ cases. And their formalization in flowchart-type supports has become a common knowledge base and an instrumentation of actions and their coordination:

“That’s the whole operational side here that we do and which gave rise to all these procedures, to all these flowcharts, to all these... Even going to elements of language that we ask to learn by heart.” (Director of the GHN and CTA co-leader)

Finally, the dispositive continues to be adapted to respond to the changing requests from general practitioners, depending on whether they want support by substitution or by information. It thus offers a plasticity necessary to respond to the variety of configurations of actors and situations which are inevitable in this type of service.

4.3.2. South: A latency revealing the artificiality of the design phase

In the South case, if the roadmap is validated according to the expected time frame, a latency of 12 months is then observed before the opening of the CTA. This is explained by the fact that the design phase remained only superficial, with perspectives of implementation not established, starting with the leadership of the CTA.

While the institutional relations between the Departmental Council and the RHA were fluid, the CTA leadership reveals tensions which must be worked on. Three meetings led by consultants between December and January 2015, i.e. 2 to 3 months after the roadmap validation, are necessary to define the operational contours of the CTA dispositive:

“When we talked about the CTA, the department had validated the existence of the CTA but the project itself, they were thousands of kilometers away. They didn’t even know what it was. But the CTA, it was a person, who was going to manage this person? We didn’t know.” (Head of geriatrics unit, Hospital centre)

The search for premises also wastes time, against a backdrop of mistrust between departmental and hospital stakeholders. However, an accumulation of constraints leads to a positive outcome, similar to the North case, with the co-location of the CTA, the hospital's mobile geriatric liaison team and the MAIA which has just been created in the territory and is also supported by the hospital:

“For me the important thing was to have the CTA close to the mobile team working outside (...). But no, it was not desired, because the CTA which was a departmental dispositive should not be in the hospital. (...) And in the end, what made it possible to have the CTA next door was that the planned premises of the CTA, initially 20 kilometers away, was unacceptable, then at 100m, but the premises were not suitable for... and finally, there wasn't much left. And the not much left was in front of our mobile team... There was a space opposite that was no longer used, which just had to be rearranged to accommodate the CTA. So in fact, it was a painful birth...” (Head of geriatrics department, Hospital centre)

This episode once again illustrates the lack of local management, which is finally filled by the recruitment of a project engineer in September, at the same time as the opening of the CTA. The project engineer makes it possible to build links with the stakeholders so that the dispositive is linked to existing or related ones and to generate the intensive monitoring necessary but non-existent since the design phase:

“That is to say that basically, between the moment when we formalize the roadmap, and the moment when we give feedback on the action, it is this moment which will determine what happens next.” (Paerpa project engineer)

The arrival of this “kingpin” also provides a visible and identified reference point for local stakeholders:

“Obviously, in a territory like that, you become someone, in any case, who is spotted. And we discuss it with (the territorial director of the RHA), that is to say that today, wherever he goes, when we talk about elderly people, in view of what we have put in place, I am spotted. I am spotted with actions that worked.” (Paerpa project engineer)

The launch of the CTA co-location produces learning effects between the actors involved, in particular by using a daily common “staff” to deal with patient cases and the actions to be taken to support them.

But the unanticipated points resurface. For example the question of the coordination information system which again requires strong involvement to unlock usage rights:

“I came up against completely practical things. (A CTA coordinator) was a Departmental Council staff, she has access to the (Social benefits information). I pushed hard for (the other CTA coordinator, hospital) to also have access to the same. I got it. That's a battle. I won this one. (...) Secondly I wanted (the CTA coordinator) to have access (to the hospital software), that is to say to the computerized patient file of the hospital. I have it too. Except that means there are two computers on (the CTA coordinator)'s desk. That is to say that it has been validated in terms of logic but in terms of IT tools we cannot have everything on the same tool since these are tools which are controlled by different structures.” (Paerpa project engineer)

The delay has consequences because the absence of information system to coordinate with GPs leads to the production of paper documents, faxed or posted, which appear to be out of step with the expectations of professional users of CTA services. This slows down the mobilization of partners, even though the link has been lost and cannot be rebuilt on a degraded solution. Also at the time of the field study, almost 90% of requests to the CTA came from the mobile geriatric liaison team.

The arrival of the engineer has relaunched the experiment in the South territory, but we observe less political support than in the North case and the reduced size of the local project management slows down progress in weaving the links and the implementation of the necessary tools:

“We must work, yes, on a common grid. (...) So, the ideal would be for us to have the same grid of... a grid which assesses both the loss of autonomy and the habitat, that... We would all have to work with the... That we have the same tool. We talked about it.” (Social service Director, main town in the area)

Thus, the South case reveals the essential element represented by localized and intensive project management in the construction of the elements and links of a dispositive that is necessarily unfinished at first. It also illustrates the limits of a design/execution split under time pressure, when the product of the design phase, while formally existing, does not provide concrete

perspectives that are capable of maintaining the commitment of the many autonomous actors that are involved in the process.

5. DISCUSSION

5.1. Dispositive implementing in governance experiments: from the heterogeneity of elements to the intense management of relations

As with the implementation of public governance policies, governance experiments have their own characteristics which are sources of organizational complexity due to the combination of a lack of shared knowledge, relationships between related but autonomous stakeholders and institutions with their own rules and issues (Klijn & Koppenjan, 2016). In this context, the project management approach to experimentation is limited in its ability to understand the process of organizational change required to make it effective, even before dealing with issues of impact assessment.

The theoretical approach of the experimentation process as a dispositive implementing in a Foucauldian perspective (Aggeri, 2017; Raffnsøe et al., 2016) reveals an articulation of heterogeneous elements, the links between which constitute the framing force of the final action, which is the creation of an effective CTA. This set of elements and the links between them go well beyond project management as envisaged in the overall design of the experiment (drawing up a roadmap on the basis of a territorial diagnosis, delimited working groups and mobilisation of professionals at meetings per ‘micro-territory’, support in this phase by consultants, investment by the RHA in at least one full-time equivalent of project management). In both cases, there are elements common to the process of dispositive implementing. First of all, a strategic discourse is promoted by the respective RHA’s General managers, who appropriate and disseminate the issue of care pathways, including Paerpa, and thus relay the existence of a ‘strategic urgency’ (Foucault, 1977/1994) at local level.

One of the features of the CTA dispositive is the presence of a central structure and leader at the start of the process. Their visibility partly explains the choice of the experimental territory. In both cases, however, the construction of a co-leadership and the development of relations with other structures and actors are observed, which requires the configuration of a space for cooperation at two levels:

- Institutional: between the various stakeholders, necessarily the RHA and the Departmental Council, but also the leading actor in the territory.

- Operational: between the actors to be involved in the operational management of the future CTA, with non-existent (in the case of the South) or conflicting (in the case of the North) relationships.

In both cases, the dispositive implementing involves redefining the configuration of roles and links between actors, a configuration that is necessary to initiate a process to make the CTA dispositive a reality and develop it. Beyond linear project management, the arrival of a new dispositive in an area, this reflects the need to work on the articulation of a new dispositive with existing dispositives (particularly MAIA and CLIC). The case of the North shows that this can take several months to manage at the highest level of governance.

In addition, the physical dimension of the dispositive, in this case co-location, appeared to be a determining factor in both cases, not only in terms of its implementation, but above all in terms of the intensity of the links created between the actors brought together in the same premises: joint staff meetings on patient situations and direct daily exchanges of information, but also, in the North case, which was implemented more rapidly, the existence of a common professional vocabulary and procedures formalized in flowcharts.

The management of the governance experiment appeared to be decisive in both cases, in line with the observations made in the implementation of public governance policies (Klijn & Koppenjan, 2004; Torfing & Ansell, 2017). The implementation and effectiveness of the dispositive depend on the involvement of a large number of autonomous actors, who must be persuaded to be involved over the long term. The intensity of relations in North compared with South shows the need to increase the capacity for interaction, including bilateral interaction, and the frequency with which it takes place, whether in working groups during the design phase or during the implementation phase. From this point of view, the South case struggled because of a twofold lack: of immediate physical proximity to local actors, and of availability due to the small size of the RHA team, making it not enough visible to local actors and therefore out of step with the strategic discourse on care pathways.

5.2. Times management in dispositive implementing of governance experiments

Approaching governance experiments through a project management lens brings attention to the distinction between a design phase and an implementation phase, marked by a ‘go/no go’ moment symbolized by the validation of the roadmap in the case of Paerpa. The timing of

project management is imposed in the cases studied by the national steering group, which needs to pace the implementation of experiments so that it can assess them.

While the top-down steering provides resources (common elements to be used, support from consultants), visibility and institutional leverage that may be lacking in purely local experiments (Yatim & Minvielle, 2016), the “clock-time” may be to the detriment of the content of the process (Reinecke & Ansari, 2015), leading to a decoupling that ultimately postpones the actual dispositive implementing, as shown in the South case.

In the North case, the time taken to configure the institutional governance may seem long on the scale of the experiment (6 months), but it already initiates a process of concretisation based on co-leadership, which frames the perspectives of the actors brought together to cooperate in the CTA dispositive. Rather than a marked split between design and execution, it is rather a constant process that is observed, in which the dispositive takes shape ‘while walking’, by putting physical elements in place, working on the roles and relationships that engage the actors and strengthen the links between the elements. In this way, the rapid proposal of an incomplete but operational CTA dispositive, without waiting for a shared information system to be finalized, makes the service visible and effective, and initiates a collective learning phase between the actors.

The necessary condition for such a process is a major investment in the experimentation steering team, which sets the pace for the implementation by investing time and being close to the actors. The findings invite to consider the possibility of governance experiments from a pragmatist theoretical perspective (Ansell & Geyer, 2017), according to which the initial problem of the experiment launches a process of ‘investigation’ during which relationships are created and learning takes place, leading to the development of a local and temporary collective response. However, the study of the two cases underlines that framing the process remains a useful element of dispositive implementing, by resources for content and rhythm. At the condition of adapted management, it may help tackling the tensions between the ‘clock-time’ and the ‘process-time’ (Hilbolling et al., 2022).

On the other hand, the temporality and type of evaluation according to the moment in the process need to be questioned regarding the scale of the organizational changes required before a dispositive such as CTA can produce effects.

CONCLUSION

The motivation for this paper was based on a theoretical interest in renewing our understanding and representation of the processes of governance experiments. We proposed to approach them through the theoretical lens of dispositive implementing, combining the Foucauldian notion of dispositive with a processual analysis.

Looking back at the implementation of a major governance experiment in the field of loss of autonomy among the elderly, it is possible to highlight the value of moving away from a representation of the governance experiment as project management. The contrasting results highlight the variety of elements in the dispositive, beyond those ‘provided’ by the national top-down steering. Moreover, it has been shown that the intensity of the links between the actors was a determining factor, which was concretised through co-location during the implementation of the two CTAs, but cannot be achieved without frequent and close management combining bilateral and collective relations. Finally, the conceptualization of governance experiments as dispositive implementing suggests moving away from the dichotomy of design and implementation towards a more continuous process, an incomplete but operational dispositive whose elements and links can be strengthened through action and learning.

The first limitation of this work is that it considers only two territories out of nine, which do not represent all the ‘models’ of implementation observed. Similarly, by concentrating on the flagship CTA dispositive, the research does not investigate the variety of trajectories and arrangements for the other measures in the Paerpa experiment. A third limitation is that the choice to return to a historical experiment that has been studied in depth needs to be updated in the light of subsequent developments, namely the successive transformations of the CTAs into PTAs (*plateforme territoriale d’appui* / territorial support platforms)⁴, DACs (dispositive d’appui à la coordination / coordination support dispositives)⁵ and, recently, SPDAs (*Service public départemental de l’autonomie* / departmental public services for autonomy)⁶.

This opens a research perspective for the study of successive dispositives, their transformations in a form of continuity, potentially cumulative, which would outline a “trajectory of reforms”

⁴ <https://sante.gouv.fr/professionnels/gerer-un-etablissement-de-sante-medico-social/plateformes-territoriales-d-appui/pta>

⁵ <https://sante.gouv.fr/systeme-de-sante/structures-de-soins/les-dispositifs-d-appui-a-la-coordination-dac/article/tout-comprendre-des-dispositifs-d-appui-a-la-coordination>

⁶ <https://www.cnsa.fr/grands-chantiers/service-public-departemental-de-lautonomie>

(Bezes & Parrado, 2013) and that the theoretical framework of dispositive implementing could help to shed light on over a long period of time.

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