National Institute for Health Research

Service Delivery and Organisation Programme

Joint Commissioning in Health and Social Care: An Exploration of Definitions, Processes, Services and Outcomes

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Published January 2013

This project is funded by the Service Delivery and Organisation Programme

Project 08/1806/260

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This report should be referenced as follows:

Dickinson H, Glasby J, Nicholds A, Jeffares S, Robinson S, Sullivan H. Joint Commissioning in Health and Social Care: An Exploration of Processes, Services and Outcomes. Final report. NIHR Service Delivery and Organisation programme; 2012.

Conflicts of Interest:

The authors have no financial or other competing interest that might have biased this work.

Relationship statement:

This document is an output from a research project that was funded by the NIHR Service Delivery and Organisation (SDO) programme based at the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) at the University of Southampton. The management of the project and subsequent editorial review of the final report was undertaken by the NIHR Service Delivery and Organisation (SDO) programme. From January 2012, the NIHR SDO programme merged with the NIHR Health Services Research (NIHR HSR) programme to establish the new NIHR Health Services and Delivery Research (NIHR HS&DR) programme. Should you have any queries please contact sdoedit@southampton.ac.uk.

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Criteria for inclusion:

Reports are published if (1) they have resulted from work for the SDO programme including those submitted post the merge to the HS&DR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors. The research in this report was commissioned by the SDO programme as project number 08/1806/260. The contractual start date was in October 2009. The final report began editorial review in March 2012 and was accepted for publication in January 2013. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The SDO editorial team have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report documentation. However, they do not accept liability for damages or losses arising from material published in this report.

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Executive Summary

Background

In recent years health and social care policy has placed growing emphasis on the importance of a *commissioning-led approach* and on the need for more effective *health and social care partnerships*. Combining these two agendas together, policy has increasingly started to focus on the need for greater **joint commissioning** of health and social care. Yet, current policy rhetoric about the importance of joint commissioning often seems to lag behind the reality at ground level - despite the fact that aspirations for effective joint commissioning date back many years.

Many national policies and local partnerships appear to be based on the assumption that joint approaches are essentially a 'good thing' that must inevitably lead to improvements for local people. Yet, although there is much talk at national and local levels about 'effective joint commissioning' there is often little specificity about what this actually looks like in practice. Furthermore, much of this literature has a tendency to be overly descriptive and largely atheoretical, often describing the process of partnership working and asserting it to be a positive development without actually exploring how or why this might be the case, or what outcomes are actually achieved in practice.

Aims

In contrast to the more established literature, this study seeks to provide a more theoretically and empirically robust understanding of the dynamic relationship between joint commissioning, services and outcomes, thereby addressing three main questions:

- How can the relationships between joint commissioning arrangements, services and outcomes be conceptualised?
- What does primary and secondary empirical data tell us about the veracity of the hypothesised relationships between joint commissioning, services and outcomes?
- What are the implications of this analysis for policy and practice in terms of health and social care partnerships?

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Underpinning this study is a desire to explore a working hypothesis common in current policy and practice: that partnerships lead to better services and hence to better outcomes for service users and their carers.

Methods

This research project is broadly based within a theory-based approach to understanding joint commissioning in health and social care. What this means is that we have sought to map out the range of ways in which joint commissioning is understood across five case study sites which all have different types of joint commissioning arrangements in place. At these sites we have investigated the types of assumptions that underpin the relationships between the processes and practices of joint commissioning and its intended impacts. Having mapped out these programme theories it was intended that primary and secondary data would be sought to test the veracity of these intended relationships. The research is therefore structured into two phases.

In terms of the methods employed within the research, in the first phase POETQ was used which is an innovative online evaluation tool. POETQ asks a series of process-based questions relating to the effectiveness of the joint commissioning arrangements and then employs a Q methodology approach which asks participants to select between statements relating to what joint commissioning should achieve in practice. Nearly 100 Q sorts were collected across the five sites and by a process of factor analysis a number of viewpoints of joint commissioning are identified for each of the sites. In phase two these viewpoints are further investigated with staff and service users through focus groups and interviews (involving 105 individuals). The purpose of this qualitative investigation was to further test the viewpoints and what they suggest in terms of their 'theories' of joint commissioning so that we might understand the links between the processes, practices and impacts within these localities.

Results

Even though the case study sites engaged in the research had been selected as they were identified as sites of 'best practice' in terms of joint commissioning, many of the sites rejected this terminology. Sites instead spoke of simply "*integration*" or "*commissioning*" or "*integrated commissioning*". When we explored local data in more detail, we found that the five sites all had different ways of seeing joint commissioning and this tended to vary depending on the local context. Thus, there does not appear to be one definition or model, and each site interprets joint commissioning in a different way depending on local aims and priorities.

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What the research did uncover is that the potential meanings of joint commissioning go way beyond those found in the existing literature. In the literature review we found that joint commissioning can be understood as something that can produce efficiencies, empowerment and productivity. In our research we found that these discourses existed alongside each other but also with other potential meanings. There was prevalence in both phases of the research for an 'ideal world' view of commissioning: a belief that joint commissioning is simply a 'no-brainer' and can deliver better outcomes for less money. There are limits to the conclusions we can draw from this given our focus on existing examples of good practice and the involvement of commissioners in the research, but it does seem that many local workers may have seen joint commissioning as inherently a 'good thing', with very aspirational aims associated with this way of working.

In terms of the processes of joint commissioning, many people talked about it in terms of the formal structures that had been put in place to facilitate this way of working – be this formally merged organisations or integrated management teams. Sometimes these gave the impression of being an end in themselves rather than a means to an end (of better services and better outcomes for local people). However, at other times, participants seemed to suggest that the focus on formal structures was a response to a turbulent policy context, with local areas feeling that they had to make their relationships more structural in order to protect against future disruption, reorganisation and loss of organisational memory.

None of the processes cited in any of the case study sites seemed to be particularly distinctive of joint commissioning. All of them were very much the sorts of processes that you would expect to encounter in exploring joint working in a very general sense. Moreover, there was no apparent pattern to the use of the different processes, with different sites using different aspects of these. Interestingly, there seemed to be a real paradox present in the sense that although a lot of the joint commissioning processes described to us were formalised and structural, people often recognised that joint working is essentially relational (based on informal conversations and interactions).

In practice, many sites struggled to cite specific examples of the impact of joint commissioning or to evidence their claims, thoughts and hopes. This may be due to a variety of reasons including: the difficulties of evidencing very broad, preventative outcomes; difficulties in attributing changes to joint commissioning initiatives; tensions between locality and strategic commissioning; and, the challenge of the counterfactual. What the findings do seem to suggest is that the value of joint commissioning might not simply be in terms of this as a rationalist model of improvement that can be introduced in sites to bring about particular outcomes.

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Conclusions

There may not be anything that is specific about joint commissioning that is different to other ways of working and it is far from a coherent model with a set of clear organisational processes and practices. However, what joint commissioning does have is a degree of acceptance and a sense that it is a positive thing. In all of the cases it has been used as a "framing concept" to introduce a range of organisational, structural and in some cases cultural changes. The very value of joint commissioning may then be in its ambiguity and symbolism as a concept that is seen as inherently good and able to deliver against a range of the very sorts of pernicious issues that contemporary health and social care organisations struggle with (e.g. health inequalities, constrained budgets, involving the public and service users in the design and delivery of care services).

Ultimately what this research suggests is that we might need to ask very different questions of joint commissioning than those that we have traditionally asked, focusing on what collaboration means to a range of different stakeholders. This allows us to understand the notion of agency in joint commissioning in a different way, beyond just improving outcomes and offers us a chance to understand joint commissioning in a different way.

Looking to the future, it seems likely that the relationships built and the outcomes achieved through joint commissioning arrangements could come under threat as organisations are abolished and as clinical commissioning groups come into existence. A key ambition of joint commissioning is to achieve better outcomes for and with patients. This study confirms the findings of numerous previous studies of patient and public involvement; that it is difficult, time consuming and fragile in the face of radical organisational or policy change. Regardless of whether or not clinical commissioning can provide better or more responsive services for patients, the process of reform is disrupting existing relationships and focusing attention on internal organisational concerns rather than external user-professional relationships.

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