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Health and social care commissioning: an exploration of
processes, services and outcomes

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Health and social care commissioning: an exploration of processes, services and outcomes

1. Aims/Objectives:

In our experience, many national policies and local partnerships are based on the assumption that joint approaches are essentially a 'good thing' that must inevitably lead to improvements for local people. Indeed, although there is much talk at national and local levels about "effective joint commissioning" there is often little specificity of what this actually looks like in practice. To test this in greater detail, this research seeks to provide a theoretically and empirically robust understanding of the dynamic relationship between joint commissioning, services and outcomes, thereby addressing three main questions:

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

2. Background:

Although sometimes neglected, it is suggested that joint commissioning between health and social care is (or at least should be) a key element of current attempts to improve the health and well-being of the local population.

"Our aspiration is for better health and increased well-being for everyone. This can only be achieved by local communities in every part of the country working together to tackle inequalities and promote equality. It also means working jointly to develop services that are more personal to individuals and provided close to home; increasingly building on a closer integration of health, social care and other service providers, helping people to stay as healthy and as independent as possible"
(Department of Health, 2007: p. 11).

And 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 (see, for example, Department of Health, 1995).

At least part of the difficulty seems to lie in the fact that joint commissioning is, by definition, more complex than commissioning in single agency settings; joint commissioning almost inevitably brings extra complexity because of the need to develop effective partnerships between health, social care and beyond. Although there has long been a recognition of the need for inter-agency collaboration to provide seamless services for users and carers (see, for example, Glasby & Littlechild, 2004; Means & Smith, 1998), this has acquired increasing impetus following the election of the New Labour government. Responding to this emphasis, a large number of different partnership arrangements are being developed in different parts of the country, including:

- Care Trusts and Children's Trusts
- Use of the Health Act flexibilities
- Joint appointments
- The use of staff secondments/joint management arrangements
- Joint commissioning units
- The new duty of Joint Strategic Needs Assessment (JSNA)

Although there is a substantial and growing literature on partnership working (see, for example, Balloch & Taylor, 2001; Glendinning *et al.*, 2002; Glasby & Dickinson, 2008; Dickinson & Glasby, 2009), there are a number of limitations to our existing knowledge:

- In joint commissioning there is a tendency to focus on the perspectives of policy makers and managers without adequately exploring the views and experiences of service users, carers and front-line staff. Where efforts have been made to involve service users and carers this tends to happen separately from the inter-agency collaboration and the two processes fail to sufficiently interact.
- Much of the current literature is descriptive and sometimes very 'faith-based', emphasising the virtues of partnership working without necessarily citing any evidence for the claims made (see, for example, Cameron

- & Lart, 2003; Dowling *et al.*, 2004; Dickinson, 2008).
- Much of the literature tends to focus on health and social care without placing this in the broader context of the whole local system through consideration of processes such as the Local Strategic Partnership (LSP), Local Area Agreement (LAA) or JSNA.

In exploring the processes, services and outcomes of joint commissioning arrangements, it is these limitations in the current evidence base that this study seeks to address.

3. Need:

As outlined in the previous section, there is little extant research into joint commissioning and its outcomes. This research will therefore fill an important gap in establishing what is meant by joint commissioning, what organisational practices and processes are associated with this and what kinds of outcomes joint commissioning might achieve.

4. Methods:

a. Setting

This research will explore a range of different types of joint commissioning arrangements across England. Five case study sites will be selected for their reputation in the field of partnership working and/or joint commissioning, and will be selected according to four key criteria:

- *Peer review* (sites which are cited as good practice examples in publications such as *Community Care* or the *Health Services Journal*, or are recognised as leading examples of partnership working by bodies such as the Association of Directors of Adult Social Services and the NHS Confederation).
- *Government* (sites quoted as good practice examples in official documents such as inspections or guidance produced by bodies such as the Integrated Care Network).
- *Users and carers* (sites recognised as good practice examples by service user and voluntary sector representatives on our steering group).
- *Academic* (sites quoted as good practice examples in academic literature on partnership working).

To qualify for inclusion in the study, sites must meet at least three of these four criteria. This approach has been informed by Borins (2001), who demonstrates that studies of good practice can be undertaken in methodologically rigorous ways. These reduce the problems of 'self-reporting' and other forms of bias that can occur, especially in a policy environment where 'success' is a normative requirement (Newman *et al.*, 2000).

In addition, sites will be chosen to reflect different types/levels of relationship between health and social care, drawing on HSMC's depth and breadth matrix (see Glasby & Dickinson, 2008: p. 83). Using this framework, we will seek one case study from extremity of this illustration, thereby including a range of different approaches to joint commissioning from areas with a range of different histories and local contexts. For illustrative purposes only, this might include:

- An area that has fully integrated its health and local government
- An area that has fully integrated its health and local government commissioning.
- A Care Trust which is developing joint commissioning approaches between health and social care.
- An area seeking to kickstart its joint commissioning through Joint Strategic Needs Assessment between health and social care.
- An area seeking to develop a more integrated approach to joint commissioning across the full range of local services which might involve those beyond social care (e.g. through the LSP).

b. Design

Underpinning this study is a desire to explore an assumption common in current policy and practice: that partnerships lead to better services and hence to better outcomes for service users and their carers. In practice, evaluating joint working is extremely difficult and previous partnership evaluations tend to fall into one or two different approaches:

1. Method-led approaches suggest that many of the problems in evaluation result from methodological shortcomings, and that refinement of research methods alone will lead to the solution of many difficulties and problems. Different approaches are

adopted - randomised trials, case studies etc - but the assumption is often that one method is automatically better than another, and that getting the method 'right' will produce 'good' results. In reality, evaluating partnerships simply does not lend itself to a single 'robust' or 'right' research method.

2. Theory-led approaches do not reject the methods used in method-led approaches, but argue that they tend to maximise one type of validity at the expense of others. Rather than inferring causation from the input and outputs of a project, theory-led evaluation aims to map out the entire process, focusing more on 'what works, for whom and under what circumstances'. Recent high profile examples include approaches known as 'realistic' evaluation and 'theories of change', and aspects of these approaches have been applied in national partnership evaluations (for example, of Health Action Zones, Local Strategic Partnerships and the Children's Fund - see Barnes *et al.*, 2005; Sullivan *et al.*, 2004; Sullivan *et al.*, 2006; Barnes *et al.*, 2005; Edwards *et al.*, 2006; Office of the Deputy Prime Minister, 2005; Office of the Deputy Prime Minister and Department of Transport, 2006).

This research is based in a broadly theory-based approach that seeks to understand the range of different meanings that are associated with the concept of joint commissioning and the types of impacts that it is thought to produce in practice. Once the meanings of joint commissioning have been established these will then be tested out with service users to test the degree to which these are the types of outcomes that joint commissioning should be attempting to address and the degree to which these can be evidenced in practice.

In addition to being based in a broadly theory-based approach the research also draws on insights from the interpretive analysis and Q methodology literatures.

c. Data collection

This study adopts a two-fold approach:

1. Online assessment of the 'health' of the local joint commissioning arrangements and an exploration of desired outcomes

The POETQ tool will be used in each joint commissioning locale in order to engage a range of different stakeholders in the research. The aim of this phase is to understand the range of ways in which joint commissioning is understood in the different case study sites and the types of impacts that this is seeking to achieve in practice. This phase of the research should provide insight into both the processes of joint working and the concepts of success that a range of different stakeholders hold.

2. Evaluating outcomes

The second phase of the evaluation will be to test these desired outcomes with people who use services (both to see if they are the 'right' outcomes and to see the extent to which they are being met). While the exact methods will depend on the results of stage one of this research, such an evaluation might include:

- Focus group work with service users and carers (building on existing involvement mechanisms and fora)
- Use of a service user and carer questionnaire to gather quantitative data
- Close liaison with local partner agencies to identify and include any 'hard to reach' groups
- Documentary analysis and analysis of existing routine data

A central feature of the conceptual framework outlined above necessitates an approach which makes desired outcomes explicit - only then is it possible to agree the best approach for exploring whether or not these outcomes have been met. In many ways, this is more common in the field of organisational development (OD), where the traditional OD cycle emphasises the importance of exploring/clarifying the initial issue, gathering data and feeding back before taking action or carrying out evaluation.

d. Data analysis

Data gathered using the POETQ tool will be analysed primarily through the use of Q methodology. Q Methodology is based on using an 'inverted factor analysis' to study the 'correlation between persons' (Stephenson 1936, p345). It does this by constructing a debate (known as a Q sort) made up as series of statements about an issue and asking participants to rank what is meaningful to them:-

"Q methodology ordinarily adopts a multiple-participant

format and is most often deployed in order to explore (and to make sense of) highly complex and socially contested concepts and subject matters from the point of view of the group of participants involved (Stainton Rogers, 1995; In: Watts and Stenner, 2003, p70).

The logic of Q Method thus draws from a mix of both qualitative and quantitative approaches through its links to scientific means of deduction at the same time as building on more 'inductive' or interpretive approaches (i.e. narrative analysis, discourse analysis etc). Proponents of Q methodology suggest it can be used to understand how people define their interests in a policy issue or the problem at hand, establish fair criteria for evaluating policy alternatives, to understand attitudes towards a policy, or finally to recognise the value and efficiency of policies (cite Durning 1999: 405). However it has been widely applied in policy studies (examples) and indeed programme evaluation (examples). Scholars are also beginning to explore how Q can be used to explore and conceptualise aspects of partnership working such as questions of democracy (Jeffares and Skelcher 2011) or leadership (Sullivan et al 2011).

Data from the second phase of the research will be analysed in the most appropriate manner depending on the type of data generated (interview, focus group or routinely collected data).

5. Contribution of existing research:

The research project will start with a literature review to establish what is already known about this area of study.

This project also builds on existing research into joint working extending the work already done by Dickinson (e.g. 2006; 2008) into the evaluation of outcomes and that of Jeffares employing Q methodology approaches to evaluate joint working (e.g. Jeffares and Skelcher, 2011).

6. Plan of Investigation:

Literature review to establish state of knowledge of joint commissioning (Oct 2009-Jan 2010).

There are 2 phases to the research following the literature review. The first phase involves an on-line survey which seeks to involve a wide range of stakeholders in identifying the aims

and goals of joint commissioning and the types of outcomes joint commissioning is meant to deliver (Jan 2010-Jan 2011).

The second phase essentially tests these desired outcomes with service users and carers (both to see if they are the 'right' outcomes and to see the extent to which they are being met). That is, having established the perspectives of a wide range of stakeholders in the first phase of research, the second phase checks with the users of these services whether these are the types of outcomes which they perceive should be delivered, the degree to which they are being delivered and the value of joint commissioning to deliver them (Jan 2011-October 2011).

7. Project Management:

The project is led by Professor Jon Glasby and he is responsible for the management and progress of the project. The project is overseen by an advisory group which will guide the design of the project and the interpretation of the results. A research fellow will be appointed to work on the project full time with the input of colleagues from University of Birmingham.

8. Service users/public involvement:

The project involves service users in two primary ways.

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