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

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See full Press release, 'Perceived benefits of joint commissioning lag behind reality, new study shows' (/news/latest/2013/01/8-jan-Perceived-benefits-of-joint-commissioning-lag-behind-reality,-new-study-shows-.aspx)

It has long been suggested that it is important that public sector organisations work together more effectively with one another in order to deliver the best possible services for local populations. In recent years this notion of partnership working has been particularly stressed in terms of the joint commissioning of services. Commissioning is the activity which involves deciding what kinds of services should be provided to local populations, who should provide them and how they should be paid for. The concept of joint commissioning is used here to describe the ways in which health and social care agencies work together to determine these factors.

Despite the recent interest in joint commissioning, there is very little robust evidence available which describes either the processes (what happens in practice) or provides clear messages about outcomes (the types of impacts) which it produces. This project is the first of its kind to examine the definitions, processes and outcomes of joint commissioning across five 'best practice' localities across England.

The study found that joint commissioning as a concept has a high degree of acceptance and many stakeholders unquestioningly believe in this as a fundamentally 'good thing'. Yet beyond this, individuals found it difficult to define what joint commissioning is and to distinguish this from other ways of joint working/commissioning. What we did find is that the potential meanings of joint commissioning go way beyond those that we found in the existing literature. Organisational processes such as co-location, pooled budgets, integrated assessment and service user involvement were all identified as important to joint commissioning. Practices around the development of relationships, creativity and risk were all cited as important to joint commissioning. Yet beyond being very aspirational about the potential impacts of joint commissioning, the evidence provided for this was often less compelling in practice. We conclude that there may not be anything that is specific about joint commissioning and is different to other ways of working and it is far from a coherent model with a set of clear organisational processes and practices. The very value of joint commissioning may 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.

Further information

If you would like any further information regarding this research, please contact Helen Dickinson, **h.e.dickinson@bham.ac.uk (mailto:h.e.dickinson@bham.ac.uk)** .

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