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Transforming Adult Social Care: Personalisation and Brokerage

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Abstract

Social care in the UK is undergoing a massive transformation. Central government is demanding that care services are tailored to the individual, rather than forcing individuals to take up services which may not be appropriate to their needs. Timescales for this transformation are extremely tight, meaning large scale change in a short period of time.

With a rapidly ageing population, the impact of giving citizens more choice and control over their own care will be considerable, meaning individuals will have to undergo substantial change in how their services are assessed, procured and delivered. The effect of these transformation efforts on the social care work force means significant changes to their ways of working and the culture of the organisations they work for.

This study will assess the impact of the changes brought about by personalisation of care services, and critique how the changes are managed within a large organisation with strong cultural links and ideas. It will also consider whether introducing an intermediary service to streamline services is beneficial and appropriate.

The study is based around Liverpool City Council, and 4 other local authorities across England and Wales.

Declaration

This work is original and has not been submitted previously for any academic purpose.

All secondary sources are acknowledged.

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Date: _____

Contents

1. Introduction

1.1.Background to the research

1.1.1. Organisational background

In Liverpool City Council (LCC), as in most Local Authorities, we are under immense pressure to streamline services to provide value for money (VFM). Never before has there been so much pressure on authorities to identify budget savings whilst improving the lives of the most vulnerable people in society. To achieve this, major changes to ways of working are required.

In the social care arena in LCC, we represent the largest part of the organisation, and we are thus charged with identifying the majority of the required savings. Adult social care has changed little in LCC in the last 15 years, and with an increasingly ageing workforce, effecting change is no easy task. Added to this, with more government initiatives to provide better service delivery for citizens, providing VFM and changing perceptions will be an uphill battle.

LCC have recently introduced a social care brokerage team – essentially an intermediary service charged with sourcing domiciliary care packages. The aim is that this team will become the hub of the organisations (LCC and Liverpool PCT), sourcing not only domiciliary care, but all social care packages, and providing management reports to inform future commissioning needs.

1.1.2. Academic background

It must be considered that there is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things (Kotter 2008).

The introduction of a brokerage service in LCC, and the ongoing personalisation agenda, has placed major pressures on established services to change their ways of working.

Johnson and Scholes (2001) state that one of the main problems organisations face in managing change is effecting changes in organisational culture. They further assert that culturally, managers in public sector organisations perceive a greater need for continuity of service provision and therefore a greater adherence to core assumptions associated with providing services. This implies an unwillingness to adapt to new ways of working, an attitude of *"If it ain't broke…"*.

Burnes (2004) defines organisational culture as the particular set of values, beliefs, customs and systems that are unique to an organisation. He states that culture defines how those in the organisation should behave in a given set of circumstances, which affect everyone within the hierarchy. In his discussions around managing change, he states that the history of organisations is one of change and upheaval. Essentially, it's impossible to work in an environment that is free from change.

This research project will attempt to address some of the issues around the difficulties in this area, drawing conclusions from the research, and making recommendations as necessary.

1.2. Research question

This study is concerned with identifying the impact of current, necessary, changes into the social care agenda. Its main interest is in whether the change can be managed effectively and services for the citizen improved significantly. It is mainly based around the introduction and impact of the government's Putting People First initiative (which aims to personalise care services, and is also known as the personalisation agenda) and how operating a social care brokerage service can help to facilitate the transition, if at all. In order to assess the problems raised, contact will be made with other local authorities already operating an intermediary service for sourcing social care, and investigations into how they plan to implement the personalisation of services will be undertaken. This second part will also be addressed within the senior management team of LCC.

1.2.1. Research question

Transforming Adult Social Care: Personalisation and Brokerage

1.2.2. Aims of the investigation:

- Assess the impact of the introduction the personalisation agenda in an organisation with strong cultural ideas

- Critique how the change is managed

- Determine the effectiveness of adopting a brokerage model

- Establish conclusions and recommendations based on the above

1.3. Justification for the research

Traditionally within LCC social care, a social work assessor would assess that an individual needs assistance, whether it be an adaptation to their home, a personal social care service, or day centre or residential home placement, and would approach a provider direct. In 2006, a pilot was introduced within Home Care, in partnership with the LCC's Careline call centre, which routed requests for domiciliary care via a Care Brokerage Team. This pilot operated in the south of the city only, though it was expanded to take on sourcing for the entire city after a year.

Though the 'pilot' was extended, it was never evaluated so never deemed a success or otherwise. In January 2008, a project was undertaken which established that while brokerage were able to route domiciliary care requests via approved providers, thus providing some quality control, the service was performance managed in line with call centre mentality i.e. along the lines of the number of telephone calls answered. Care Brokerage had a caseload of 260+ cases awaiting a home care package, and of these, approximately two thirds had been waiting for over one month. Many of these were in hospitals or intermediate care beds therefore were 'bed-blocking' at best, or costing the

local authority £100 per day under Section 5 of The Community Care (Delayed Discharges) Act 2003.

The result of the project evaluation was that the Care Brokerage Team was removed from the callcentre environment and a service was set up in its own right and re-named Liverpool Brokerage Services (LBS). LBS is now tightly performance managed around number of people moving through the system within set timescales, and has it's own Service plan with monthly reporting (*Appendix i*), and this is available for the public to access via www.liverpool.gov.uk. In addition, LBS publish their Service Standards on LCC's internet site (*Appendix ii*)

LBS is currently funded by Liverpool PCT, and it works with the PCT Continuing Health Care (CHC) team to source domiciliary care for CHC patients. The aim of senior managers in LCC and Liverpool PCT is that this service becomes the hub of all social care sourcing within LCC, and that it is at the heart of the government's personalisation agenda. This is a major shift within an organisation with strong cultural traditions.

1.4.Methodology

The research philosophy used in this study will follow the interpretivist paradigm. As Burke (2007) says: *"The research paradigm, once chosen, acts as a ''set of lenses'' for the researcher"*.

A literature review will be used to determine the current thinking on the subjects of sourcing social care services, the impact of changes on the workforce, and the government's personalisation agenda.

An investigation and comparison of at least 3 organisations, plus LCC, will be undertaken, looking at the way the changes were managed, and the impact on the service user. Opinions will be sought around the impact of the personalisation agenda and ways of implementing it.

1.5. Outline of the chapters

1.5.1. Chapter 1 - Introduction

This chapter introduces the field of study around social care sourcing, and focuses the question around which the research will be based. It discusses the current situation within LCC, its aspirations locally and its obligations nationally, particularly with regard to the government's personalisation agenda.

1.5.2. Chapter 2 – Literature Review

This details the current theoretical thinking around social care sourcing and change management within a public sector organisation. Literature sources include:

International Journal of Public Sector Management, Journal of Health Organisation and Management, Journal of Management in Medicine, Journal of Organisational Change Management, Strategy and Leadership and electronic sources from relevant websites including CSCI, CSIP, DoH, Community Care, Social Care Institute for Excellence (SCIE), National Development Team (NDT), and Local Authority websites

Further knowledge will come from literary publications around Organisational Management, Strategic Management, HR Management, and Leadership studies.

1.5.3. Chapter 3 – Methodology
This will give information around the research paradigm adopted, and the research instruments used to inform the study.

1.5.4. Chapter 4 – Findings
This chapter presents the findings of the study, with all the data collected presented in such a way as to inform the reader. Conclusions from this chapter are presented in the following chapter.

1.5.5. Chapter 5 – Conclusions

All of the data collated and presented in chapter 4 will be analysed and evaluated in this chapter. Conclusions will be drawn, related back to the research aims, and where appropriate, opportunities for further research identified.

1.5.6. Chapter 6 – Recommendations

Depending on the outcome from the data collected in Chapter 4, and the conclusions drawn in chapter 5, this chapter will give recommendations and detail a recommended implementation plan.

1.6. Definitions & Glossary of Terms

Term Used	Definition
ACM	Assessment and Care Management (largely the social work teams)
AED	Assistant Executive Director
CHC	Continuing Health Care
CRB	Criminal Records Bureau
CSCI	Commission for Social Care Inspection
CSIP	Care Services Improvement Partnership
DoH	Department of Health
DP	Direct Payment
HCM	Home Care Manager
HOS	Head of Service
IB	Individual Budget
ICT	Intermediate Care Team
LBS	Liverpool Brokerage Services
LA	Local Authority
LCC	Liverpool City Council
MAX	Maximising Potential – Liverpool PCT's rehab at home team
NDT	National Development Team
PCT	Primary Care Trust
SCIE	Social Care Institute for Excellence
SU	Service User
TOR	Terms of Reference
VFM	Value For Money

1.7. Summary

This chapter has introduced the research question and aims of the study. The research is justified and the methodology is briefly described. Limitations to the study are detailed, and the layout of the report is outlined. The following chapters will take the reader through the research journey and ultimately answer the research question.

2. Literature review

2.1. Introduction

This chapter introduces current thinking around the areas addressed by the research question, which are Social Care Brokerage, change management in the public sector and the government's personalisation agenda The study is grounded in literature research, including sources taken from the following journals;

International Journal of Public Sector Management, Journal of Health Organisation and Management, Journal of Management in Medicine, Journal of Organisational Change Management, Strategy and Leadership

Electronic sources from relevant websites have also been consulted, including CSCI, CSIP, DoH, Community Care, Social Care Institute for Excellence (SCIE), National Development Team (NDT), and Local Authorities websites

Further knowledge will come from literary publications around Organisational Management, Strategic Management, HR Management, and Leadership studies.

2.2. Parent disciplines/fields/themes

The key themes informing this study are change management and organisational culture, particularly with reference to public sector organisations, but also more generally; strategies for social care commissioning, and the UK governments' social care agendas, with specific regard to the personalisation agenda.

2.3. Social Care Commissioning strategies

Baxter, Weiss & Le Grand (2008) define commissioning as the process by which primary care trusts (PCTs) identify the health needs of their populations and make prioritised decisions to secure care to meet those needs within available resources. Drake & Davies (2007) have found that across the world the number of elderly people is growing rapidly, both in absolute terms and as a proportion of the whole population. The DoH (2008b) states that advances in public health, healthcare and changes in society mean that we are living longer The change in the structure of our population is one of the most significant

challenges we face in the 21st century. Life expectancy has increased considerably with a doubling of the number of older people since 1931. Between 2006 and 2036, the number of people over 85 in England will rise from 1.055 to 2.959 million, an increase of approximately 180% (DoH 2008b).

Within home care and residential provider services, Social Services departments have created approved provider lists so that only those providers that meet best value (low cost, high quality) criteria can win contracts. To improve value, home care providers must cut costs and/or improve quality. It has been argued that private home care providers have little immediate opportunity to cut costs. (Davies & Drake 2007).

LCC has a duty of care to commission high quality, VFM services for its citizens. In January 2008, the Community Services portfolio began development of a social care brokerage service (LBS) which sources domiciliary care packages for both LCC and Liverpool PCT.

2.3.1. Social Care Brokerage

In England, the proportion of home care commissioned from the independent sector rose dramatically from 5 per cent in 1993 to 73 per cent by 2005 (Drake & Davies 2007). Local Authorities in the UK have a statutory duty to provide care and support to enable people, especially older people, to achieve the maximum possible independence, whilst continuing to live in their own homes (Davies & Drake 2007). As the DoH (2007) state, the vast majority of people want to live in their own homes for as long as possible. The introduction of the brokerage service within LCC enables LBS to monitor the care delivery within the independent sector, and ensure that only approved, contracted providers are used.

Researching information around brokers and brokerage, it appears that the role of the broker remains poorly defined (Dowson n.d.). Brokers are still commonly perceived to be nothing more than people offering brokerage as a service. In Liverpool this is the case, though the staff do have a background in social care, if not necessarily as care managers.

There is additionally some literature around the role of Support Brokers, which will be discussed further here for reference, but that is an area which is separate from the aims of this research project.

Dowson (n.d.) discusses brokerage as being a set of tasks that needs to be done in the process of helping people move from aspirations to the implementation of paid supports and opportunities that will make those aspirations a reality i.e. that people will have an idea of the type of service they want and brokerage should be the vehicle by which they achieve what they want (rather than the traditional model of having social work professionals decide it for them). As a result, Dowson believes that individualised funding initiatives require people who work in the social care system to shift abruptly to very different ways of thinking and working.

Drake & Davies (2007), in discussing approaches to commissioning care services, refer to Flintshire Council, and their brokerage system. Flintshire has implemented spot contracting with 15 approved, independent providers and approximately 60 per cent of its home care is delivered by the independent sector. This is a similar situation to where we find ourselves in Liverpool   LCC have spot contracting for home care with 8 providers, and approximately 82% of our home care is delivered by the independent sector (Fig 1). Flintshire operate a similar sourcing process to LCC i.e. a social worker draws up a care plan, a request is made to brokerage to find a provider, the broker then searches for an appropriate care package.

Home care market share Hours pw

Legend:
- In House
- Anchor Care
- Arena
- Care UK
- Homecare Support
- HomeCarers
- Local Solutions
- Merseycare Julieann
- Supporta Care
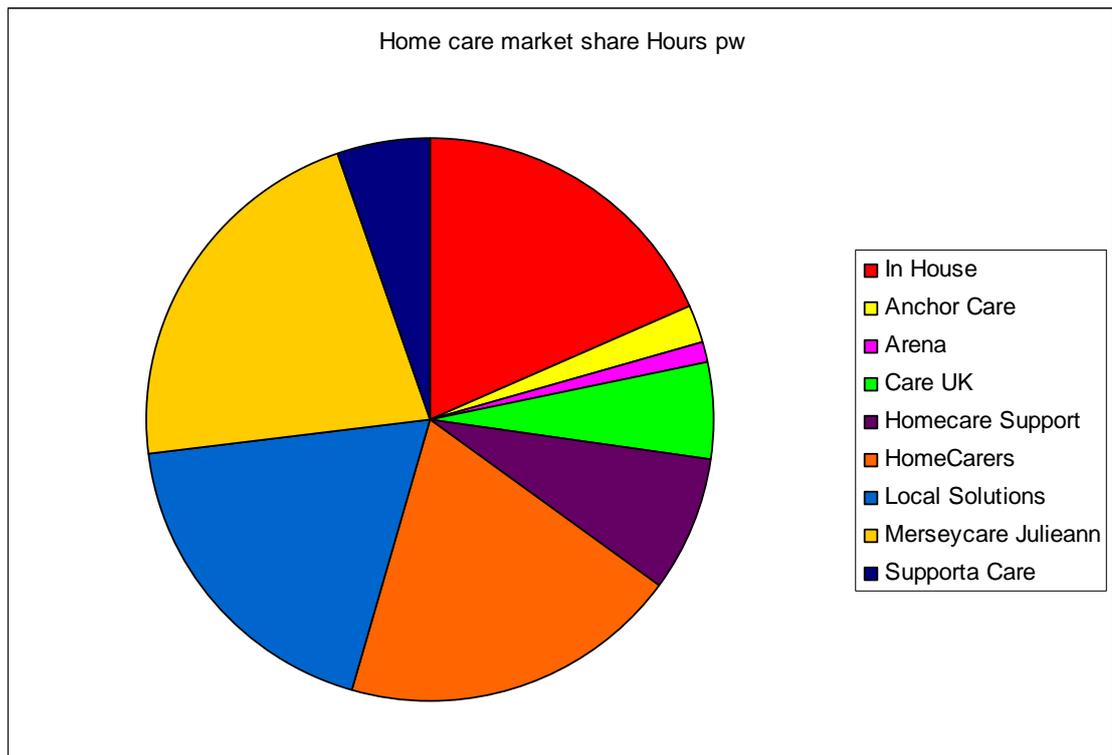
Fig. 1 – Percentage share of home care delivery in Liverpool

Drake & Davies (2007) believe that the use of a broker by a local authority has been seen to be a means to achieve a degree of overall operations optimisation. A broker can facilitate the pooling of all available resources to create one integrated operation as well as constant, real-time competition for spot contracts.

CSED (2007) concur with Drake & Davies's view. They state that specially trained staff are more productive than care managers in managing provider bookings and updates to the care record system and finance. They go on to list some efficiencies found by authorities operating a brokerage service, which are echoed by the Making Ends Meet website with reference to Flintshire Council.

Islington Council also operate a brokerage service, defining brokerage as a term used for part of the care management process. They state that care brokerage provides the link

between care management and service providers to match assessed needs with approved contractors. (www.islington.gov.uk 2008). They also attempt to:

- match service-users needs with contracted/approved services
- negotiate and manage the contractual agreement between the Council and providers
- to ensure that there is a response to day to day breakdowns / service failures
- make spot checks on care services provided by contractors to individual clients
- ensure that services delivered match with what is invoiced

The researcher will attempt to contact these LAs, and others running a similar service, with a view to establishing the benefits to the service users and other stakeholders.

The other brokerage model referred to earlier is Support brokerage. This is outside the scope of this study, but is also very high on the agenda in terms of the personalisation agenda. CSCI (2006) discuss this in terms of people using care services, who need to be put at the heart of decision-making processes so that they can be in control and empowered to make choices about and plan the package of care and support they receive. They mention the use of support brokers, but the context is that a support broker is independent of all other stakeholders (including the local authority) and assists the user of services in their assessment and in procuring care packages if necessary. CSCI call for the need for brokerage to be clearly defined and explained so that the function is understood by people who may need to use these services.

McWilliam & Griffin (2006) expand on this, discussing a case study of home care in Canada. The services are delivered in a brokerage model by a diversity of service providers with varying degrees of client involvement in their care. Providers include case managers, often nurses or social workers, who assess clients' needs, and based on their assessments, decide, access, coordinate, monitor and control amounts and timeframes of resources and services. These case managers act as brokers, contracting direct in-home service from other provider groups, including professional nurses, occupational, physical and speech therapists, and social workers, and para-professional personal support workers

or homemakers. This is an entirely different model to that currently being used in Liverpool, Flintshire, Islington and other authorities. Here, the role is more of a Support Broker, in that the broker is, or has been, a social care professional.

Brindle (2006) states that the term "support broker" is slipping into common parlance, and that it means that it would involve help for people to navigate the care system, obtain any funding to which they are entitled and procure the most appropriate care and support. While this, on the face of it, sounds like the model LCC is proposing to use, it's important to distinguish that Support Brokerage is entirely independent of the local authority, and is still subject to much debate around regulatory standards.

SCIE (2007) state that brokerage has become an international short-hand expression for the kind of flexible interpreters of systems which recipients may welcome. The values of brokerage are seen as linked – not just to accessing specific services – but to a vision of full citizenship and quality of life to which recipients are entitled.

Heng et al (2005) discuss brokerage in the Health service, an environment similar to social care and state that brokering relationships becomes a potential mechanism for accessing and disseminating information to diverse groups. The further state that in the context of an organisation, social brokerage can be viewed as a form of entrepreneurial activity, and that brokerage services are constantly looking to drive new ideas and attempting to convert them into value adding opportunities.

While definitions around what exactly brokerage is seem to differ, with support brokerage being outside the scope of this study, most literature seems to agree that brokerage is a beneficial service to adopt. CSCI (2006) assert that the attractions of brokerage are many. There would appear to be scope for developing a model which is genuinely empowering, and would indeed shift the focus of power from systems to individuals. McWilliam & Griffin (2006) agree that brokerage can help with the changes required toward the ideal of empowering caring in health and social services. CSED (2007) research confirmed that councils agree that brokerage provides benefits from

quicker turnaround of package placement, more accurate recording and better use of contracts.

2.3.2. Personalisation Agenda

In an interview with Society Guardian in October 2006, Care Services minister, Ivan Lewis stated, "*A combination of individualised budgets and personalisation of services is going to be the key component of a modern social care system*". He went on to describe an incident where a service user told him that what he wanted was a life, not a service. This has set the ball rolling for the reform of Social Care services, and the introduction of the personalisation agenda.

The wider government approach to personalisation can be summarised as "*the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive*" DoH (2008b)

Demography means an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses. By 2022, 20% of the English population will be over 65. By 2027, the number of over 85 year-olds will have increased by 60 % (DoH, 2007). The emphasis under the personalisation agenda is a move away from "paternalistic, reactive care of variable quality" and towards system focused on prevention, early intervention, enablement, and high quality personally tailored services. (DoH 2007). In 2008, the DoH (2008b) stated: "*Advances in public health, healthcare and changes in society mean that we are living longer, and as communities become more diverse, the challenges of supporting that diversity becomes more apparent*".

In 2005, the Department of Health set up Individual Budget pilots in 13 English local authorities, running from November 2005 to December 2007, and commissioned a national evaluation. This was the forerunner to what is now known as personalisation. Individual Budgets (IB) are defined as "*a system which involves streamlined assessment across agencies responsible for a number of support funding streams, resulting in the transparent allocation of resources to an individual, in cash or in kind, to be spent in*

ways which suit them." (SCIE 2007), and are separate from Direct Payments (introduced in 1997) which are described as "*where people, after assessment, are given the money to pay for their own social care, along lines proposed by them and discussed with their care manager.*" (SCIE 2007). The distinct difference between the two initiatives is that Direct Payments very much involves input from a Social Care professional. Take up around DP has been extremely poor in the 10 years since they were introduced.

SCIE (2007) discuss this poor take up of DP and identify contributory factors such as the need for cultural change, leadership, better information and training; reluctance to relinquish power, and fear of deskilling and job losses; the prevalence of risk-averse practice; perceived or real difficulties about establishing consent; concern about costs – especially start-up costs; lack of a strategy for, and experience of user involvement in services; and uncertainty about the capacities of service users, and paternalism.

In an evaluation report around IB, published in October 2008, IBSEN (2008) identified that changing perceptions and cultural ways of working was a challenge in all the pilot authorities. Common concerns of frontline staff included judging what expenditure could be viewed as legitimate or appropriate for social care; and managing potential risks – for instance paying family members or neighbours (with no Criminal Records Bureau checks) to provide support.

The evaluation report also identified that social care staff experienced major shifts in their roles and responsibilities, and that some staff felt their skills were being eroded. (IBSEN 2008).

The evaluation report stated that "IBs were piloted as a new way of providing support for older people, disabled adults and adults with mental health problems eligible for publicly-funded social care. IBs are intended to give greater clarity about the resources available and more choice and control over how needs are met. IBs aim to bring together the resources from several funding streams for which an individual is eligible; these can be used flexibly according to individual priorities and desired outcomes". (IBSEN 2008).

Brindle (2006) asserts that giving people control over their own lives is a good goal to have, but there is a growing consensus that you do not automatically achieve that goal simply by giving them their own funds to buy services. Churchill & Stapleton (2008) argue that some of the implications of personalisation are only now beginning to emerge. The area where the long-term impact will be greatest is the social care workforce, stating that personalisation might undermine the professionalisation of social care staff.

I&DEA (2007) address this by reminding authorities of their duties to involve and consult with local people. The personalisation agenda has at its heart community empowerment, and is defined as "the process of enabling people to shape and choose the services they use on a personal basis, so that they can influence the way those services are delivered".

CSIP (2008) concur by stating that the Putting People First protocol (which lay down the elements of the personalisation agenda in 2007) will provide a system able to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to experience full and purposeful lives. As the DoH (2007) state in the protocol *The vast majority of people want to live in their own homes for as long as possible*. They further qualify this by stating that access to high quality support should be universal and available in every community. Local authorities must work in partnership with the local NHS, other statutory agencies, third and private sector providers, users and carers and the wider local community to create a new, high quality care system which is fair, accessible and responsive to the individual needs of those who use services and their carers. Indeed, the Churchill & Stapleton's (2008) article asserts that the local authority continues to retain the duty of care to all of its citizens who are eligible to receive a service, clear guidance can be issued to all user/employers on the nuts and bolts of being a good employer, and that making a success of personalised care for users creates real opportunities for care workers

As this is an ongoing agenda, and is not fully operational, there are regular updates on its progress. The DoH & CSIP produced a toolkit for LAs in 2008 in which they detailed

the key elements required to make personalisation a success. These include maximising access to universal services and continuing to promote independence. They refer to process and practice changes which will be required to transform local delivery, and good practice in support planning and brokerage, in order to help people to plan and organise their support.

SCIE (2007) discuss brokerage and personalisation stating that the values of brokerage are seen as linked to a vision of full citizenship and quality of life to which recipients are entitled. The resources tapped by brokerage are not only the traditional pool of services conceived and controlled by authorities, but draw upon the family, the local community and the individual recipient to arrive at new solutions to individual needs.

The DoH (2008b) states that the sector needs a shared vision to achieve personalisation. They want to make personalisation the cornerstone of public services. In social care, this means every person having choice and control over the shape of his or her support. This is echoed by CSIP (2008) who assert that local authorities need to take a proactive approach, targeting information to those who need it, when they need it and in a format that suits them, and that they need to work in partnership and provide the services people need.

Personalisation reinforces the idea the individual is best placed to know what they need and how those needs can be best met (SCIE 2008), and reforming social care to achieve personalisation for all will require a huge cultural, transformational and transactional change in all parts of the system (DoH 2008b)

2.4. Change Management

2.4.1. Change Management Theory
Change has always been a feature of organisational life, though many argue that the frequency and magnitude of change are greater now than ever before (Burnes 2004). Burnes goes on to discuss types of change, including Kurt Lewin's theory around planned

and unplanned change. Planned change is a term first coined by Lewin to distinguish change that was consciously planned by an organisation, as opposed change that might come about by accident or that might be forced on an organisation. Johnson (2004) discusses this further, stating that change efforts may be forced on an organisation by laws, regulations, customers, or other environmental factors. In local authorities (and the public sector in general) we are heavily influenced by regulatory changes and government agendas. In addition, working in social care, the need to place the customers' needs before the needs of the organisation is paramount. Johnson also states that the need for change is often driven by a crisis sense of urgency as a means of business survival, both at the leadership and employee level. Again, in the social care environment, we are often driven by crises, particularly in the winter months when the need to get people out of hospital and home to free up beds becomes crucial.

Kotter & Schlesinger (2008) state that organisations do not try to initiate changes because the managers are afraid that they are incapable of successfully implementing them. They agree that more and more managers must deal with new government regulations and other changes these days, and that people affected by change will experience some emotional turmoil, even if those changes appear to be positive or rational. Carter (2008) states that managing the change requires having clear priorities to help maintain order and keep the process manageable.

Burke (2007) states that change is now rapid and continuous and that management texts no longer refer to how to manage change, but simply to how to manage in times of change. Burnes (2004) concurs, stating that it has become the accepted view that the magnitude, speed, unpredictability and impact of change are greater than ever before. Johnson (2004) talks of how managing change involves moving an organisation from its current state to its desired state through a transition period.

Breu & Benwell (1999) discuss approaches to managing change and have found that managers who trust past experience and build their decisions and actions on the familiar will unavoidably fail their organisations. The Audit Commission (2007) discusses the

need for innovation stating that Local Authorities will have to work in new ways to achieve continual improvement. Councils are under increasing pressure to improve performance and engage in new, complex ways of working. The pressure for efficiency is the strongest driver of innovation.

Kotter (2006) states that no organisation is immune to change, and that managers have tried various ways of forcing change, yet few of these efforts meet their goals. In most organisations, people at every level are engaged in change processes. Johnson (2004) asserts that creating behavioural change is a difficult and long-term process that requires management's concerted and persistent effort. Managing change requires leadership. This is a theme that runs through much of the literature.

Fauth & Mahdon (2007) agree that successful organisational improvement initiatives have effective leaders who enable improvements to occur. Kotter (2006) also confirms change is achieved through a leader establishing directions, aligning, motivating and inspiring people. Johnson (2004) states that leading change is about blazing new trails and creating a compelling vision, and goes on to say that this must be driven from the top.

Having discussed Lewin's planned change, it must be mentioned that in order to survive, organisations must develop the ability to change themselves continuously in a fundamental manner (Burnes 2004). Burnes goes on to say that only by continuous transformation will organisations be able to keep aligned with their environment and survive. He discusses the Emergent approach, which starts from the assumption that change is a continuous, open-ended and unpredictable process of aligning and re-aligning an organisation to its changing environment, and states that this has taken over from the planned approach as the dominant approach to change. Organisations must adapt their internal practices and behaviour in real-time to changing external conditions. This is especially true in social care, where we're dealing with people's lives and people are beginning to realise that they have choices and need not have services imposed on them

that they simply do not want. The Emergent approach stresses the developing and unpredictable nature of change (Burnes 2004).

Change is a pervasive influence. We are all subject to continual change of one form or another. Change is an inescapable part of both social and organisational life. (Mullins 2002). Huczynski & Buchanan (2001) state that the most desirable management skill is the ability to mange change.

2.4.2. Change Management research

In England 25,000 private, public and voluntary providers delivered social care services to more than 1.5 million people. The sector officially employs about 1.6 million people with well over 5 million people informally caring for a relative or friend (Fauth & Mahdon 2007). They go on to say that social care is in the midst of change nationally and locally. At the heart of these changes is the desire to provide citizens with a greater level of involvement in their care, the promotion of greater choice and independence among users and more effective community-wide support, while maintaining quality and budgetary standards.

People have higher expectations of what they need and want greater control over their lives and the risks they take. They want dignity and respect, and they want to be able to access high-quality services and support closer to home at the right time, rather than relying on intervention at the point of crisis. Social care cannot meet these challenges without radical change in how services are delivered. Personalisation is about whole system change. (DoH 2008b)

In 2006, LCC introduced a new service as part of its Careline Contact Centre. This service was known then as Care Brokerage, and was concerned with sourcing domiciliary care packages for service users in the Liverpool area. The service was never satisfactorily performance managed as it sat within a call centre environment, so in February 2008 the service was integrated into the Community Services portfolio as a service area in its own right. The service was renamed Liverpool Brokerage Services

(LBS), and began collaboratively working with Liverpool Primary Care Trust (PCT) to source packages on their behalf for Continuing Health Care patients. It is envisioned that the service will continue to grow and will ultimately become the 'hub' of the two organisations.

"It must be considered that there is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things." (Kotter & Schlesinger 2008). This is particularly true in public sector organisations, where cultural links to old established ways of working are especially strong. The health care sector is often impacted by changes, and these changes always require new approaches to coping. (Heng, McGeorge & Loosemore 2005).

The impetus for many reform programmes is the widespread belief that the traditional model of public sector organisations is not very successful at adapting to rapid rates of social change (O'Brien 2002). Change management is not a distinct discipline with rigid and clearly-defined boundaries. Rather the theory and practice of change management draws on a number of social science disciplines and traditions. (Burnes 2004).

New government policy imperatives are calling for power to be devolved away from the state so that local people can have more control over public services (I&DEA 2007). This includes giving people the chance to have their own say in how their care is delivered. LCC is committed to this and have developed their visions, values and aims around this (*appendix iii*).

Brown, Waterhouse & Flynn (2003) state that governments are faced with an emerging public conviction that public sectors are too large and inefficient. One of the most significant divisions between public and private sector management is the presence of political interests in the public sector. The public sector experiences greater difficulties implementing corporate change due to the unique environment in which it operates. Fryer, Antony & Douglas (2007) found that the public sector has followed the private sector ethos with varying degrees of success. Both public and private sector

organisations are constantly facing the challenge of "doing more with less", and in many sectors, regulatory controls have become more stringent ensuring that what was acceptable in the past is not acceptable now. This pushes forward the need for modernisation in social care as citizens (service users and their families and carers) realise that they're able to make the choices, and not have decisions imposed on them.

Maddock (2002) states that most management consultants conclude that the core of modernisation is how to include staff and how to involve marginalised communities. Fauth & Mahdon (2007) concur, stating employees should be entrusted to take forward improvements in their day-to-day service delivery. They further state that service users, community members and other key stakeholders need to be central figures in any change or improvement initiative, and that the key is recognising that service users should be at the heart of service reform.

Pfeifer, Schmitt & Voigt (2005) assert that the implementation of strategic change as a reaction to the influences of external changes, or in anticipation of such changes, very often fails in operational practice.   The DoH (2008a) admits that world-class quality of care is a moving target, but this is a reflection of constant innovation in healthcare as a whole. The Audit Commission (2007) concur that councils are under increasing pressure to improve performance and engage in new, complex ways of working.   Public sector bodies are increasingly required to understand patterns of demand in order to target their services more accurately. Rather than taking a 'one size fits all' approach, councils must respond flexibly to diverse populations whose needs and expectations are often shaped by their experience of the private sector.   Engagement with local partners, including voluntary and community organisations and suppliers, can expose authorities to new ideas (Audit Commission 2007).

In their evaluation of the Individual budgets (IB) pilots, IBSEN (2008) found that implementing IBs required major shifts in staff and organisational culture, roles and responsibilities. They recommend that intensive support and extensive training will be needed, particularly in developing specialist support planning and brokerage skills.

Fauth & Mahdon (2007) conclude that the field of social care has made great strides in identifying its values and vision for the future and what needs to change to achieve improvements across a range of services. Applying the constructs to the proposed changes in the social care sector, the ongoing changes in the sector are transformational in scope, occur over a lengthy period of time and are best suited to an emergent approach that allows for flexibility within and between organisations.

2.5. Culture

2.5.1. Culture Theory

The health care sector is often impacted by changes and these changes always require new approaches to coping with the new demand (Heng et al 2005). It is very difficult to change the culture of a large organisation (Smith 2003). Organisational culture provides a people-centred, theoretical perspective on the management of change that is seen to offer some insight into the intangible' nature of organisations and their behaviour (Maull, Brown & Cliffe 2001).

There are many definitions of organisational culture. At a basic level, it may be defined as "the way we do things around here". (Johnson & Scholes 2001; Maull et al 2001; Pennington 2003; Smith 2003). Fronda & Moriceau (2008) defines culture as a coherent set of social norms and practices, or ways of interpreting the world and finding one's social positioning in it. Wortmann (2008) states that in an organisational context, culture is the "*behaviours and beliefs characteristic of a particular organisation*" and that these behaviours and beliefs emerge over time. Sopow (2007) adds that an organisation's culture is its deeply rooted traditions, values, beliefs and sense-of-self. The culture of an organisation is also often likened to the personality of an individual (Mullins 2002; Schraeder et al 2005; Sopow 2007). Schraeder et al (2005) go on to state that organisational culture is central to the functioning of an organisation.

Sopow (2007) states that a positive organisational culture often provides a sense of security and stability, and that change is easier to implement within organisational

cultures that are supportive of employees with enlightened leadership and management structures. Brooks (1999) discusses Handy's theory around 'types' of culture – power, role, task, person. Within LCC, we appear to fall into the category of role culture, with high levels of bureaucracy and co-ordination provided by a small elite senior management. Brooks states that an organisation characterised by role culture is departmentalised, with employees having clear roles clarified by job descriptions. The organisation is suited to stable environments where efficiency is stressed and required. Role cultures provide security for employees (Brooks 1999).

In terms of managing organisational change, and culture change, Burnes (2004) asserts that as no organisation's culture is static, and that culture is locked into the beliefs, values and norms of each individual in the organisation, which are difficult constructs to alter, this type of organic cultural change will be slow. He believes that before any attempt is made to change an organisation's culture, it is first necessary to understand the nature of its existing culture. Brooks (1999) concurs, stating that the management of cultural change is the subject of considerable debate. It is essential to understand how the existing culture is sustained before it can be changed.

The pervasive nature of organisational culture means that if change is to be brought about successfully, this is likely to involve changes to culture (Mullins 2002). Huczynski & Buchanan (2001) state that culture has often been considered within the context of corporate strategy and organisational structure. The truth is that culture change is driven by a change in performance (Pennington 2003).

The introduction of a Brokerage service and the changes brought about under the personalisation agenda will entail changes to ways of working in an organisation with a strong role culture. As the theory suggests, this will be no easy task for the authority.

2.5.2. Public Sector Culture

Today, more than ever, public sector organisations are facing tremendous pressure to adapt to significant changes in the external environment and it's been recognised that organisational culture is an important factor in organisational effectiveness (Schraeder,

Tears & Jordan 2005). They go on to say that failure to modify the culture of public sector organisations to more closely match environmental exigencies could lead to a continuation or increase in management turnover within these organisations and may also lead to inertia that could erode public and private confidence.

From a management perspective, a lack of understanding of organisational culture in the public sector is of concern because research on organisational culture indicates that culture is central to the change process and to the attainment of strategic objectives (Parker & Bradley 2000). Johnson & Scholes (2001) state that public sector managers place much more emphasis on strategy development than those from all other organisations because of a requirement to comply with statutory and other formal regulations together with guidelines handed down by political masters at national level, and one of the main problems they face while managing strategic change is effecting changes in organisational culture.

According to Schraeder et al (2005) given that corporate culture is crucial to organisational effectiveness, it follows that a key task of managers is to understand, monitor, and actively manage the culture of their organisation. They refer to the pressures to improve the efficiency of public sector organisations to run more like private entities, which coupled with increased public scrutiny, fortify the need for fundamental change. However, they concede that while the culture of an organisation is constantly evolving it is important to note that fundamentally changing an organisation's culture is a long-term endeavour.

2.6. Conceptual model

Reporting

Independent Sector
(CSED 2007 & Davies & Drake 2007)

Continuing Health Care

Commissioning

Assessment & Care Management

Hospitals & Intermediate Care

Customers
(Davies & Drake 2007)

3rd Sector Providers

Liverpool Brokerage Services
(Drake & Davies 2007)

Primary Care Trust

Allied Health

Referrals care brokerage

Quality Assurance
(CSED 2007)

Primary Care Trust

Contracts
(CSED 2007)

Customers
(CSCI 2006)

Performance Management
(CSED 2007)

Activities in -

Single point of access
Self-assessment
Workflows
Referrals
Processes
Information

Activities out -

Brokerage
Planning
Bookings
PMF reports
SLRs
Commissioning
Quality
Customers

2.6.1. Explanation of conceptual model

The model (adapted from one currently in development in LCC) shows LBS as the hub of services within LCC and its stakeholders. There are various elements coming into the service, and a number of outputs from the service. The main driver for the model is the fact that local authorities are increasingly outsourcing their care services. Drake & Davies (2007) found that 73% of home care is delivered via the independent sector (this in 2005 so likely to have increased). Indeed in Liverpool, less than 20% of home care is sourced via in-house services. The need for brokerage to act as an intermediary ensures that only approved, contracted providers are used, which are then subject to compliance visits. LCC, like all LAs, has a duty of care to commission quality care and support for its citizens (Davies and Drake 2007). As Drake & Davies stated in 2007, "*brokerage is a means of achieving overall operations optimisation*".

CSED (2007) list a number of benefits to having a brokerage system including accuracy of data, closer working relationships with stakeholders, quality market management and contract compliance, and information systems informing commissioners. This model has all those components going into the system and back out the other side. The model fits with CSCI (2006) recommendations that the focus of power must shift from systems to individuals. Utilising this model will ensure that work is more organised and systematic (Making Ends Meet n.d.), and the model has built in accountability within it. While work is routed via this central hub, all stakeholders, be they within LCC or outside LCC in the independent sector and PCT, are informed in a uniform manner, and performance can be managed more efficiently. Ultimately, this should improve customer choice and assist with their taking control of their own care needs.

2.7. Summary

This chapter has discussed established theories around change management and culture change, and has addressed the current situation in social care around the personalisation agenda and brokerage models. A conceptual model has been developed which is currently being piloted within LCC, though this is still very much in development.

Initial findings are that there appears to be a place for brokerage within social care, and this is heightened by the requirements of the personalisation agenda, where citizens will require more assistance as they take over control of their own care needs.

The following section will detail the research methods and instruments in establishing how successful brokerage models have been.

3. Methodology

3.1. Introduction

This chapter details the methods undertaken during the research project, including the philosophy chosen, the strategy taken, the instruments used and ethical factors considered.

Epistemology concerns what constitutes acceptable knowledge in a field of study (Saunders, Lewis and Thornhill 2007). Saunders et al describe three epistemological stances: Positivist, Realist and Interpretevist (or phenomenonological). Positivists will prefer working with an observable social reality and the end product of such research can be law-like generalisations similar to those produced by the physical and natural scientist. Realism also relates to scientific enquiry. The essence of realism is that what the senses show us as reality is the truth. Interpretivism advocates that it is necessary for the researcher to understand differences between humans in our role as social actors. This emphasises the difference between conducting research among people rather than objects

3.2. Research Philosophy

The philosophy for this research project will follow the interpretivist paradigm. As Burke (2007) says: *"The research paradigm, once chosen, acts as a ''set of lenses'' for the researcher"*. Fisher (2007) states that interpretive research attempts to understand the processes by which we gain knowledge and so it has affinity with the original Gnostic search for one's true self. Ardalan (2006) states that the interpretive paradigm assumes that social reality is the result of the subjective interpretations of individuals, and Burke (2007) asserts that the interpretivist seeks a view *''within the frame of reference of the participant as opposed to the observer of action''*. This frame of reference is vital in order to undertake research based within information management which deals primarily with people, information, and cultural contexts.

3.3. Research Strategy

Saunders et al (2007) define the interpretive paradigm as *"a philosophical position which is concerned with understanding the way we as humans make sense of the world around us."*. As this is a qualitative study, and the research methods are not highly structured, and

inductive approach will be taken, though some deductive approach may be taken for the initial evaluation. Saunders et al (2007) state that an inductive approach helps the researcher to gain an understanding of the meanings humans attach to events, and enables a more flexible structure to permit changes of research emphasis as the research progresses. In order to ascertain others' views of how services in LCC operate, and how the changes are managed, it's important to understand that there are different interpretations on reality, and that other people may have different interpretations. It's difficult to understand how others make sense of things without an insightful knowledge of your own values and thinking processes (Fisher 2007), and this reflexivity will enable the research to remain objective.

3.3.1. Justification for the selected paradigm and methodology

As discussed in the previous section, the interpretivist stance will enable the research to remain objective. It will ensure that there are no preconceived opinions, and continued reflection on the findings will clarify this.

In order to answer the research question, the research will consist of a number of semi structured interviews which will form the primary research. A number of local authorities already operate a brokerage system, and all are subject to the changes brought about by the personalisation agenda. Interviewing the manager or head of service of the brokerage service in those local authorities will provide a benchmark for our own service. With the imminent introduction of the personalisation agenda, these interviews should give insight into how these managers plan to implement this change, and what impact, if any, it will have on their brokerage service. In order to provide some triangulation, at least 2 managers in different authorities will be interviewed, hopefully each at different stages in the development of their service.

In addition, semi structured interviews will take place with stakeholders of the authority (specifically service users and providers). These will take the form of focus groups, with the researcher involved as 'participant as observer'. As Saunders et al (2007) state, this means that the role as a researcher is clear to the participants, while enabling the researcher to observe the interaction. The researcher is then able to ask more in depth questions of the participants to enhance the understanding of their issues and thoughts.

The above two methods of gathering primary data will give an insight into how other LAs have managed a similar process and service development to LCC, and will benchmark our services and approaches to change management against theirs. This will provide clear answers around each of the research aims.

3.3.2. Rejected methods

Structured interviews were rejected as they are predominantly used to collect quantifiable data (Saunders et al 2007). However, unstructured interviews were not used as the researcher had some common themes to investigate. The themes were linked to the research question and aims, and there was a danger of losing the focus of the study if unstructured interviews were used.

In terms of the processes used for the interviews, one to one interviews were chosen rather than one to many for interviewing employees of the local authorities operating brokerage services. This was because they would each have different procedures in place and it was important to document these separately. Conversely, when interviewing other stakeholders (i.e. providers, service users), a focus group approach was taken rather than one to one interviews, in order to garner more discussion around the themes.

The one to one interviews with representatives from other LAs were done over the telephone rather than face to face as the LAs represented were from all areas of England and Wales. Telephone interviews was rejected as a way of interviewing LCC staff as it was felt that more information could be gleaned in a face to face situation.

The interviews were not pilot tested with any organisation. The decision not to pilot was taken as the researcher was very clear what information was required to support the research, and because the stakeholders being interviewed were chosen from a similar background to the researcher. Given the high profile of the personalisation agenda, it was concluded that pilot testing was unnecessary, as many of the issues likely to be raised have been well documented in the evaluation of the pilot sites (IBSEN 2008).

3.4. Research design

The research is centred around the impact of LAs operating a brokerage service, and the introduction of the personalisation agenda, in addition to the way this change is managed by LCC and other LAs. In order to appraise this, initially LAs operating a brokerage service were identified. All were contacted at their generic contact points (as given on their websites), and upon receipt of specific contact points, phone calls were made.

Permission was sought from the named officers to contact them, with clear instructions that this was for an independent research project. Only once permission was granted to interview them were the follow up phone calls made. Interviews were arranged at a set time to enable participants to keep their diaries free.

A semi structured interview template was designed which was also used to interview the AED of LCC Adult Care and Learning services. The interview with LCC's AED and subsequently with the Head of Personalised care services took place face to face, following agreement from them to be interviewed. Interviews with other heads of service in different LAs were one to one, but conducted over the phone.

The questions focused around the set up of brokerage services in other LAs, and their current staffing structure, opinions around the efficacy of the service and relationships with related services and partners. The researcher went on to discuss the impact of the personalisation agenda, and the plans in place (if any) to implement this, including strategies for managing this significant change. LAs were also asked about their vision for their services.

Semi structured interviews with focus groups made up of providers and service users was arranged following permission from LCC's Workforce Development to attend Personalisation briefings. In addition, further information was sought from providers around brokerage at their quarterly Provider Forum with LCC.

The providers and users of services were asked their opinions on the effectiveness of dealing with a brokerage service rather than directly with an assessor. Some providers operate across LA boundaries, so comparison was sought to ascertain the preferred model

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(i.e. brokerage vs direct arrangements). In addition, views were sought on the impact of implementing personalisation on their organisation and their customers.

Secondary data was used in the form of hand-outs and slides delivered at personalisation briefings and the subsequent evaluation of findings from the briefings provided by LCC Workforce development service.

3.4.1. Design of Instrument(s)

The first point of contact was internet research for LAs operating a brokerage system. A number of LAs were identified:

- Flintshire County Council (also recently the subject of commissioning strategy research (Drake & Davies 2007))
- London Borough of Camden
- St Helens Council
- Devon County Council
- London Borough of Islington

It was decided to conduct one to one interviews with at least 3 of these authorities in addition to LCC's own services. As discussed in the previous section, the interviews were semi structured, with an emphasis on specific areas and themes. The interview with LCC's AED of Adult Care and Learning Services was based on the same areas of interest, but following the interview, it was decided to interview the recently appointed Head of Personalised Care Services to ascertain her views on how she would manage this imminent change, and how she felt brokerage fitted in with her plans.

Running parallel to this process, permission was sought to attend Liverpool's quarterly Domiciliary Care Provider forum, and the Personalisation Briefings run by LCC Workforce Development Service. The briefings included both service users and providers from all services, not just home care.

Questions asked were derived from the aims of the investigation i.e. to assess the impact of a major change to ways of working in a large organisation with strong cultural ideas, and to

determine how effective a brokerage sourcing model is in local authorities. For LAs outside of our own, only a high level opinion was sought around the introduction of personalisation, as concentration in this area is around the researcher's own organisation.

Around the impact and effectiveness of brokerage, it was decided to ask the other LAs their views on why a brokerage model was adopted in the first place. Drake and Davies (2007) list a number of benefits of a brokerage model, as do CSED (2007). One of the LAs interviewed was Flintshire County Council who were the subject of Drake and Davies 2007 study. Interviewing a representative from their brokerage team would enable the researcher to establish whether this LA had advanced since the 2007 paper.

It was considered important as part of the assessment of the impact to garner views on the relationships with stakeholders (providers, assessors, customers etc). In LCC, we've found that while we've excellent relationships with Domiciliary Care providers, our relationship with in-house assessors is still one of suspicion. It was decided to attempt to ascertain if this was due to the relative 'newness' of the service, and whether this will improve with time. All of the LAs interviewed have had a brokerage service in operation for several years.

For benchmarking purposes, interviewees were asked about the structure of their teams, and volume and types of referrals sourced. This would enable a comparison with LCC's own model to take place and to establish whether the vision of LBS is achievable.

Following the perceived confusion around the terms brokers and brokerage, it was decided to ask the interviewees for their thoughts on whether they felt it necessary for brokers to have experience in other care management areas (CSCI 2006). The findings from this area would again allow some benchmarking and comparison with LCC's own service, and would potentially inform the views from LCC's Head of Personalisation around where brokerage should sit in the organisation (CSCI 2006).

With regards the providers, their interviews were far less structured than the ones with the providers. They were interviewed in a group setting, and their views were sought around the 'before and after' effect of having a brokerage service. Most of the providers cross

local boundaries into neighbouring LAs, so have two processes running parallel to each other (as the LAs immediately bordering LCC don't operate a brokerage service to source care).

All of the interviews were semi-structured to allow for freedom of expression. The research instrument is included as *appendix v*.

3.5. Research procedures

The research was to take place over several weeks in January and February 2009. A timeline was prepared including tasks such as contacting the relevant LAs, preparing the templates for the interviews, setting up an interview schedule (with contingency for cancellations), transcribing the interviews, contacting relevant parties for follow up questions as necessary, and chasing secondary data sources.

Following the responses to the initial internet research around LAs operating a brokerage service, a decision was made to interview the managers of Camden, St Helens, Devon and Flintshire LAs. The managers were contacted by e-mail initially, with each being given a short overview of the research project, and each were asked for permission to telephone them at a time convenient to them.

The first to respond were Camden and Flintshire. A calendar entry was put in the researcher's MS Outlook Calendar so that time was set aside for the interviews. The two representatives from Camden and Flintshire were e-mailed the date and time following agreement around all parties availability. The interview with Camden took place at 2.30pm on 6/2/09. Flintshire's interview took place at 2.30pm on 10/2/09.

Following non-responses from St Helen's, Islington and Devon, a chase up e-mail was sent out. Representatives from St Helens and Devon contacted in response to this e-mail, and interviews were scheduled in for 2pm on 25/2/09 (Devon) and 4pm on 4/3/09 (St Helens).

The interviews were conducted over the phone due to the geographical locations of the participating LAs. The interviews were semi structured, with the researcher acting as both

interviewer and note-taker. Use of recording equipment was rejected due to the technological issues involved in setting this up.

Running concurrently to this were the face to face interviews with the LCC workforce. After conducting a face to face interview with the AED of LCC's Adult Care and Learning services on 16th February 2009, it was established that more in depth information around the implementation of personalisation and the change management of it was required, therefore a further interview with the recently appointed Head of Personalised Care Services took place to ascertain her views and plans. This interview took place on 5/3/09 at 9am.

Again, this was a semi structured interview with the researcher acting as both interviewer and note taker. Use of the semi-structured approach enabled the researcher to probe certain areas and allowed the interviewee an extent of freedom with her responses. The interview template ensured that the interviewer was able to guide the respondent back to the main themes as necessary.

The focus groups took place on 30/1/09 and 12/2/09, and each included approximately 10 participants per session. These interviews were less structured than the one to one interviews to allow participants to express their views freely. The participants were not given any specific instructions, merely asked to give their views on the current brokerage service and plans for development, and to comment on LCCs vision to move towards personalisation (including their concerns and their ideas for facilitating the move within their own service areas). Again, the researcher was both interviewer and note taker.

Prior to the commencement of all the interviews, both the one to one interviews and the focus groups, the researcher explained that this was a personal research project, gave an overview of the themes, and confirmed that all information would be treated in confidence and used only for the purpose stated. The primary research was completed in mid-March 2009. Secondary data comes from the evaluation of LCC's personalisation briefing sessions.

3.6.Ethical considerations

In order to conduct the research as 'participant as observer', permission was sought from all participants to ask the questions designed in the primary research instrument. Prior to attending the Provider forum, permission was sought from LCC Contracts section (who chair the forum) to ask for permission to ask for assistance from the providers. Subsequently at the forum, participants were informed that this discussion formed part of an independent research project, and the findings would not form part of any LCC policy, literature or evaluation.

Likewise, all other LAs that responded to the initial fact finding exercise, were asked for permission to include them in this research, with the guarantee that the findings were for personal use only. All participants, whether face to face or telephone participants were fully aware that the researcher was also the observer.

No sensitive information (e.g. service users names and addresses) is included anywhere in this research.

3.7.Summary

This research project is very much a qualitative study, and as such, no quantitative data was researched. All of the primary information gathered was done via interviews, either one to one, or in a group setting. This enabled the researcher to relate the questions asked, or the discussion topics, back to the research question and aims. The researcher worked alone on the data gathering, mainly due to work commitments of colleagues.

The data gathered, once analysed, should provide some outcomes and evaluation which can be linked with the research aims, and offer some in depth conclusions and opportunities for further research.

4. Findings

4.1. Introduction

This chapter presents the findings of the research. The conclusions drawn from the research findings and data analysis will be discussed in the following chapter.

Saunders, Lewis and Thornhill (2007) highlight differences in analysing quantitative and qualitative data. They state that qualitative data is based on meanings expressed through words, is non-standardised, and that analysis should be conducted through the use of conceptualisation. They go on to say that there is no standardised approach to the analysis of qualitative data. However, they do detail that there are common themes when analysing the data collected, including categorisation of the data, key themes emerging, recognising relationships, and developing and testing theories to draw conclusions.

In order to effectively analyse the research, a deductive approach was initially taken, using a matching system. Saunders et al (2007) discuss pattern matching and explanation building. Pattern matching involves relating the findings back to the conceptual model to develop explanations. Essentially, for these techniques, the researcher is attempting to 'test' the validity of the known theory against their own findings. However, as the interviews were not strictly structured, it became necessary to analyse some of the data based upon inductive techniques.

4.2. Secondary data

LCC hosted seven consultation events with staff, external workforce, service users and their families, and 3rd sector support groups over three weeks in January and February 2009, and all of the events were oversubscribed. As questions and issues would differ between groups, the format of each event was adapted to meet participants' needs. Following these events an evaluation document, *Personalisation... the conversation begins*, was produced, detailing feedback from the events and next steps in the move towards making personalisation a reality in Liverpool.

The document lists feedback from each category of attendee (workforce (internal and external), users of services, their families and carers, support organisations, and elected members.

4.3.Analysis of respondents/non-respondents

All of the participants interviewed for the primary research are from the Social Care sector, some local authority employees, some outsourced provider services. All will be heavily affected by the introduction of personalised care services. No social care assessors were included in the primary research, though their views are included in the secondary research.

Of the 5 LAs contacted operating a brokerage service, only 4 responded – Camden, Devon, Flintshire and St Helens. No response was received from Islington, in spite of a follow up e-mail. Further investigation revealed that the literature about their approach to brokerage appeared to have been removed from their website, so it seems they no longer operate a brokerage service, though this hasn't been confirmed.

4.4.Findings for each research aim

Analysis of the interviews, focus groups and the evaluation report from the LCC briefings has seen a number of areas starting to emerge. The findings are detailed below in relation to each of the research aims. An overview of the findings is included in the Appendices (*appendix vi*).

4.4.1. Personalisation

4.4.1.1. Telephone interviews

The first LA to respond was a representative from Camden. An interview time was arranged, and upon asking for information around the set up and structure of their brokerage service, the researcher was informed that Camden no longer operate this service. Camden feel that having an intermediary source social care services does not fit in well with the aims of the personalisation agenda. Camden's view is that they need to concentrate on nurturing the linkages with social workers and service users and service providers, and therefore they're in the process of re-establishing these links. It transpired during the course of the interview that they'd not entirely disbanded the service yet, but are in the process of doing so, with brokerage currently being involved at the end of the process

– the formalisation of the contract information. This disbanding process began in early 2008.

During an interview with the manager of Flintshire's brokerage service, it became apparent that Flintshire do not appear to have started to implement the move to personalisation, or if they have, the brokerage service has not been consulted or involved.

In Devon, brokerage has had no direct involvement in the implementation of personalisation, but the manager believes the role of personal broker (see Section 4.4.3.1) is ideally placed to move forward with this. She believes there may be a need for the standard brokerage part of the business to evolve to fit in with personalisation.

St Helens brokerage service is not directly involved in the move to personalisation, and though the interviewee is aware of it, gave no opinions on how her service will be affected.

4.4.1.2. Focus Groups

Two group discussions took place with social care providers. The first took place on 30/1/09 and included Liverpool's Domiciliary care providers, and some representatives from Supported Living organisations, the Disabled Living Centre, Day centres, and Merseyside Centre for the Deaf.

In discussing the imminent implementation of the personalisation agenda, the main concern raised was how this will be monitored in terms of safeguarding i.e. who will ensure that personal assistants have no criminal record and are not a danger to the people they're supposed to be helping. Currently, anyone employed in the care sector must have an up-to-date Criminal Records Bureau (CRB) check, at enhanced level. Under personalisation, a service user can employ their neighbour or a member of their own family, who may not have the service user's best interests at heart. The potential for abuse, both physical and financial was uppermost throughout the discussion.

Another major concern was the lack of information. While all of the group were appreciative of the briefings provided by LCC, few had seen much information from central government, and what they had seen needed clarity. Some of the providers had started to

prepare for the changes already and had appointed lead officers to move this forward, but the majority had done nothing other than attend the LCC briefings. There was a real feeling that publicity from central government needed improving, and more education and training for providers should be provided. However, all could see the benefits of moving towards a more person-centred approach, as long as the safeguarding issues were addressed.

At the Providers briefing on 12/2/09, representatives in the group were from Day centres, Supported Living organisations, and Sheltered accommodation, and again, one of the main concerns about personalising services was around lack of publicity, and how the message would reach the service users. All of the representatives had been invited to attend this briefing by LCC, and had not had much prior information about personalisation.

The discussion again centred around safeguarding issues and CRBs. Although all welcomed the notion of choice and control for all, they questioned who would monitor that the choices being made were truly the choices of the individual, and not those of their carers (who could be trying to make life easier for themselves).

There was uncertainty around how Individual Budgets will be assessed and allocated, and once allocated, whether they'd then be included as an income in Welfare Benefits calculations. As with the previous group, there was concern about the number of unknowns given the short timescales for implementation, though again, the majority of the group was in favour of the changes in principle.

4.4.1.3. Secondary research findings

The feedback document breaks the evaluation down according to whether the responses came from the social care workforce (both LCC employees and independent provider employees), and users of services, their families, carers and support groups. The feedback from the workforce is further broken into positives and concerns.

The positives detail that several organisations are already working to personalised services principles (Active Ageing Centre is cited), and that this is an opportunity to build on

partnership working and knowledge and information sharing. One delegate stated "This is an opportunity to stop trying to fit people into a box".

The main concerns highlighted were publicity, how to make people aware of it and how they could access support. There was an acknowledgement that there needs to be independent information and signposting to appropriate services and support, and that all information must be available in accessible formats.

Safeguarding issues were a major concern, and questions were raised around CRB checks, regulation, monitoring and accountability. There were also many questions around costs, how the IBs would be calculated and allocated, and the concerns around providers going out of business where (a) the service user failed to pay for the services and (b) service users were going to friends, family, and non-regulated providers for their care.

The main concern raised by the users of services was that there was not enough information available. They also raised the issues around safeguarding, backed up by the quality of service. It was highlighted at the briefing that LCC intends to have 4000 IBs in place by 2011, and one delegate questioned whether this would be quantity at the expense of quality. Both categories of delegate raised the general 'fear', particularly amongst older people, of taking charge of their own care needs.

4.4.2. Managing the change to Personalisation

4.4.2.1. Telephone interviews

In Camden, they've disbanded their Brokerage service in order to facilitate more social work involvement in sourcing care in preparation for personalisation. In Devon, the move to Personalisation is being headed by a Programme manager, and at that point in time, no plans had been communicated to the brokerage services. St Helens had a transformation programme designed for them by a consultant in 2008 and a personalisation team has now been set up with a programme manager and workstream leads. Flintshire does not know how the authority plans to implement the agenda.

4.4.2.2. Face to Face interviews

For details of LCC's plans, the AED of LCC's Adult Care and Learning Services was interviewed on 16/2/09. In terms of the change management of the move to personalised

services, it was noted that at the briefings, the Vision slide was blank. The AED confirmed this was intentional as attendees were given chance to feedback, and would effectively help create the vision, though there is a vision in development. He confirmed that as part of the change management process, LCC is part of a Pan Merseyside group, and a CSED group of North West LAs.

Following this interview, and the information that a Head of Service for Personalised Services had been appointed, it was deemed appropriate to interview the HOS for more in depth information on how the move to personalised care services would be managed. This interview took place on 5th March 2009, and the HOS confirmed that work had already begun prior to her appointment in January 2009 in linking up with neighbouring LAs and consulting with them in terms of best practice and benchmarking. She confirmed there will be a number of options, not all of which involved the service user receiving the actual cash (e.g. virtual budgets), though they will effectively have control over how the cash is used to procure appropriate services for them.

In terms of the change management, the vision is being developed in consultation with stakeholders, and following on from the briefings, there'll be a full consultation exercise with stakeholders and users of services. A communication strategy is in place and is being updated in preparation for the consultation exercise, and there are 6 workstreams, each with their own Terms of Reference (TOR) and target dates for completion. When challenged around the feedback from the briefings, and the over-arching concern being around safeguarding and publicity, the HOS acknowledged this was an issue, but stated that this is an ongoing issue currently. She's committed to ensuring that current processes are strengthened to minimise the risk to individuals. With regards publicity, a communication strategy is in place, and a consultation exercise is about to take place. All attendees at the briefing sessions will be sent the evaluation document. In terms of culture change within LCC, the HOS stated that there is a key strand of work in place around culture change, and that awareness training is ongoing for staff affected by the changes.

4.4.3. Brokerage set up and operation

4.4.3.1. Telephone interviews

Camden confirmed that when their brokerage service was in operation, it sat within the Commissioning team (i.e. the team that decides where social care services will be commissioned from). The service was in existence from 2000 until 2008, though the brokers are still being used for the final part of the sourcing process. Brokers used to be charged with monitoring the use of spot and block contracts to ensure they were getting value for money for the LA.

Flintshire's brokerage model is very similar to LCC's but on a much smaller scale. They source the same sort of care (domiciliary care for social work assessments and CHC), and keep a record of residential home vacancies. Similarly, the manager of the brokerage service there is a former home care manager (HCM). LCC also has a former HCM working within the structure. The Flintshire representative thought this was unique to their service, and believes it helps with the smooth running of the process, indeed, she is authorised to approve some short term changes to service delivery, while also challenging 'over-assessments' where necessary.

Flintshire's brokerage service was started in 2001, following a visit to Camden to view their model. Prior to the service being set up, some background work was undertaken with providers and other stakeholders around the perceived benefits of operating a brokerage service. Issues were identified which would then be addressed in the service set up. Most of the issues revolved around duplication of work and large volumes of telephone calls to and from providers.

Flintshire's brokerage service is part of the Contracts Monitoring and Review team, and is co-located with the Social Work and Care Management team. Flintshire's relationship with the providers is excellent and the manager has a weekly update conversation with them which provides her with much needed information around their capacity to take on care packages, and their current staffing levels and recruitment issues.

The interview with Devon County Council revealed that their brokerage service is spread across 3 areas, covering the entire county of Devon. It sits within the call centre (Care

Direct Plus), and all work is directed through Care Direct Plus. They have 2 types of broker – standard broker sourcing normal social care services such as Domiciliary Care, Residential placements, Day services, CHC etc, and Personal brokerage which is for more complex cases, where brokers work with the assessors to find the ideal service provider for the users needs. This is very much a personalised service and seems to be ideal for the new personalisation vision.

Devon's brokerage service is relatively new, having only been finalised mid 2007. Prior to that, it ran as a 12 month pilot in one area only. It's since been expanded County-wide. When asked whether a care management background was necessary to work in brokerage, the manager stated that although she has come from a care management background, none of the newly recruited brokers have, and this is not detrimental to the running of the service. She believes that services have improved since the introduction of brokerage, and that this is welcomed by partners. She conceded that there was some initial scepticism from assessors, but that this is now diminished as assessors have seen the benefits of having the service and have seen their own workload reduced as a result.

The final brokerage interview conducted was with St Helens, which is one of the Merseyside LAs (though not immediately bordered by Liverpool). The manager was relatively new to the authority having only been in post for 2 years, but her estimate was that brokerage had been in place for 7 or 8 years.

Brokerage falls under the Procurement for Adult Social Health and Care team, which also contains the Contracts section, Review team and Quality Assurance. They source domiciliary care services for older people including CHC, and have been scoping moving towards sourcing care for service users with learning disabilities and physical and sensory disabilities, but are rethinking this in light of the changes which will be brought about by personalisation.

St Helens manager has some concerns around personalisation in terms of older people, as St Helens experience with Direct Payments has not been positive. Not only has take up been poor, but there's been a move back to commissioned services from people who had taken up DP. Brokerage in St Helens is the main contact point for all domiciliary care

services, and as such is able to retain control of sourcing. Their relationship with providers is excellent, as is the relationship between providers, with some even sharing recruitment costs. While the relationship with assessors isn't perfect, it's generally quite good. The manager of the brokerage service believes the service is '*worth its weight in gold*'.

4.4.3.2. Focus groups

At the focus group on 30/1/09, the group began by discussing their perception of brokerage, and what it meant for them now and in terms of the changes needed for the introduction of personalisation in Liverpool. In terms of the current situation, most providers agreed that using LBS was more efficient as it reduces the number of in-bound phone calls to them. They also agreed that having a single point of contact streamlined processes for them and eliminated duplication. They valued the face to face contact that LBS have introduced, and were keen to see how the service would develop. Some issues were raised about the accuracy of the data sent to them weekly, and the possible loss of relationships and contact with social workers, but generally the feedback was that using brokerage made for a more efficient way of working.

At the Providers briefing on 12/2/09, representatives in the group were from Day centres, Supported Living, and Sheltered accommodation. Brokerage was not discussed at this second session as there were no home care providers there, and currently home care is the only service directed via brokerage in Liverpool.

4.4.3.3. Face to face interviews

An interview with the AED of LCC's Adult Care and Learning Services took place on 16/2/09. When asked about the role of brokerage under personalisation, the AED confirmed that there was some confusion in terms, and that a service sourcing care would definitely be needed, but he was open-minded about where it would sit.

A further interview with the HOS for personalised care services resulted in an unwillingness to commit to an answer, stating she'd little knowledge of how it works now so couldn't comment on how it would work or where it should sit within personalisation.

4.5.Summary

Four LAs were interviewed plus representatives from LCC. This allowed for some triangulation to take place in terms of benchmarking how LCC measures up to those LAs. In addition, representatives from the provider services were involved in group discussions. This enabled the researcher to gather some views from outside the public sector. Themes began to emerge once the interviews and focus group were completed, and the secondary data had been studied. The analysis from the findings was related back to each of the research aims and is detailed in this chapter. Conclusions will be drawn from them and presented in the following chapter.

5. Analysis & Conclusions

5.1. Introduction

Having gathered the information for the research project, the data has been collated and presented in Chapter 4 and will be analysed and evaluated in this chapter. Conclusions will be drawn, related back to the research aims, and where appropriate, opportunities for further research identified. Any recommendations which come from the conclusions will be presented in an additional chapter.

5.2. Critical evaluation of adopted methodology

An interpretevist approach was chosen to conduct this research. This was deemed most appropriate given that the research revolved largely around people, information and cultural contexts. In order to remain objective, the research was conducted using deductive methods initially, followed by inductive methods which enabled the structure of the research to remain flexible and draw out different interpretations on the situation in discussions.

The use of semi-structured interviews was deemed to be the best way forward, as this would allow more freedom of expression, however, the researcher found that this often meant that when the interviewee moved the conversation into a different direction, it was difficult to get back on track. This has resulted in some of the findings, especially from some of the other LAs interviewed, becoming rather patchy. This is particularly true of the interview with Camden. Their decision to remove brokerage from their operating systems was entirely unexpected, and the interviewer was unable to lead the discussion round to the perceived benefits prior to the decision to disband the team. Use of more structured interview questions, or of survey methods, may have alleviated this problem.

Similarly, in using focus groups, while chosen to minimise the amount of time taken to interview and to garner group discussion, the researcher found that some members of the group did not have their views heard in spite of the interviewer trying to draw them into the discussion. While the interviewer was open about the research project, and the role as 'participant as observer' announced at the start, it proved difficult to draw out the quieter members of the groups, meaning that fully balanced views could not be guaranteed.

Although the information gathered at the one to one, and one to many interviews was valuable, making both sets of interviews more structured could have ensured more meaningful and focused data.

Finally, the researcher chose to interview representatives from other LAs brokerage services, and external stakeholders of LCC (independent providers of services). One of the main affected groups under personalisation are the in-house social work assessment teams. Their views are not included in the primary research of this study, though they are represented in the secondary research. However, this could mean that the views about the way the change is managed is not entirely representative.

5.3. Analysis/conclusions about each research objective (aim)

During the course of the research, it became apparent that the information for each of the research aims was actually quite separate from each other, even though at the initial stages of the project, it was assumed the two main areas would be entirely interlinked.

5.3.1. Personalisation

Davies and Drake (2007) and the DoH (2007) both state that LAs have a statutory duty to help people achieve maximum independence whilst continuing to live in their own homes, indeed, DoH research has shown that the vast majority of people want to remain in their own homes for as long as possible. Dowson (n.d.) asserts that people will have an idea of the types of services they want, and that using brokerage can be the vehicle by which they achieve this. SCIE (2007) echo this, stating that brokerage can provide a vision of full citizenship and quality of life. The interviews showed that while LAs support the notion of supporting people to live in their own homes, there was a difference of opinion, or indeed no opinion about how brokerage could be best used to do this. Camden believe there's no place, and the other LAs didn't seem to have moved forward with the personalisation agenda, so weren't sure about brokerage fit within the organisation or place within the personalisation movement.

The data gathered from the secondary data supports the notion of personalised care services, but with reservations in various areas, notably around safeguarding adults and publicity and education about the changes. Brokerage is discussed in this document in

terms of advocacy and independent advice services, rather than an in-house intermediary service sourcing care services.

CSCI's (2006) discussion around support brokerage places people at the heart of the decision-making process, and keeps the support broker independent. The interview with LCC's HOS for personalisation shows her views concur, but more information would be needed to decide exactly where brokerage would sit. One of the issues that was raised at LCC's briefings was the lack of information and education. Heng et al (2005) state that brokerage can be a potential mechanism for disseminating information. SCIE (2007) state there's a need for cultural change, leadership, better information and training, all of which Liverpool are working towards. SCIE (2008) also reinforce the idea that the individual is best placed to know what they need. There can be no doubt (and this was stated in the Liverpool interview with the HOS for personalised care services) that the vision is a positive one. I&DEA (2007) call for power to be devolved away from the state so local people have more control over public services and a move towards community empowerment. Brindle (2006) states that giving people control over their own lives is a good goal to have, but that it must stretch further than just giving them the funds to buy their own services. This was the over-arching view of the focus groups at the personalisation briefings.

The DoH (2008b) view is that personalisation is about whole system change – it cannot be achieved just by councils changing their ways of working, hence why LCC engaged the community, including service users, social care providers and their own workforce, in a series of briefings.

5.3.2. Managing the change to Personalisation

IBSEN (2008) highlighted the challenge of changing perceptions in LAs, and the major shifts in organisational culture that will be required to implement personalisation. This was confirmed at the LCC briefings, and discussed with the HOS for personalised care services. Other LAs do not appear to have disseminated their plans to other departments yet. Churchill and Stapleton (2008) identify that the long term impact will be greatest within the social care workforce, stating that there's a feeling that their skills are undermined. The

DoH & CSIP (2008) refer to process and practice changes required to transform service delivery locally. Johnson (2004) admits that change is often forced on public sector organisations by laws or regulations, which is certainly the case with personalisation, and that leading change will entail blazing new trails and creating a compelling vision, but that this must be driven from the top. Kotter and Schlesinger (2008) concur. In addition, Brown et al (2003) state that public sector organisations are too large and inefficient, but there are greater difficulties in implementing large scale change. The interview with the HOS in Liverpool showed that she's currently working to minimise the impact, in that a vision is being created from the AED and herself, in consultation with affected citizens of the city, support organisations and stakeholders.

Fauth and Mahdon (2007) refer to the changes, stating that at the heart of the change is the desire to provide citizens with a greater level of involvement in their care. The Audit Commission (2007) are very clear that it's inappropriate to take a 'one size fits all' approach. This is echoed in the feedback from the LCC briefings, where one social care worker stated that it was positive that he no longer had to try to '*fit people into a box'*. However, if councils are to effect change successfully, it's first necessary to understand the nature of its existing culture (Burnes 2004; Brooks 1999). Though LCC appear to be making some effort to do this, there doesn't seem to be much emphasis on understanding the whole of the system, with reference to the HOS stating little understanding around how the current brokerage service works.

5.3.3. Brokerage Set up and Operation

Davies and Drake (2007) state that social services departments have created approved provider lists so that only those providers that meet best value (low cost, high quality) criteria can win contracts. This is confirmed in the conversations with all four of the LAs interviewed who still operate a brokerage service to source care. In addition, Drake and Davies (2007) assert that in England, 73% of home care was commissioned with the independent sector by 2005 (this figure may since have risen), and this was certainly borne out in the interviews, with Liverpool commissioning 82%, and all 3 of the other LAs stating they either sourced with just independent providers, or a mixture of in-house and private providers.

In terms of the brokerage process, Drake and Davies (2007) believe that the use of a broker is a means of achieving a degree of overall operations optimisation, and that all available resources can be pooled to create an integrated operation, as well as real time competition for providers under spot contracting. All of the LAs operating brokerage agreed with this view, all citing the ability to control the market was vital for VFM services. While Drake and Davies (2007) see the competition as a positive thing, this was raised as an issue by home care providers in Liverpool at the focus group, stating that this put pressure on them to offer packages quickly thus giving them less time to risk assess the referrals.

CSED (2007) concur with Drake and Davies (2007), and believe that specially trained brokers are more productive than care managers trying to perform the same role. Brindle (2006) believes there's a role for brokers in helping people navigate the care system and procure the most appropriate care. These views were echoed by all of the LAs interviewed. In terms of Liverpool's own model, the service has been set up to drive innovation and ultimately become the hub of the two organisations (LCC and LPCT), which relates back to Heng et al (2005) view that brokerage services are constantly looking to drive new ideas and provide value adding opportunities. With the exception of Camden, who have now disbanded their brokerage service, all 4 LAs were in agreement that operating a brokerage service was beneficial to their organisations, even if the move to brokerage wasn't always easy. CSCI (2006) state that the benefits are many and that a model could be developed which would empower individuals. McWilliam and Griffin (2006) agree, and CSED (2007) researched this model and found that users of services found quicker placement of packages, more accurate recording and better use of contracts. SCIE (2007) link the values of brokerage and personalisation, stating that it can help lead to a vision of full citizenship and quality of life.

5.4. Analysis/conclusions about the research question

The research question, Transforming Adult Social Care: Personalisation and Brokerage, started a research project tasked with assessing how LAs, specifically LCC, were approaching this huge national agenda, and whether brokerage had a role in it. The aims of this investigation were to assess the impact of the introduction of personalisation and

critique the change management of it, and to determine the effectiveness of adopting a brokerage model. In analysing the interviews and discussions, it seems that the two things do not always, if ever, overlap.

While preparations are clearly underway for implementing personalisation in most of the LAs, it appears that information and education is lacking in all. Flintshire believed that no moves at all had been made to implement it, while all of the other LAs knew that someone somewhere was working on it, but that not much information had been disseminated to their services.

Brokerage's place within the organisations was uncertain. No two organisations sat their brokerage team in the same place, leaving its place within personalisation questionable. While all LAs still operating brokerage extolled the virtues of the service, no-one seemed quite sure what will become of it when personalisation is fully embedded. In LCC, although a plan has been developed for brokerage by the Head of Provision and Brokerage up to 2011, this has not been done in conjunction with the HOS for personalised care, leaving its position within LCC undecided.

5.5. *Overall conclusions*

5.5.1. Impact of introducing personalisation and change management

Kotter (2006) states that producing change is about 80% leadership and 20% management. In most change efforts, those percentages are reversed. LCC has appointed a HOS to drive the personalisation change, and she has a number of workstreams in place. However, the workstreams are very much management based, and change information has not been filtered down to individual service areas. Fauth & Mahdon (2007) state the starting point for an effective organisational change includes a participative approach to change and improvement and should incorporate employees at all levels. Leaders should remember that communication plays a powerful role in changing an organisation's culture (Schraeder, Tears & Jordan 2005). This doesn't appear to have happened in any of the organisations involved in this research.

The Audit Commission (2007) recommends a commitment to ongoing engagement with users and citizens, as this is central to delivering service innovations. At the implementation stage, users should have the opportunity to become involved in the design and development of innovations. LCC has started a process of consultation, but needs to keep up the momentum. Currently the gap between the briefing sessions and release of the evaluation is more than 2 months, and this evaluation will form the basis of the next stage of consultation.

The HOS for personalised care in Liverpool referred to resistance from some staff during the briefings (specifically Social Workers and Occupational therapists). This echoes the findings of IBSEN (2008) which stated that some social work staff felt their skills had been eroded. This is a major change for social care, and changing the culture is a major challenge for LCC. The HOS has confirmed that she's aware of this and is working towards addressing the issues.

It's clear that in Liverpool, the organisation is managing the move to personalisation effectively in line with established theory (specifically Kotter (1996) and his 8 step model). Step 1 – create a sense of urgency – is already there as this is a government legislative change and must be in place by 2011, and LCC appears to have completed up to Step 4 – communicating the vision. All that remains is for LCC to keep up the momentum and see the change through to a successful conclusion.

5.5.2. Effectiveness of adopting a brokerage model

CSED (2007) believe that the impact of Direct Payments/Individual Budgets on the care market is likely to be significant, and that brokerage can play a key role in managing the changes and may result in savings on staffing costs as brokers are usually paid less than care managers. Findings from Making Ends Meet (n.d.) found that using brokerage to source care resulted in the reduction of time spent arranging care, more organised management within providers, including reduction in mileage costs and travelling times, and quicker resolution of issues as brokers are constant points of contact. However, in spite of the perceived benefits from the Drake and Davies (2007) study, LAs seem unsure exactly how best to utilise brokerage to maximise these benefits. .

This research project has found that operating brokerage as an intermediary sourcing social care is largely seen by brokerage managers and social care providers as a positive move, in terms of controlling finances and ensuring only approved, contracted providers are used. With the exception of Camden, none of the LAs interviewed, including Liverpool, would consider reverting back to the old way of working, and providers in Liverpool have seen improvements in their work allocation (as discussed in the Drake & Davies 2007 study). However, social work teams do not always agree that brokerage is a positive step in the process, and some considerable resistance has been seen in Liverpool. In spite of this, the 3 other LAs interviewed who had had a brokerage service for several years confirmed that this resistance has minimised over time. Time will tell if LCC finds this to be the case.

While literature has shown that brokerage can be beneficial to LAs, this research has shown that LAs are uncertain how best to maximise the advantages shown. Indeed, there's not even agreement on where brokerage best sits in the organisation, with some LAs placing it with Commissioners, and others co-locating with care managers, and LCC making it a stand alone service. This leaves a lack of focus, and a tendency to forget its original role and purpose. LCC should consider raising its brokerage service's profile to ensure that the local authority can take full advantage of the increased value for money that has been proven in other LAs, and working with the HOS for personalised care services to maximise its potential under the personalisation agenda.

5.6. Limitations of the study

There are 152 LAs in the UK, and only 5 of them have been included in this study, this means that the study may not be entirely representative. In addition, only brokerage managers and service providers were interviewed, when care managers could have given a more rounded view of the whole process as they are also heavily affected.

5.7. Opportunities for further research

The move to personalisation is expected to be well established by 2011, if not fully operational. A similar study to this could be commissioned to establish whether there really is a role for social care brokerage under personalisation or whether Camden are right to disband their service. LCC currently have a 3 year plan in place for the brokerage

service (LBS), and it will be interesting to see if that plan has continued to be implemented and where the service sits, if anywhere, within LCC.

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www.liverpool.gov.uk/health_and_social_care/making_it_personal/index.asp

List of Appendices

Appendix i – Service Plan Template 2008 - 09

Service Liverpool Brokerage Service	Portfolio: Community Services	
Service Manager Philip Wong	**Telephone No.**	**E-mail Phil.Wong@liverpool.gov.uk**
Service description		
Liverpool Brokerage Services (LBS) delivers an efficient way of sourcing social care and support by providing a central contact point for internal and external stakeholders in Community Services and the Primary Care Trust. The service aims to manage contract performance and provide accurate information about supply and demand across all market boundaries. LBS assists and informs joint commissioning needs and works with colleagues in the contracts section to ensure that only the best quality and standard of service is procured. **LBS acts proactively with internal and external service providers to ensure that available resources are maximised to achieve timely responses to requests from Assessment and Care Management teams and the PCT for Social Care requests and Continuing Health Care. The service monitors capacity levels across the city to ensure that Commissioners are kept fully informed and up to date. It is envisioned that LBS will be extended to provide a wider service within LCC the PCT and the Community.**		
How does the service link to the council's aims? no more than 3, (Use drop down menu)		
1) **Grow the city's economy** 2) **Empower our residents** 3) **Develop our communities**		
What corporate priorities does the service directly support? (Use drop done menu)		

- **Make Liverpool a first choice for investment and growth by working with the private, not for profit, and public sectors quickly and effectively with an emphasis on infrastructure**
- **Promote enterprise, attract investment through developing the city's co-ordination and offer across the city region to provide scale, connectivity and sustainability of its economy**
- **Ensure safeguarding and inclusion of the most needy and excluded groups in the city, providing equality and real opportunity for improvement and enhanced quality of life**
- **Increase peoples' sense of influence in decisions affecting their lives and communities through an open, fair and accountable neighbourhood-driven processes**

What are your service's principal objectives?

- **Work in synergy with Assessment & Care Management teams and PCT staff to achieve zero hospital delays**
- **Utilise service level information to improve capacity and ensure continuous throughput**
- **Keep commissioners well informed by identifying gaps in provision, forecasting future needs and highlighting service trends**
- **Monitor provider performance against agreed targets and provide feedback to information and intelligence team**
- **Support contract officers to set robust quality assurance and monitoring systems to ensure contract compliance**
- **Implement service level reviews to reduce down the level of part care packages that remain unallocated in the community**
- **Manage and prioritise case load in line with urgent key performance indicators**
- **Open up new markets**
- **Provide excellent service standards through workforce development and training**
- **Ensure processes and systems work efficiently, effectively and economically**
- **Meet agreed Service Level Agreements**
- **Meet future regulatory standards (CSCI)**
- **Prioritise stakeholder and partner engagement**
- **Health Impact Assessment**
- **Promotion of Equalities and Diversity and Social Inclusion**

SERVICE STANDARDS	
State any national framework or standard(s) that the service has self assessed against and which has been used to prepare this service plan	**NA**
If there is no relevant national framework, has the service undertaken a self assessment against the generic KLOE for"excellent" services?	**No**
Does the service publish local standards of service for your customer?	**Local service standards are in the process of being developed.**
If yes, have they been published in the last 12 months, and identify what these are, and where they are published	**Customer service standards detailing service description and contact details will be published on the intranet and internet.**

Equalities 2008/09

SERVICE EQUALITY ACTION PLAN (SEAP)

All services must complete the SEAP below. To ensure your SEAP is aligned with the corporate equalities policies and plans check the **documentation on the equal opportunities page on the intranet.**

For assistance and support in completing your SEAP, contact the Equal Opportunities Service on 225 4115 or email **equal.opportunitiesservice@liverpool.gov.uk**.

Priorities	Description of Planned Action	Equality group benefiting from action (use drop down list)	Planned completion date	Progress report and outcome	Date of progress report
Customer Monitoring	Develop monitoring and reporting systems to record equalities data	**All BRM groups**	October 2008		
Publicity	• Make available information leaflets in a range of languages and formats • Use the intranet to publicise the service to stakeholders	**All BRM groups**	October 2008		
Accessibility	• Set up net work meetings with stakeholders • Create a dedicated email box and direct telephone number to ensure accessibility for internal customers in the PCT and Assessment and Care Management • Presentations to stakeholders/road shows to promote the service to all groups.	**All BRM groups**	February 2008		
Procurement	Hold monthly meetings with contracts to review service provider performance and compliance of contract agreements	**All BRM groups**	April 2008		

Workforce & training	Produce training plan prioritising Diversity and Social Inclusion, Equal Opportunities and DDA	**All BRM groups**	March 2008
Direct service improvement	Re-engineer existing systems and processes to make the service operate efficiently and effectively and is accessible to all groups	**All BRM groups**	November 2008

Equality impact assessment
If you are planning significant changes in your service delivery or staff arrangements, policies or procedures you must carry out an equality impact assessment to establish whether there will be an adverse impact on the quality of service provided to equalities groups (race, disability, gender, lesbian gay bisexual or transgender, faith, or age). You must have this approved and published by the equalities team before you implement the change. **An equality impact assessment should be undertaken for each planned change.** Equality impact assessment - proforma to be completed and shared with Equalities Team **For assistance and support in completing your Impact assessment, contact the Equal Opportunities Service on 225 4115 or email equal.opportunitiesservice@liverpool.gov.uk**

1. Are you planning a significant change in your service delivery or staff arrangements, policies or procedures?	/No
If yes provide name of policy or service to be assessed	
When will the planned change be implemented	Date …/…/…

2.If 'yes' send your draft assessment on the proposed change to the equalities team for approval and provide the date the assessment was published on their internet page.	Date assessment published. …/…/…

INTERNAL CONTROL

New introduction and link to update guidance

Every service is required to establish an appropriate 'control environment' *and* undertake a review of its internal controls, in relation to the current year, to identify any significant control issues. The authority must also conduct a corporate review of the internal controls within each service as part of the production of an annual governance statement (previously the statement on internal control). To assist each service in assessing its internal controls and the authority in reviewing them, all services are required to complete the controls assurance statement set out below. You can access guidance to help you complete the controls assurance statement.

Note that the statement refers to processes and controls operating in 2007/08 i.e last financial year.

For each section below there are multiple elements to the question, designed to give you an understanding of an appropriate control environment. If your answer is 'No' to one or more of the elements in each section then please select 'No' as your overall response in the second column.

If actions taken (column 4) are covered in other parts of your service plan then please cross reference/state where

If you have any queries that aren't covered in the guidance then please contact Internal Audit on 225 2665.

Managing Risk

Control area	Yes/No/N/A (select from drop down)	Provide evidence of adequate control (free text)	If no, what actions are planned to address weaknesses (free text)
Risk management Is the service's risk register regularly reviewed and effective arrangements in place to identify and control key business risks?	Yes	• Service strategy is regularly reviewed and monitored by Senior and Operational managers	
New Developments Have robust business cases/option appraisals, including equality impact assessments, been undertaken with appropriate consultation and professional advice from legal, finance and human resources?	Yes	• Robust business cases are being developed to support future service developments	
Service delivery partnership Are clear governance arrangements in place (with legally binding contracts ensuring compliance with council policies and procedures as appropriate) that allow for regular performance monitoring to ensure the partner and other third parties delivers targets in a cost effective manner?	Yes	• Service Level Agreements • CSCI • Contracts section	
Operational and financial performance Are your service's strategies, business and service plans aligned with each other and other relevant planning documentation (such as the LAA), are they SMART, and do you have arrangements in place to systematically challenge targets and report progress to members and senior managers on a timely basis using key indicators (with appropriate data quality safeguards) and to take action to address under performance?	YES	• Service plan is aligned with the corporate vision, aims and values. • Service can be measured by local performance indicators.	

Control area	Yes/No/N/A (select from drop down)	Provide evidence of adequate control (free text)	If no, what actions are planned to address weaknesses (free text)
		• Performance data and information is available for inspection.	
Financial and budget management Are duties clearly assigned and comply with standing orders and financial regulations to ensure: budgets are effectively managed, variations reported and remedial action taken; expenditure authorised is within agreed limits; income is properly invoiced and collected; assets recorded and managed effectively; grants effectively monitored and all terms complied with;	Yes	• SAP provides a robust financial and budget management framework. • Regular meetings are held with a finance officer to monitor and review budget. • Monthly budget monitors.	
Value for money Can the service demonstrate that it is making best use of resource, for example, through benchmarking and comparisons with best performers, and is there a regular review of high spending/low performing functions?	Yes	• Service can be benchmarked against similar brokering services operated by other local authorities. • Senior Managers analyse weekly and monthly performance information to monitor and review	

Control area	Yes/No/N/A (select from drop down)	Provide evidence of adequate control (free text)	If no, what actions are planned to address weaknesses (free text)
		overall performance.	
Responding to audit and inspection Have reports from inspectorates, auditors and other review agencies informed service planning and are key recommendations acted upon with progress reported to members, including select committee.?	Yes	• SMT minutes • Team meeting minutes	
Customer engagement Does your service have a good understanding of different customers needs and do you use feedback from customers obtained via consultation and through the 'Have Your Say' scheme to inform service design and delivery improvements and service equality action plans	Yes	• Adult service complaints • Equality action plans	
Working policies and procedures Are embedded processes established to ensure that appropriate legal requirements, corporate (including key decisions being published in the forward plan) and service policies and procedures are complied with?	Yes	• Business support unit , HR and Legal services ensure that the service operates within the Corporate and legal framework.	
Decision Making Is there documentation to show the criteria and rationale for these, including how initiatives support the council's aims and priorities, and can the service demonstrate that it has obtained suitable professional advice (including financial and legal) and evaluated the likely impact?	Yes	• Delegated powers • Briefing reports • Select Committee reports • Forward plan	

Staff	Yes	• Job descriptions	

Are staff clear about their responsibilities and understand the officer code of conduct, with regular staff appraisals undertaken to discuss performance, support, training and development?		• Team KITS • One to One support • PRD • Training plans	
Probity standards Are processes in place to detect irregularities/fraud, with staff knowing about whistle-blowing procedures and being aware of the requirements to report gifts, hospitality and conflicts of interest?	Yes	• Internal Audit • Adult protection • Training and development plans • Code of conduct	

FINANCIAL PLANNING	2007/08 £'000	2008/09 (Current Budget) £'000	2009/10 (forecast) £'000	2010/11 (forecast) £'000
Gross budget	457,479	459,047	161,438	164,489
Service Income (fees, charges, rents)	0	0	0	0
External Funding or grant aid	300,000	300,000	0	0
Net Budget (before recharges)	157,479	159,047	161,438	164,489
Recharged to other services	0	0	0	0

Key improvement priorities and measures during 2008/09

Key Improvement Priority **1** (repeat   up to five priorities)

Implement robust performance management systems to monitor and control attendance levels, ensuring that staff are personally accountable for their actions taking personal responsibility, respecting the contribution of all colleagues.

PI Ref	Definition	2006/07 out-turn	2007/08 forecast out-turn	2008/09 target	Metropolitan Authority 2006/07 (Average)	Metropolitan Authority 2006/07 (Top Quartile)	2009/10 target	2010/11 target
	Reduce number of working days lost through sickness	n/a	n/a	13 days				

Key Improvement Priority 2

Work proactively with service providers in Community Services, the Primary Care Trust and the independent sector to maximise care package capacity placing the customer at the heart of everything we do.

PI Ref	Definition	2006/07 out-turn	2007/08 forecast out-turn	2008/09 target	Metropolitan Authority 2006/07 (Average)	Metropolitan Authority 2006/07 (Top Quartile)	2009/10 target	2010/11 target
	Percentage of care packages to be sourced within 30 days of referral	n/a	n/a	25%				

		Key Improvement Priority 3						

Develop systems and processes within Assessment and Care Management and service providers to improve waiting times for care packages, ensuring safeguarding and inclusion of the needy and vulnerable groups in the city.

PI Ref	Definition	2006/07 out-turn	2007/08 forecast out-turn	2008/09 target	Metropolitan Authority 2006/07 (Average)	Metropolitan Authority 2006/07 (Top Quartile)	2009/10 target	2010/11 target
	Average monthly throughput of care packages	n/a	n/a	150 cases per month				

WORKFORCE PLANNING

	2007/8	2008/9 (Planned)	2008/09 (Current Forecast)	2009/10 (forecast)	2010/11 (forecast)
	9	9	9	11	18

Number of Staff (including vacancies) expressed as FTE

Does your service have a training plan, which is less than 12 months old?   **Yes/~~No~~**

If no, date you plan to have updated training plan in place?   **DD/MM/YY**

Percentage of staff for which personal development plans are in place which are less than 12 months old   **60 %**

REVIEWING SERVICE PLAN			
Service plans are live management tools which should be reviewed and updated at least quarterly with your teams. This involves going through all elements of the service plan			
Confirm that you have reviewed and updated your service plans with your teams on the dates below			
1st quarter. (date)	**2nd quarter. (date)**	**3rd quarter.(date)**	**4th quarter (date)**
Yes/No	**Yes/No**	**Yes/No**	**Yes/No**

Appendix ii – LBS Service Standards

LIVERPOOL BROKERAGE SERVICES

Customer Service Standards

Who we are and what we do:
Liverpool Brokerage Services (LBS) delivers an efficient way of sourcing social care and support by providing a central contact point for colleagues in Community Services and the Primary Care Trust (PCT). The service aims to manage contract performance by liaising with the Contracts section and provide accurate information about supply and demand for social care and support services by analysing data and throughput to inform Commissioning needs.

LBS acts proactively with internal and external service providers to ensure that we achieve timely responses to requests from Assessment and Care Management teams and the PCT for Social Care requests and Continuing Health Care. The service monitors capacity levels across the city to ensure that Commissioners are kept fully informed via robust Whole Systems reporting processes. It is envisioned that LBS will be extended to provide a wider service within Liverpool City Council, the PCT and the Community.

How to contact us:

Email :   **LiverpoolBrokerageServices@liverpool.gov.uk**

Address: 1st Floor, North House, 17 North John Street,
               Liverpool, L2 5QY

Telephone: 0151 233 3300

Opening hours:
Telephone lines
Monday to Friday 8.00am – 5.00pm

Personal callers (by appointment):
Monday to Friday 9am – 5pm

Our staff:
- will be courteous and helpful at all times
- will wear identity badges
- will give workplace and name when they answer the telephone
- will use plain language in all correspondence with you
- will act with honesty, integrity, sensitivity and respect

Response times:
- We will answer all telephone calls within the first 20 seconds
- Where possible we will give information in response to telephone or personal enquiries immediately, provided this does not contravene the requirements of the Data Protection Act
- We will reply to all letters within 10 working days of receipt
- If an enquiry is of a complex nature and is likely to take longer to deal with, we will advise you that the matter is receiving our attention, within 10 working days of receiving your enquiry
- We will start to attempt to source care within 4 hours of receipt of a complete referral from assessment practioners in Community Services and the Primary Care Trust
- We aim to source 90% of requests within 30 days of receipt of a complete referral from assessment practioners in Community Services and the Primary Care Trust
- We will prioritise our workload to help to achieve zero hospital delays in hospital discharges

- *Your views:*
- We welcome your views on how our service is performing.
- We may seek your views by means of a service questionnaire or a user group forum, the results of any consultation exercises we undertake and details of any changes to the way we provide our services as a result will be published on our internet pages
- However, you can also HAVE YOUR SAY at any time about council services by making a comment, compliment or complaint by telephone to Liverpool Direct on 0151 233 3000 or by completing one of the forms available from reception areas and One Stop Shops
- Your views can help us to improve our service and help shape our future plans

Performance against standards:
We will publish annually on Liverpool City Council's website how we have performed against our standards – www.liverpool.gov.uk

The City of Liverpool

Liverpool City Council

Vision, Aims and Priorities

Our vision:

Liverpool City Council is committed to working in partnership from a basis of sound financial and strategic planning to achieve a thriving international city that can compete on a world stage as a place to live, work and visit.

To do this we will pursue three long-term aims, to be underpinned by ten priority themes reflecting the ambition, challenge and complexity of Liverpool.

Aim 1: Grow the city's economy.

Increase business density and gross value added (GVA) beyond national levels for city regions to deliver an environment which provides opportunity, employment and well-being for our citizens, business and investors.

Make Liverpool a first choice for investment and growth by working with the private, not for profit and public sectors quickly and effectively with an emphasis on quality of infrastructure.

Promote enterprise, attract investment through developing the city's co-ordination and offer across the city region to provide scale, connectivity and sustainability of its economy.

Exploit the city's wider cultural advantage to attract and retain visitors, workers and residents.

Aim 2: Develop our communities.

Provide sustainable communities through access to decent homes and best practice in environment management including, recycling, street cleansing and environmental enforcement against dereliction and environmental detractors.

Challenge crime and antisocial behaviour safeguarding young people from becoming perpetrators or victims.

Increase peoples' sense of influence in decisions affecting their lives and communities through an open, fair and accountable neighbourhood-driven processes.

Aim 3: Empower our residents.

Ensure safeguarding and inclusion of the most needy and excluded groups in the city providing equality and real opportunity for improvement and enhanced quality of life.

Confront barriers to employment and training through lack of access, deprivation, discrimination and poor health to ensure provision of a highly skilled workforce.

Developing first rate education and training from early years and further position Liverpool as a prime destination for post-graduate retention.

Appendix iv – LBS structure and process

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                          ┌──────────────┐
                          │   Service    │
                          │   manager    │
                          └──────┬───────┘
                  ┌──────────────┴──────────────┐
           ┌──────┴──────┐               ┌───────┴───────┐
           │    Team     │               │   Service     │
           │   Leader    │               │   Liaison     │
           └──────┬──────┘               │   manager     │
                  │                      └───────┬───────┘
  ┌──────┬────────┼────────┬─────────┐      ┌────┴────┐
┌─┴──┐ ┌─┴──┐ ┌───┴──┐ ┌───┴──┐ ┌────┴──┐ ┌─┴────┐ ┌──┴───┐
│Broker│Broker│Broker│ │Broker│ │ Ast   │ │Service│ │Service│
│    │ │    │ │      │ │      │ │Broker │ │Liaison│ │Liaison│
│    │ │    │ │      │ │      │ │       │ │Officer│ │Officer│
└────┘ └────┘ └──────┘ └──────┘ └───────┘ └───────┘ └───────┘
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LBS not always made aware of changes in circumstances (e.g. patient not fit for discharge, package no longer needed, etc)

Dom Care Request completed by Assessor and sent by email to LBS

Electronic Part D completed by assessor

Request is sent to external agencies via phone call and e-mail

Provider offers part package

Provider offers full package

Provider does not offer capacity

Assessor accepts part package and advises LBS to continue to seek the rest of the package until capacity found

Broker advises assessor and updates database and SUIS

LBS continue to seek until capacity found

Assessor contacts provider for start date and advises LBS accepting offer and to close the case

Assessor declines offer - LBS continue to seek capacity

LBS send weekly spreadsheets to providers and fortnightly (approx) visits to them

Case closed to LBS

SW response to offer may take several days. Duty SW not always able to accept offer on behalf of absent SW

Appendix v – Research Instrument

	Interviewee			
Question/theme	**Brokerage managers**	**Providers**	**HOS/AED**	**Literature**
Reasons for choosing to operate a brokerage service	●		●	Drake & Davies 2007; CSED 2007
Position in organisation and structure of team	●			CSCI 2006
Staff experience in care management	●			CSCI 2006
Views on brokerage process (improvements or otherwise)	●	●		Davies & Drake 2007; Making Ends Meet (n.d.)
Customer/stakeholder views of quality of service	●	●		Davies & Drake 2007
Relationships with partners/stakeholders	●			CSED 2007
Impact of Personalisation	●	●	●	DoH 2007; DoH & CSIP 2008
Role of brokerage within personalisation	●	●	●	CSCI 2006; DoH 2007
Change management of personalisation	●	●	●	Burnes 2004; DoH 2008a; Kotter & Schlesinger 2008
Value of Care Manager contact	●	●		CSCI 2006
Reviewing process and brokerage role	●	●		CSCI 2006

Appendix vi – Overview of findings

During the research, it quickly became apparent that a number of themes were beginning to emerge, all of which are discussed in Chapter 4. The main themes are detailed below and colour coded as follows:

Theme	Colour
Background and set up of service	
Contracts information	
The brokerage process	
The move to brokerage from traditional sourcing methods	
The issues around using brokerage	
Personalisation	
The change management process around Personalisation	
The main issues identified around Personalisation (LCC only)	

	Overview of findings					
	Liverpool	**Camden**	**Devon**	**Flintshire**	**St Helens**	**Secondary data**
Background	Stand alone service with own business plan. Connections with Provider services teams	No longer operates brokerage. Used to be part of the Commissioning team	Part of the Care Direct Plus call centre. 3 Area offices. Doesn't have own business plan or vision	Part of Contracts Monitoring and Review team. Co-located with Social Work and Care Management team. No independent service or business plan	Part of the Procurement Service. No independent business or service plan	N/A

Overview of findings						
	Liverpool	**Camden**	**Devon**	**Flintshire**	**St Helens**	**Secondary data**
Contracts information	8 contracted approved providers with spot contracts. All geographically based. 10 unapproved providers (spot) used for CHC referrals only. Block contracts in place for hospital discharges only. Good relationships with providers. Regular (fortnightly) 1 - 1 meetings and quarterly provider forums.	Had approved provider list with both spot and block contracts. 5 home care blocks and 2 supported living blocks, blocks allocated by area not number of hours	Block contracts in place with external and in-house providers. Other providers used for spot purchase provided they are CSCI registered. Copy of contract issued when used to ensure contract compliance	14 approved providers all used on spot contracts Excellent relationship with providers. Rings them all weekly for capacity information and updates re: staffing, recruitment etc.	7 geographical providers with block contracts. 10 approved providers for complex CHC referrals only. Excellent relationships with providers, and very strong relationship between providers - some of them share recruitment costs	N/A
Brokerage Process	Structure and process on [Appendix iv](#)					N/A

Overview of findings						
	Liverpool	**Camden**	**Devon**	**Flintshire**	**St Helens**	**Secondary data**
Brokerage change management	Pilot in South Liverpool 2006. Rolled out to whole city when still part of the callcentre. Taken out of the callcentre Feb 2008. Expansion plan in place to 2011.	No information as service is now disbanded	12 month pilot undertaken in one area. Expanded to county wide. Manager has care management background but no-one else on the team has. Move to brokerage welcomed by stakeholders	Prior to set up of service in 2000, discussed the perceived benefits with providers. Some issues raised. Visited Camden to view their model. Manager is from Home Care originally	No information. Current manager has only been in place for 2 years and brokerage was well established.	N/A

Overview of findings						
	Liverpool	**Camden**	**Devon**	**Flintshire**	**St Helens**	**Secondary data**
Brokerage issues	Loss of relationship with SW teams. Competition and 'fastest finger first' approach. Long winded reviewing process. Information circulated to providers is not always up to date (therefore sometimes offering packages that are no longer required). Not enough information on referrals. Poor relationships with ACM. Assessors circumventing brokerage. General mistrust - assessors referring before SU fit for discharge. Very poor communication. LBS in backlog situation	N/A - brokerage service disbanded due to perceived issues around personalisation.				N/A

	Overview of findings					
	Liverpool	**Camden**	**Devon**	**Flintshire**	**St Helens**	**Secondary data**
Personalisation	Preparation for personalisation within brokerage ongoing. Service manager part of Whole Systems Group. Close liaison with PCT teams (CHC, MAX, ICT). Ongoing provider liaison. Own vision and business plan	Abolished brokerage in order to facilitate the move to personalisation. Doesn't believe it fits with personalisation and wants to improve social work involvement with providers and service users	Has 2 types of broker and Personal broker role fits in perfectly. Standard brokerage side of business needs to evolve.	Done nothing at all yet	Brokerage not directly involved in the move to personalisation. LA has had a consultant in to put strategic plan in place. Believes there may be a role for brokerage to help older people, but had been scoping service take on for Learning disability and Physical sensory impairment. Not sure whether this is appropriate under personalisation.	Some organisations are already working under the principles of personalisation (Active Ageing). Some of the workforce in favour of 'not trying to fit people into a box'.

Overview of findings						
	Liverpool	**Camden**	**Devon**	**Flintshire**	**St Helens**	**Secondary data**
Personalisation change management	Head of Peraonalisation believes there's definitely a role for brokerage but not clear where it should sit. Has conducted staff, SU and provider briefing sessions. In process of developing a vision. Full consultation exercise underway. Part of Pan Merseyside group, and benchmarking best practice. Opening up of borders. Caring for carers training ongoing. Strategy briefings underway to develop strategic direction. 6 workstreams, with a key strand to address culture change. Awareness training for staff, but some resistance from SW and OT.	Has disbanded their brokerage service to prepare for personalisation. Now working with social workers to develop relationships with providers to ensure that SW communicate full range of services to providers	Head of Personalisation is in place but implementation plans not shared with Brokerage Teams yet.	Has no knowledge nor involvement in personalisation yet, though was very surprised to hear Camden had disbanded their team	Low take up and retention of DP. Moving from task-based work to outcome based work. Consultant brought in to design transformation programme. Personalisation team set up with programme manager and independent workstreams. Believes brokerage service vital for older people under personalistion. No direct involvement for brokerage service at this stage.	7 briefings during Jan/Feb 2009 for users of services, social care providers and internal/external workforce. Evaluation document forms next stage of consultation

		Overview of findings				
	Liverpool	**Camden**	**Devon**	**Flintshire**	**St Helens**	**Secondary data**
Personalisation issues	Lack of publicity - providers specifically stated they didn't feel they had enough information. Providers felt apprehensive, and felt a need for more education and training, though could see the benefits of the change. Providers and SU groups were invited to briefings but not clear how representative the groups were of the average person. Safeguarding and monitoring issues and arrangements (e.g. CRB checks and CSCI registration). Advocacy is a much under resourced area - recruitment drive required. Assessment vs Self Assessment - what about those with limited capacity? IB - will they be classed as income for welfare benefits purposes? How will LCC reach hard to reach groups?	Not researched	Not researched	Not researched	Not researched	Publicity and information needs improving. Safeguarding issues should be addressed. Quality of service – with LCC having a target of 4000 IBs by 2011 will it be quantity not quality? How will IBs be calculated and will they be classed as income for welfare benefits purposes?

	Overview of findings					
	Liverpool	**Camden**	**Devon**	**Flintshire**	**St Helens**	**Secondary data**
	LCC have a target to reach for IBs - will it be quantity over quality? Potential for abuse. Providers cherry picking profitable areas. Too many unknowns and not enough information. Co-dependency of carers - the issue of the need for them to feel needed.					