Total Place Conference
2 October 2009
Banqueting Suite
Bradford City Hall

Report

CONTENT

<h1 style="text-align:center">Total Place Conference
2 October 2009
Banqueting Suite, Bradford City Hall</h1>

10.00   **Conference assembles**

Margaret Jackson, Deputy Regional Director, Government Office for Yorkshire and the Humber

10.05   **Introduction and Welcome to Bradford**

Councillor Adrian Naylor, Executive Member for Regeneration and Economy, Bradford Council

10.10   **Overview of the Operational Efficiency Programme, including Total Place,**

Mark Fisher, Whitehall Champion for Bradford's Total Place pilot and Director Jobseekers and Skills, Department for Work and Pensions.

10.30   **The Bradford Total Place experience**

Tony Reeves, Chief Executive, City of Bradford Metropolitan District Council

11.00   **Questions to the top table**

Councillor Naylor, Tony Reeves, Mark Fisher, as above
Becky Hellard, Strategic Director Corporate Services, BMDC
Louisa Clark, Incommunities, Bradford Community Housing Trust
Neil Moloney, West Yorkshire Probation Service
Jo Webb, IDeA
Chris Taylor, YoHr Space

11.45	**Group discussions**

An opportunity to explore Bradford Total Place pilot themes and share experiences across Yorkshire and the Humber

Group 1: Offenders leaving prison/young offenders institutions, with
Neil Moloney, West Yorkshire Probation Service and
Chris Williams, IDeA/NPIA Community Safety Partnerships & Engagement

Group 2: Older people leaving hospital, with
Janice Simpson, Community Care services, Bradford MDC and
Jo Webb, IDeA, Regional Associate

Group 3: Young people leaving a care environment, with
Vaughan Chapman, Leaving Care Service, Bradford MDC
Oonagh Aitken, IDeA National Adviser Children Young People and Families

Group 4: Total Place – Counting public sector funding
James Pratt, Price Waterhouse Coopers
Simon Walker, GOYH

Group 5: Efficiency and Transformation, other experiences
Tony Riding, Strategic advisor (Business transformation), YoHr Space
Clare Elliott, GOYH

12.45	**Plenary session**

Headline feedback from the groups

Sum up and final comments

13.15	**Lunch and networking**

Improvement and Efficiency

Mark Fisher, Director Jobseekers and Skills
Bradford Total Place Whitehall Champion

DWP Department for Work and Pensions

Operational Efficiency Programme

"deepening and widening our agenda on efficiency and value for money"

HM Treasury commissioned five studies, each led by an expert from the private or public sector:

- local incentives and empowerment (Bichard)
- back office/IT
- collaborative procurement
- asset management/sales
- property

Government accepted recommendations, reported Budget 2009

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DWP Department for Work and Pensions

What's already happening?

- Substantial work has already taken place:
  - Local government has a good track record, delivering £3.4bn efficiencies in SR04

- Current fiscal situation dictates that we need to drive further public sector efficiencies. Budget 2009 and the Operational Efficiency Programme Report set out efficiencies of:
  - £15 billion a year by 2013-14, of which £6 billion within this CSR period
  - £4bn on back office savings; up to £6bn on procurement
  - And the Local Government efficiency target has increased to £5.5bn as a consequence

- We must also continue to deliver for our customers

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DWP Department for Work and Pensions

Why Total Place?

Total Place is an opportunity to:

- take a fresh look at the whole system
- put the customer at the heart of service design
- use strong customer insight to inform decision making
- tackle locally identified issues and priorities
- build a new way of working between central and government and local places

Local partnerships are uniquely placed to lead this work

Ministers, senior officials and central government departments need and want to make this work as much as local places

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DWP Department for Work and Pensions

Key themes identified by pilots

- Children/ child health
- Health and Social Care
- High cost/ High need communities
- Crime/ reducing re-offending
- Alcohol & Drugs
- Total Community: housing and regeneration
- Asset management
- Access to public services

There are both local and national barriers to addressing these challenges

DWP Department for Work and Pensions

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What does it mean for DWP?

We need to deliver our objectives in the context of increased unemployment as a result of the recession

1. Reduce child poverty
2. Maximise employment opportunity for all and reduce the numbers on out-of-work benefits
3. Improve health and safety outcomes
4. Support people in later life
5. Promote equality for disabled people.
6. Pay our customers the right benefits at the right time.
7. Make DWP an exemplar of effective service delivery to individuals and employers.

DWP Department for Work and Pensions

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- Gateway to Integrated Services
- Older people leaving hospital with mental health problems:
- Young people leaving a care environment
- Offenders over 18 who are leaving prison or youth offender institutions and returning to Bradford

Partnership working at all levels is key to making this work, bringing together:

Central departments
Local organisations
The voluntary and community sectors

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DWP Department for Work and Pensions

The Bradford Total Place experience

Tony Reeves

"No one suggests that Total place is
the total answer...it is, an opportunity
for localities to take the initiative and
to influence government before a
major programme of reduction is
introduced"

Sir Michael Bichard October 2009

# Bradford Total Place Pilot

- Improve value for money for Bradford citizens
- Improve the service-user's experience
- Attempt to shape Government thinking based on local experience and evidence.
- Develop a methodology for the future
- Demonstrate the strength of partnership working in Bradford
- Establish improved central government/ local government working practices
- Meet the needs of the HMT/CLG

Two complementary strands:

- a 'counting' process (mapping money flowing through the place from central and local bodies) and make links between services to identify where public money can be spent more effectively

- a culture process that looks at the way we do things and how that helps or hinders what is trying to be achieved
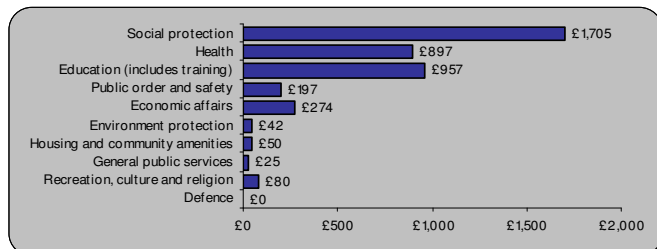
The Bradford Integrated Service Model
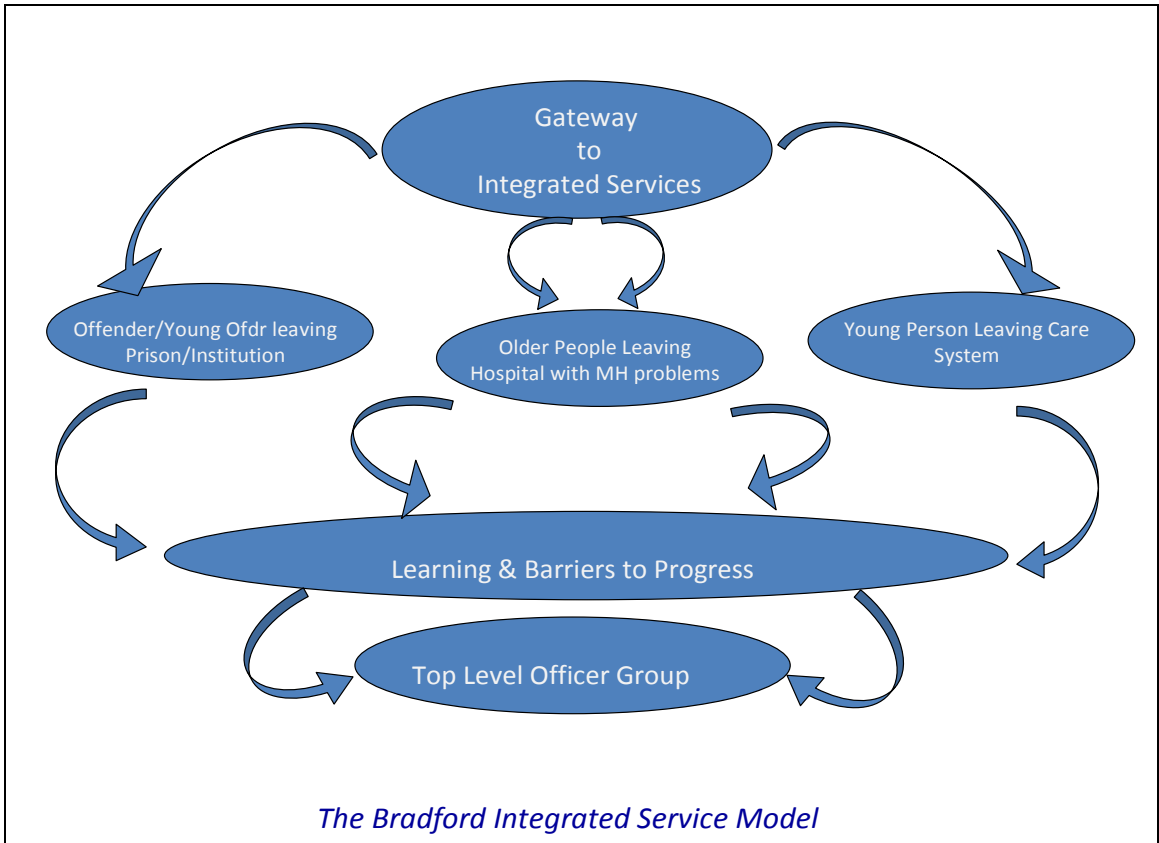
Bradford Public Sector Spend
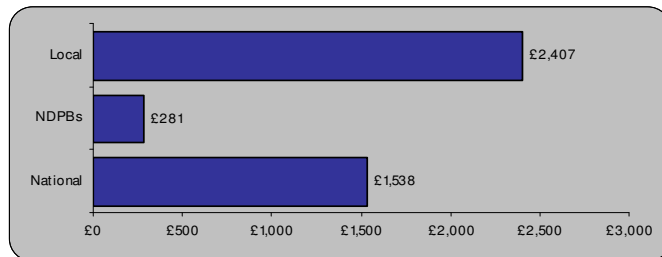
Total Spend – £4.2b

COFOG Breakdown

Next Steps

- Detailed service design
- Financial "deep dive" by theme
- Define "barriers to progress"
- Develop robust business cases
- Capture learning
- Establish methodology for roll-out
- Complete final submission for Budget Report
- Publish the story of the Bradford Total Place Pilot

Principles of Service Design

1. Service user centric/customer integrated access

2. Put the "Place" before the organisation

3. Shared objectives and agreed outcomes

4. Locally based decision making within policy frameworks

5. Multi agency partnership based delivery

6. Based on the concept of value for money

7. Utilising a transferable methodology for service design

8. Subject to experience based review and renewal

FEEDBACK FROM WORKSHOPS

Group discussion 1: Offenders

Theme Lead: Neil Moloney, ACO, Bradford   **Facilitator:** Chris Williams, IDeA

Background
- Around 50% of all offences are due to re-offending. It is predicted that about 60-65% of offenders will re-offend if not supervised; this drops to c50% with effective supervision. Many offenders are released without supervision (those sentenced to less than 12 months) and these are a focus if the pilot.
- Bradford is a pilot for both Integrated Offender Management (as part of the West Yorkshire pioneer) and Drug System Change. Both put the individual at the centre of service delivery and the Total Place Offender strand gives further opportunity to develop this approach.
- Agencies (prison, police) have been willing to listen to service users, and service users have been willing to help. The perception of "what works" is shifting through dialogue with service users and identification of what they really need.

The Process to date
- A one-day workshop was held with professionals to map the journey from sentence to release and research conducted with service users to record their experience. These two strands were brought together in order to map a better process. Interestingly, professionals, service-users and the third sector all agree what the issues are.
- The service-user experience is that they feel "over-assessed and under-helped". They would rather spend longer in prison and be released to something constructive rather than be given early release with no support. The journey to them does not feel joined-up and points of transition are much more difficult for them to manage (e.g. getting the right support at the right time) than agencies imagine.
- Some efficiencies have already been identified e.g. the number of duplicated risk-assessments and how to bring some of the prison admission processes into court so that a prisoner's needs influence their sentence plan from the very start.
- The mapping work is being aligned with "Quest", the current police process-mapping exercise.

Issues and Barriers

Delegates were asked to identify issues/barriers from their agency perspective and then possible solutions to two of the most important.

Accommodation is a major issue, especially for drug-using offenders. These are often returned to their family (usually mother's) address without her consent and against her wishes; nobody checks and the offender's word is accepted. This is not the best way to reintegrate the offender with his/her family in the long term and in addition such as address will in reality become a hosting address for benefit purposes, hence correspondence relating to treatment appointments is not seen and appointments missed.

Resource management is always an issue as offenders tend to be disorganised, chaotic and need intense supervision and diversion which is expensive. Funding follows risk rather than need and is based on crime-type which means that many lower level offenders e.g. women are low priority, but investment in meeting their needs could have long term savings in respect of family/care costs. The needs and priorities of offenders change over time too, so may need to be reviewed.

Advance knowledge of <u>accurate release dates</u> and discharge addresses are crucial so that:
- offender Health services can deliver continuity of care, register with GP/dentist and continue drug treatment;
- Police can alert Neighbourhood Policing Teams a new offender on the patch for IOM purposes;
- Fire & Rescue Services can immediately follow up and work with any newly-released arsonists or those who are a fire risk

In respect of <u>employment provision</u>, JobCentre Plus is working with prisons on transition and resettlement, however they do not always know whether a client is an ex-offender and hence cannot make the right service offer. Some research may be needed on the success of programmes to get offenders into jobs; this is likely to get harder in the current economic climate.

Potential Solutions

<u>Accommodation</u>
Housing on discharge needs to be planned in advance and suitable to needs, such as small, high-quality supported housing (not generalised bail hostels) with on-site dedicated services appropriate to the needs of the offender. Such units may already exist so a mapping exercise should be undertaken and proper links made with prisons. Alongside this, systems should be developed to track the offender so that services can follow and risks identified e.g. associates and forwarding addresses.

<u>One-stop shop</u>
Offenders are often overwhelmed by the complexity of their needs or release and ill-equipped to deal with the various agency gateways to services, which can lead them back into crime. This could be alleviated by the development of an easily-accessible one-stop shop network where all needs could be met e.g. health, benefits advice, referral to training etc. Each offender should be allocated a single case worker to establish a relationship and support them through the transition.

Janet Cliff, GOYH

Group 2: Older people leaving hospital with mental health problems

Theme Lead: Janice Simpson, Assistant Director, Community Care Services CBMDC ACO, Bradford

Facilitator: Jo Webb, IDeA, Y&H Regional Associate

THEME LEAD PRESENTATION

Choosing the Theme
The broad issue of supporting vulnerable people out of some form of institution into the community clearly needed to be honed down for each of the three themes.

There the broad guidance from Government on what Total Place should be included:
- the desire to shape services for citizens at a local level
- testing something in each pilot that will make a real difference to one or more of our local priorities
- and a theme that would both highlight some key barriers that are in our way now but that would also generate some sustainable solutions that can spread learning.

Work already going on in the district, such as POPPs and the LEAN methodology, had identified one problem as the transition for people out of an acute hospital when they also have a mental health issue. There is a national policy dimension in the National Dementia Strategy, and surge challenges to the system - such as Swine Flu - meant that this was a timely piece of work.

Very clearly this theme cuts across more than one organisation, and we knew that there was likely to be opportunities to identify significant savings across the whole economy. But it is not just about financial savings: we knew that this theme would help us test out models that identify and support cultural change, for thinking about what targets we're working to and how they affect across organisations, and how we operate as a whole system.

Our approach
We broadly adopted the blueprint of from the national Total Place programme, which consists of a number of distinct phases:
- discovery and diagnostic (not dissimilar to LEAN methodology)
- future -orientated
- user perspectives
and finally culminating in a solutions phase.

Fundamental to this approach is getting the right people involved. First and foremost we wanted to make sure that patients and users were involved, which has presented a major challenge given their needs.

We've also involved:
- the acute hospital trust, chief nurse, discharge coordinators, ward managers and consultants.
- PCT commissioners; district nursing staff; directors of policy, & clinicians;
- adult social care; social workers; care home owners;
- and performance & support staff across all organisations.

We have also had a great deal of involvement from the voluntary sector, including those working with BME communities, as the sector is heavily engaged in care for the elderly and particularly for elderly people with dementia.

<u>Findings so far</u>
At a high level, the key findings that have a national dimension to them are:

- the way that national targets effect clinical and operational decisions, and the impact of disincentives or perverse incentives. Having different performance frameworks does make it difficult to take a whole system approach, and target set in one part of the system very clearly impact elsewhere – e.g. resulting in four hour trolley waits in A&E.

- the need for better training for staff, across the piece but particularly for nursing staff. The role of nurses is to manage the acute need that the patient has presented with, and not to care for the dementia, depression or other mental care need. They may not be equipped to recognise the need, and even if they do, don't always see their link to the rest of the delivery chain.

- and this underpins the finding that, while we all know and agree with the multi-disciplinary approach, it isn't working in practice.

The work to date has also identified that locally we need:
- to develop and cultivate more appropriate community-based services to actively manage moving people back out of hospital and back into the community
- to improve how patients are assessed, as the current single assessment is not working as it should
- to gather evidence about the mental health link with acute hospital stays

We still have gaps in our knowledge, and we are yet to map out the new pathway. We are working to gather more evidence and hard data to the business case for change more robust, and to pin down the potential savings by November 2009, but see some key challenges for the pilot:

- Data is needed to put the Total Place business case for change together. For example, how many older people are coming into acute care with mental health needs? We don't yet have a sufficiently clear picture with hard data to back up our proposals.

- We need to uncover the totality of the funding coming into, and being spent by, the different sectors and organisations so that we have a clearer understanding of the money that the district is putting into mental health.

- We need to understand the practicalities of pursuing VfM better, for example, the impact of payment by results. The tariff may be influencing clinical decision making, and we need to map that out better.

- As mentioned already, gathering service user perspectives is difficult, given their mental health needs.

DISCUSSION & COMMENTS

The presentation prompted a discussion around several key issues:

- **Challenge Current Practice**
  One lesson from this pilot and other similar approaches such as LEAN methodology is the importance of challenging traditional practice and thinking.

  In this pilot, for example, the traditional way of thinking has been that it is a good thing to get people out of acute hospital quickly, but the pilot is clearly helping to broaden thinking and

challenge that approach. The pilot is looking at the whole user pathway, and not just the stage immediately before admission and immediately after discharge, but taking a longer or wider view.

- **Put the Person at the Centre**
  One reflection is that this is an opportunity for linking social care and mental health into generic physical health care and wider Council services. For instance, there are connections to be made by acute care deliverers to the use libraries and of new technologies in the prevention of dementia. The importance of socialisation, and an early connection with leisure and cultural services needs to be recognised.

  The pilot can and is also learning from Every Child Matters and the integration agenda there. Another national policy of relevance is the personalisation agenda.

- **Public Finance**
  This is a good and opportune moment to be tackling such an issue. Public finance is going to get tight, for the local authority, for the NHS, and across services that are commissioned from the VSC. Clearly getting the whole system into shape will bring more benefits that trying to tackle isolated parts.

- **Involvement of the VCS**
  Does there need to be more involvement of the voluntary and community sector in the pilot as a whole? In Bradford the sector has been very successfully involved in the Supporting People programme, in bringing in a wider view of the users experience and knitting the whole of that pathway together. It would be good to learn from those lessons.

- **Recognise Complexity**
  It is clear that complexity cannot be avoided when one begins to try and map out the patients' or users' experience. At the theme workshops in Bradford, people were raising issues such as transport, or pensions, so it wasn't all focused on acute or social care.

  Key learning then is that the TP methodology encourages one to tell the big picture story, as well as working on very specific roles within the pathway, and it is that duality that is so productive.

- **The Importance Of Evidence**
  Service deliverers have recognised that they are geared towards push people through the system. They know what the problems are. But we haven't yet identified through the pilot what is stopping staff from changing their service even thought they know what the problem is.

  Service deliverers may be aware of issues such as putting support services back together for people going back into the community, but is there enough awareness of the need to put pensions and benefits back together?

  A district nurse may know about the physical care an elderly person has received while on an acute ward, but they may not know anything about their mental health condition. Is it Data Protection that is a problem?

  The PCT has data of the number of individuals coming into acute care, how long they stay, what happens while they are in hospital, and what the underlying physical problem is – but can't collect much more data than that. And this becomes even more difficult when a number of agencies are involved.

- **Service User And Workforce Perspectives**
  Another piece of learning that has been applied to the pilot is that, while the workforce often does identify good solutions to problems or challenges, it is important to then apply the service user perspective to ensure that it is not just a professional solution.

  The pilot methodology uses a diagonal slice through the organisation, getting different professions together that don't often get to speak together. Professionals input is absolutely key to getting the buy in to the solution, and having clarity about your part in the pathway problem and therefore change. You see the bit that you are responsible for.

  One powerful result of this is the realisation of the impact of your work and the demands on other people elsewhere in the service pathway.

- **Impacts Outcomes And Measures**
  What about measuring impacts and outcomes? When you are redesigning the pathway, make sure that you have thought about measuring and capturing evidence in the design. Keep it under constant review.

- **Total Place as a Catalyst**
  It has been acknowledged that a lot of work already takes place to seek out better ways of working, to find efficiencies, and to deliver a better service for users. But Total Place appears to act as a real catalyst to speed up this: it has given people the space to focus (or it may be that it has given an instruction to focus) and it has given extra impetus. It has also pushed more people to work across organisational boundaries and functions.

- **Roll Out**
  Is there the capacity to roll out learning? The business case is crucial in showing what we have identified and in showing how learning can be spread. It'll be about crystallising the methodology and showing that it is applicable elsewhere. And it will need to give evidence back to Whitehall, to show where policy has gone wrong, to illuminate with hard data where policy has been an inappropriate driver of clinical practice.

- **What Next?**
  The big question is what is the whole total of Total Place?. How do you look at the totality of somewhere like Bradford, and not just focus on health and social care?

Wendy Hall, Bradford District Partnership

Group discussion 3: Young People Leaving a Care Environment

Theme Lead: Vaughan Chapman, BMDC   **Facilitator:** Oonagh Aitken, IDeA

Introduction - Vaughan explained Bradford is considered a good practice example in the theme nationally, regionally and locally for the following reasons:
- Ensuring activity is in-line with legislation and national benchmarking
- Having an innovative approach
- Commitment from senior level, and
- Strong cross-agencies links.

The total place activity so far has been the initial mapping event, followed by a session on proposals for taking forward. The findings were submitted within the preliminary report to government on 18th September. Now attention is being given to what an ideal service may look like which will involve nominated reference groups, the community and Council members.

Barriers - Vaughan drew attention to a number of barriers the process has encountered:
- Engagement with services providers who are not part of BMDC and inter-agency protocols. It was identified that more active involvement is required from;
    - **CAMHS** (Children and Adolescent Mental Heath Services)
    - **Housing /Incommunities** (though the Incommunities member present confirmed this is being redressed going forwards)
    - **DWP** – especially due to complication of the benefits systems and the desire for more local commitment/representation.
- National distribution of available funding – particularly as young people become 19+– which also links to the transition to adult services (a group member emphasised their experience of the difficulty posed by transition to adult services at age 19 – which also aligns with the peak male offending age)
- Education links – needing to cater to the need care leavers who may lack basic skills and require foundation learning courses. Also the dilemma where the responsibilities lie for those wishing to pursue higher education aged 21 onwards who may not already be engaged in a course of higher education
- Bradford's responsibility for those young people placed in other LA areas where provision of a local placement was not possible(accounting for approx 8% of care leavers from Bradford). Reciprocal arrangements and net incomers/out-goers is rarely balanced so some tensions between different LAs.
- That 16-18 years old needing benefits have to collect these from LA funds rather than national schemes (as do those 18+). This is further complicated where care leavers are placed in a different LA area.

Next Steps - Vaughan explained the next steps for the theme activity.

In the next couple of weeks a draft 'ideal service proposal' will be drafted
⇩
After which core reference group will consider the draft
⇩
Those involved will then critical appraise – looking at the how and why, barriers and challenges.
⇩
It will then go to the wider reference group where anyone with an interest can comment including front-line deliverers, young people
⇩

Then to an even wider group who have not been involved in the proposal development so far, e.g community groups/members.
⇩
Bradford to then present the proposal to Westminster.

DWP involvement - With a DWP representative present, discussion turned to their role. Bradford reiterated that they would like greater DWP involvement, both in terms of local representation and on policy matters i.e. Futures Job Fund. The DWP representative agreed to feed this point back to the department.

Data Sharing - A further education college representative requested they be made aware of care leavers in order to better monitor and support them. It was suggested that perhaps the culture should move from a 'need to know' to a 'dare to share' basis.
However the rules on sharing data were raised, especially in respect to individuals under 18. DWP advised that the Leadership Centre is leading a data sharing pilot to explore and explain what is possible on this subject. It was also suggested that the confirm CAF (common assessment framework) is used by Bradford and the protocol should be addressed through this.

Additional points (from questions put to Vaughan)

- Care leaver's ability to use public transport is usually not a problem unless the individual had a particularly sheltered background due to serious vulnerability. Additionally they didn't have preferential/subsidised rates – i.e. Metrocard for local bus services was at standard rates.

- The process mapping had taken place over a two week period. It didn't involve external consultants although it possibly could in a future stage.

- In respect to whether Bradford have looked at other areas going through similar process to explore what has and hasn't worked, Vaughan advised that in addition to his experience in Children's services, the national perspective (NCAS – National Care Advisory Service) has been involved and can compare Bradford provision with other LAs (both Regionally and Nationally).

- Around 25 agencies had been involved in Bradford, which resulted in a complex process map and some difficulty getting them all on board.

- The service users – i.e. some young people, have already been involved in the process and a 'Children in Care Council' is planned for implementation by November. A couple of young people who have now moved on to education/ training are keen to stay involved; however BMDC are also trying to engage with those who have been less vocal but remain dependent on (and are engaged with) the service.

- The mapping session considered the perceptions of care-leavers and revealed a ranged of views. Although there is a common association with negative stereo-typing (such as offending), in Bradford there are as many care leavers in university as there are in the custodial system and young people leaving care come from a wide range of home experiences and with a equally diverse range of abilities, needs and aspirations.

Summary of key discussion points

1. The complicating factor of 25 external agencies being involved.

2. The challenges of the benefits system – i.e. national /local level, what is available to different age groups and factors that change eligibilities

3. This may be intensified by the geographical, resource and financial issues associated with care leavers living in other LA areas.

4. Transitions to adult services and associated factors such as education and mental health provision.

Anna Knight, GOYH

Group discussion 4: Counting public sector funding

Theme lead: James Pratt, PWC   **Facilitator:** Simon Walker, GOYH

Introduction – James introduced himself and outlined his experience as an accountant working for Pricewaterhouse Coopers and his involvement with the *Counting Cumbria* exercise in 2008 and with the current pilots responding to the *Total Place* initiative.

James identified 3 aspects to the counting process and his respective role:

1. **Resource mapping** – this activity identifies and collects the data regarding who is working in a particular area, how much they are spending and on what from central government, non-departmental public bodies and local partners. James stressed that the resource mapping information provides the context for change but is not an end in itself. Identifying duplication or gaps helps inform the focus for the 'deep dives' but the real work is the creativity between users and practitioners in considering how to do things differently.
2. **Building the business case** – the next step is building the business case with the theme leads. The business case ensures that the great ideas for change are presented as strong evidence of the case for change. The case for change needs to be put to the decision makers identifying the benefits and the sharing of savings. It is important for local authorities and their partners to ensure that those who will make decisions are fully aware and signed up.
3. **Supporting the change process** – the third aspect is advising and assisting with the change process. In the Bradford pilot all the partners are enthusiastic and behind the need for change. Not all local areas will have this luxury.

Questions and discussion – the following points arose from general discussion and questions posed to James.

- The counting exercise may reveal unusual expenditure per population specific to the area eg nuclear decommissioning in Cumbria.
- The resource mapping and business case activities are distinct processes. The resource mapping does not provide any solutions – it is the business case taking forward the ideas for change that matter. The resource mapping identifies what is happening now – the ideas for change in the business case are about focussing on outcomes and what needs to be done.
- The counting process provides a taxonomy of spending – this can be considered at 3 levels: government departments, non-departmental public bodies and local partners. Although local partners are not in control of this full scenario it is helpful to understand the full picture to consider who needs to be involved in making decisions or who you might want to lobby and influence. It is too soon to say for the pilots what the benefits have been of the resource mapping exercise.
- The decisions regarding the areas for the 'deep dives' in Bradford didn't come from resource mapping but from partner dialogue.
- The group discussed whether Government funders of themes should also be deconstructing the way they allocate resources. They have been involved in identifying funding eg DWP for funds on job seekers allowances.   The resource mapping is an iterative process and there will be further iterations that will spark further debate and inquiry.
- The degree of engagement to construct the resource mapping is low – use of local budget books, Configuration of Function of Government (COFOG) sources.
- Important at this stage to identify the roadblocks and barriers to feed into the ministers group.

- James and councillor Naylor outlined in contrast the bottom up process, engaging front line services and users in the redesign of services – focussing on the needs of the users eg in early release of offenders and asylum seekers given leave to remain. The need to engage elected members in politically sensitive areas to effect organisational change was also discussed.
- The focus in Bradford is on the themes rather than performance indicators but the theme activity is also likely to impact on LAA priorities.

Learning points – James identified 3 areas of learning from the Bradford resource mapping experience:

1. data specification - when asking for data be clear what it is that you need and how you want this to look – anticipate the questions people will have and avoid having to go back to ask for something else
2. be clear what you want to achieve from the resource mapping – does your data specification match your purpose?
3. There is a layered effect – high level buy-in, frontline engagement and the people in the middle - generally those who will identify the resource information, they need to understand why the data is needed, and the importance of robust, accurate and timely information. Local partners need to make the time to do it.

TP is all about avoiding cost by removing duplication and getting the process right. The primary driver isn't efficiency but getting the best outcomes for the spend. It needs the right people in the room at each step of the process to 'challenge'. Need to look beyond immediate costs eg costs of reoffending aren't just prison costs but cost of benefits for the family if the breadwinner is in prison.

VFM measures can be difficult to define. How do we demonstrate the same impact for less resource or more for the same? Partners tend to be good at identifying activity and spend but less so on impact. The Bradford pilot is seeking to identify impact, what they are achieving for the spend to establish a benchmark.

The Bradford partnership is looking beyond the pilot and developing consensus among the partners to ensure continuing support for the changes.

Pam Booth, IDeA

Group discussion 5: Efficiencies and Transformation

Theme Lead: Tony Riding, Strategic Advisor, YoHr Space
Facilitator: Clare Elliott, Deputy Regional Director - Places, GOYH

<u>**Introduction**</u> – Tony started discussion by making the point that Total Place is part of but not the entire picture of what is going on around the country on the transformation / efficiency agenda. To give some context to the group discussion, Tony offered the group some examples of work going on, which Total Place can learn from and build on.

Tony spoke about a number different projects that can be seen as examples of work that support Michael Bichard's vision for 'local interventions and empowerment' in the sector:

1. The Council, NHS Bradford and Airedale, the University of Bradford and West Yorkshire Police have commissioned a collaborative working project to look at potential opportunities to secure greater efficiency, by adopting more joint working practices and shared services. The project commenced in Bradford before the Total Place pilot began. The first step is to undertake an initial review to map potential opportunities for collaborative working and report back to the partners. This will give an overview of current working practices, identify what future collaborations might be possible and recommend some next steps which will focus on a small number of practical and realistic opportunities. There will be full consultation on any recommendations. There is a strong local willingness to embark on the review and make changes as a result.

2. In Leeds, a number of agencies identified a common goal to tackle community safety better. There was a local acknowledgement that CCTV made a difference in promoting safety, but it was realised that the 6-8 different CCTV systems in the city were incompatible with each other and weren't joined up. This meant there were blind spots in the city and agencies couldn't track incidents across the city. West Yorkshire Police are leading the initiative to procure and join up systems. It's estimated that over £300k will be saved on CCTV costs.

3. A study was undertaken in Cumbria (from a District perspective) on the services available to older people. It found that there were some 133 separate services but there was no great understanding on whether they were what older people wanted. The study showed there were 80 different eligibility criteria for the services and 48 different application forms. The study looked at how to prioritise and join up services and challenged the general focus of those involved in older people's policy i.e., instead of focusing entirely on ensuring there were places for all older people to access sheltered accommodation, the focus should be on ensuring older people could stay safe and well in their own home for as long as they possibly could. The lesson from this work for the rest of the sector is to understand demand *and* supply issues – and work to ensure they match.

   A Total Place approach operating for some years can be found in Sunderland, where partners have developed a central contact centre for one area of the city, integrating NHS services with children's centre provision, a GP, gym etc. The centre has a 92% satisfaction rating. The success of the venture is to a large extent due to the fact that Sunderland also has a very strong programme of customer involvement.

So what of Total Place?

- General agreement that although authorities have been doing this kind of work before the Total Place pilot came about, Total Place is special because it's an opportunity to raise and tackle the barriers we've come across in our work to date that has held us up e.g. ring fenced central government funding, or the level of power afforded to local JCP offices. Total Place gives the sector a 'door to push' as there is a chance to discuss the barriers with Government.
- Agreement that there is a willingness to get partners around the table to discuss Total Place / service transformation but that benefits realisation will be crucial – the sector needs to be able to prove that something's a good initiative; have to translate outcomes into benefits and this can take a long time (longer than TP initiative)
- Business case is therefore crucial

Barriers

- Funding streams and performance frameworks are the barriers the group highlighted as getting in the way of TP-type work, but others suggested that there is still a lot of freedom to 'just get on with doing this work' and that ultimately, permission isn't required from Government.
- Agreement that 'protectionism' is to blame for some partners' reluctance to really transform the way they deliver services in partnership e.g. integrating the fire and ambulance services in rural areas makes strategic and operational sense, but would those agencies give up their autonomy?
- The biggest efficiencies are going to be found from people resource cuts, so getting buy-in to transformation isn't always easy
- Trust (or lack of) is a barrier to change
- Ultimately, resistance to change is very complex and there isn't just one reason at work

How can we overcome barriers?

- General agreement that the political dimension is key – change requires strong leadership
- We need to listen to what our service users need; in the main these needs are fairly basic but we must be able to respond efficiently and effectively as this is what users judge us on
- If we listen well enough, and respond accordingly, happy users can be the strongest advocates for 'selling' why an initiative works
- Agreement that a precursor to Total Place success is the development of strong and meaningful working relationships where policy is more important than personalities – we have to be able to sustain a long journey

Support requirements

- The RIEP is mapping existing knowledge on work that has/is already going on in the region to map and transform service delivery and how it's funded
- The RIEP wants to be able to share this information so the sector can learn from itself
- There was some discussion about the value of looking further afield for examples of successful change projects – from Europe and internationally – but some colleagues raised their concerns that first and foremost we have to look to our users for what they want to ensure change is driven from the bottom up

<div align="right">Zoe Swanson, IDeA</div>

DELEGATE LIST

Forename	Surname	Organisation
Oonagh	Aitken	IDeA
David	Alston	IDeA
Richard	Anderson	Selby District Council
Esther	Ashman	Wakefield Metropolitan District Council
Anwar	Ayub	Bradford University
Sheila	Bamford	Horton Housing Association
Rebecca	Baran	LGYH
Joanne	Bartholamew	Kirklees Council
Councillor	Binney	Councillor
Fiona	Bolam	DWP
Pam	Booth	IDeA
Rachel	Bowles	Harrogate Borough Council
Nigel	Burchell	York City Council
Liz	Butcher	National Treatment Agency Yorkshire and the Humber
Harvinder	Chaggar	GOYH, Places Directorate
Vaughan	Chapman	Bradford Metropolitan District Council
Ian	Charlesworth	WYFRS
Louisa	Clark	Bradford Community Housing Trust
Janet	Cliff	GOYH, Community Safety
Lorraine	Coates	GOYH, Places Directorate
Rod	Cook	Hull City Council
Roland	Crooke	MOD Liaison
Linda	Crowther	UNISON
Dianne	Draper	Public Health, Yorkshire and the Humber
Mark	Duggleby	GOYH, Transport
Alan	Duncan	Calderdale Forward
Jamie	Dunn	NE Lincolnshire Council
Janna	Eastemant	York City Council
Clare	Elliott	GOYH, Places Directorate
Adam	Fineberg	Local Improvement Advisor
Mark	Fisher	DWP
Sandra	Forbes	York City Council
Stephen	Fox	Regional Forum
Debbie	France	GOYH, Housing
Drew	Fussey	Selby District Council
Anne	Galloway	Yorkshire Dales National Park
Bridget	Giles	East Riding Of Yorkshire Council
Paula	Grant	VANEL
Diane	Gray	GOYH, Places Directorate
Becky	Habgood	IDeA
Sandra	Haigh	Bradford Metropolitan District Council
Robert	Hall	Wakefield MDC
Wendy	Hall	Bradford Metropolitan District Council
Liz	Hardy	GOYH, Community Policy
Sarah	Hargreaves	National Youth Agency
Ian	Hastings	Jobcentre Plus
Becky	Hellard	Bradford Metropolitan District Council
Bill	Hodson	York City Council
Peter	Hudson	Rotherham Metropolitan Borough Council
Neil	Irving	North Yorkshire County Council
Margaret	Jackson	GOYH, Economy and Strategy
Lorraine	Jackson	Dept Of Health, Adult Social Care
Marie-Ann	Jackson	Ryedale District Council
Shaun	Jones	Barnsley Metropolitan Borough Council
Anna	Knight	GOYH, Places Directorate
Chris	Knowles-Fitton	Craven District Council
Sarah	Laidlow-Moore	WY Fire & Rescue Service
Catherine	Lamb	Bradford Metropolitan District Council

Simon	Laurie	East Riding Of Yorkshire Council
Peter	Lowe	York City Council
Clare	Macdonald	Keighley Campus
Ismay	Macdonald	DWP
Susan	Mahon	Yorkshire Forward
Neil	Moloney	WY Probation Service
Cllr Adrian	Naylor	Bradford Metropolitan District Council
Julian	Neilson	East Riding Of Yorkshire Council
Matt	Neligan	NHS Bradford & Airedale
Simon	Page	York City Council
James	Pratt	Price Waterhouse Cooper
Tony	Reeves	Bradford Metropolitan District Council
Michelle	Rhodes	WY Fire & Rescue Service
Tony	Riding	YoHR Space, Regional Improvement & Efficiency Partnership
Ian	Rooth	Barnsley Metropolitan Borough Council
Janice	Simpson	Bradford Metropolitan District Council
Jane	Stageman	Leeds City Council
Andrew	Stephenson	NY & York PCT
Zoe	Swanson	IDeA
Chris	Taylor	YoHR Space, Regional Improvement & Efficiency Partnership
Diane	Tweedie	One Barnsley
Jayne	Venables	Barnsley Metropolitan Borough Council
Sandra	Walbran	Hambleton District Council
Simon	Walker	GOYH, Places Directorate
Mary	Weastall	Bradford Metropolitan District Council
Jo	Webb	IDeA
Alan	West	NE Lincolnshire Council
Chris	Williams	IDeA
Lisa	Winward	North Yorkshire Police
Charlie	Woolnough	GOYH, Places Directorate

TOTAL PLACE EVENT – FRIDAY 2 OCTOBER 2009
WORKSHOPS

Workshops	Facilitators	Group/Theme Discussion Lead	Notetaker
1.Offenders leaving prison/young offenders institutions	**Chris Williams** IDeA/NPIA Community Safety Partnerships & Engagement) Christopher.Williams@npia.pnn.police.uk	**Neil Moloney** ACO Bradford Neil.Moloney@west-yorkshire.probation.gsi.gov.uk	Janet Cliff, GOYH
2. Older people leaving hospital	**Jo Webb,** IDeA, Y&H regional Associate Jo.webb@idea.gov.uk	**Janice Simpson,** Assistant Director Community Care Services, Bradford MDC Janice.simpson@bradford.gov.uk	Wendy Hall, BDP
3. Young people leaving a care environment	**Oonagh Aitken** IDeA National Adviser Children Young People and Families Oonagh.aitken@idea.gov.uk	**Vaughan Chapman** Principle Care Manager, Leaving Care Service, Bradford MDC vaughan.chapman@bradford.gov.uk	Anna Knight, GOYH
4. Total Place – counting public sector funding	**Simon Walker**, GOYH Simon.walker@goyh.gsi.gov.uk	**James Pratt** Price Waterhouse Coopers james.w.pratt@uk.pwc.com	Pam Booth, IDeA
5. Efficiency and transformation, other experiences	**Clare Elliott,** Deputy Regional Director – Places, GOYH Clare.elliott1@goyh.gsi.gov.uk	**Tony Riding** Strategic advisor (Business transformation), YoHr Space tony.riding@socitm.gov.uk	Zoe Swanson, IDeA