

THE MJ TOTAL PLACE

January 2010



Focus on health and Total Place • The CAA • Pilots update

A special focus produced by **THE MJ** in association with 

© KRISDOC / DREAMTIME

Where are we so far?

As the Total Place pilots prepare to submit their findings for the final report before the spring Budget John Atkinson looks back on the programme

Within a few weeks, the Total Place pilots will submit their findings for the final report to inform the Budget. This makes now a pertinent time to reflect both on the Total Place journey so far, and where it will take us in the future – it does by no means stop at the Chancellor's Red Book.

All major political parties have recognised the project's massive potential, and have begun to talk seriously about a reduction in ring-fenced funding, and removing the barriers that currently stifle collaborative work on the frontline of service delivery – both key recommendations by the pilots.

National politicians have realised there is a real need for public sector leaders to work across all organisations rather than just within them, and to develop collaborative approaches to service design which begin with

Pilots update

the resident's need rather than the organisations.

Total Place has established these concepts as part of political rhetoric in both national and local government. It has created the space needed for conversations to happen between places and public agencies, and with Whitehall, and this in turn has raised the aspirations of local politicians in the agenda.

In recent months councils' elected members have played a much greater role in Total Place; they are actively engaging and making bold requests for what they want for their communities.

This is crucial to the ongoing influence of Total Place. One of the key questions raised by the project is about the governance of services that are run across all public sector agencies in a place.

In my opinion the answer has to lie in governance that has local accountability, is democratic, transparent and visible, with elected members at the heart of it.

The tireless work by the pilots, and the many parallel places who have grasped this critical agenda – whose findings will also inform the final report for the Budget – continues apace as they assess all their findings, and it is indeed important that we get our key messages right.

It's our chance to showcase the excellent work that has been done, and do it justice.

But as I stressed earlier, Total Place does not end there.

The project has been necessarily shaped by the political timeline of the pre-Budget report and the Budget, and although what is said in the latter is undeniably important, everybody involved knows that change of the scale we are talking about will take considerably more time than six months.

Places across the country now have the appetite for this sort of change, and we have established solid relationships within and across places and between government and places. We saw these relationships at work at last week's senior Total Place leaders' networking event in Gateshead. Chief executives, programme leads, and elected members were able to discuss their findings with senior Whitehall figures including Helen Ghosh, Helen Bailey, Chris Wormald, Andrew Campbell and Irene Lucas, who stressed how seriously the government is taking Total Place.

Now we need to make sure this work continues, not just in the pilots but on a much wider scale as we go forward.

John Atkinson is managing director of the Leadership Centre, which is leading Total Place on behalf of the LGA Group. Visit www.local-leadership.gov.uk/totalplace.

A packed conference held recently in Cambridge saw leading public sector managers, staff and elected members look at the potential of Total Place for public services

Total Place is a seminal test for the public sector, a health chief told a recent conference in Cambridge.

Sir Neil McKay, chief executive of NHS East of England SHA, told delegates at an event organised by Improvement East, the East of England RIEP: 'People have to be prepared to cede sovereignty. We're all in this together and it's a seminal test for the public sector.'

Sir Neil said his SHA had a £8.5bn turnover with a recent 'unprecedented growth in budgets.' He admitted that he was unsure about the Total Place concept at first but 'the penny has dropped' and he added: 'I begin to see how the NHS can play its full part..' Among the benefits, he said, were a simplified structure. His SHA region

A seminal test for

included five PCTs, seven NHS providers and 14 LSPs.

He said target areas for joint working or what he termed 'pathway design' were people with long-term health conditions such as dementia, children's services, older people, health improvement and drug abuse.

Sir Michael Bichard, director of the Institute for Government and chair of the Total Place officers group in Whitehall, said collaboration was one of the sources of innovation. 'We're wasting money because of our failure to work together

more effectively. In Sheffield poor families are dealing with six or seven agencies. It's not lack of resources; some families are receiving £250,000 a year from public services. In the total population 0.6% have been looked-after children, yet 33% of the prison population are former looked-after children. We're reached a point where we've accepted failures in the system. We need new insights into NEETS. We don't use our resources efficiently.'

He also urged the public sector to be tougher over negotiating with suppliers say-



Sir Michael Bichard

ing some £220bn went on procurement and there was 'no real effort to manage suppliers to the public sector.' He

In this Total Place issue we focus on health themes arising from the pilots. **David Behan**, the Department of Health's director general of social care, explains why Total Place will help the health and care agenda

How Total Place will help health and care

It is no secret that public services face challenging times in the near future. Financial pressures from all sides means government – both central and local – need to make some difficult and potentially unpopular decisions about spending and delivery of services.

But this downturn is not like what we have faced in the past. It cannot – and should not – be solved through the slash and burn policies of yesteryear.

What we need is a fundamental change in the way we do things. An acceptance that a radically new approach is needed if we are to succeed in surmounting the financial challenges before us.

I believe we can use these challenges as an opportunity to test new and innovative ways of working together which could ultimately provide better services and value for money.

Total Place could, to my mind, be a key part of this. We are therefore lucky that many of the pilots touch either directly or indirectly to health and social care-related themes.

It is great that pilots are examining policies related to children, older people, mental health, as well as systems-related issues like the integration of local authorities and PCTs.

Drugs and alcohol policy is a key area to

Whitehall focus

have emerged from the project, with three out of the 13 pilots focusing on these issues.

They have diverse focus, but all are committed to exploring new ways of working together, like developing a multi-disciplinary approach to those with drug and alcohol problems, or by looking at how to work hand-in-hand with colleagues in the criminal justice system.

Some are also examining how a more preventative approach across partners could deliver real results for those individuals and families touched by drug and alcohol addiction.

There is no doubt the agenda is difficult to negotiate. We are attempting to tackle deeply-entrenched problems which arise from myriad causes.

They are costly to society, and partners will have to make some difficult decisions over how to manage the impact of substance abuse in an environment of scarcer resources.

Given the importance of partnership working to this, it is good to see a productive and healthy dialogue opening up between central and local Government which is allowing us to test different ap-

proaches to problems in partnership.

Equally there is a vital opportunity to connect with the NHS quality and productivity challenge in Our vision for the NHS 2010-2015: from good to great.

They share a philosophy and seek to answer the same question – how to improve outcomes and increase efficiency in an environment of dwindling resources.

I have seen first-hand how valuable partnership between the NHS and local authorities can be. I visited the South Tyneside, Sunderland and Gateshead pilot for which I am Total Place Champion last year, and was impressed how partners were keen to exploit a rich vein of cooperation to develop new and better ways of working together.

It is this approach which holds the key to success. Total Place cannot face the challenge alone, but it can teach us how to work together, better.



r the public sector

added: 'For example there are too many offices. We won't be able to defend the current system of estates in two years.'

Sir Michael said that Total Place was 'not a numbers exercise' and that 'we don't want people spending all their time working out costs.' He also pointed out that along with the 13 pilots were 75 parallel places 'who have decided to take the initiative.'

He warned against expectations that Total Place must be the same everywhere saying his role was to keep central government at bay in its temptation to go for a single uniform model. However he stressed

'We're wasting money because of our failure to work together more effectively'

- Sir Michael Richard

that ministers and Whitehall up to Cabinet secretary level were committed to Total Place.

Finally he warned against assumptions that the system would change overnight saying: 'What we need are signs that the momentum will be maintained.'

Steve Beet of PwC said Total Place was operating against a 'perfect storm' in public sector budgets. He predicted cuts of 20-30% of which 10% would be in Whitehall funding and the rest made up of drop in income, a fall in interest from deposits, plus extra care costs, landfill tax and pension fund shortfall. He added: 'Total Place is here to stay but must be achieved through local initiatives.'

As part of the conference, *The MJ* chaired a live debate on Total Place with chief executives and political leaders from the region. It was immediately clear

from the panel debate that the Total Place was a major issue for local government though nothing new. For years public services have tried to join up, with limited success. However, with the current financial climate, it was more pressing than ever.

And while the focus was on the pilots, Suffolk CC chief executive Andrea Hill warned: 'We have to think beyond the pilots and start thinking about it as the way of working in the future.'

One of the major challenges for local government, Breckland BC chief executive, Trevor Holden pointed out was: 'The challenge for us in local government is not to seize control of Total Place.'

There was some scepticism that the whole agenda would work, but there was a sense that local government

has allies in central government – in Michael Richard and in Helen Bailey – which will be essential if the necessary decentralisation is to happen. But as Ms Hill bluntly said about the CLG: 'We all know that it's not terribly helpful that local government has one of the worst departments in central government.'

Central Bedfordshire Council's deputy leader Richard Stay, pointed to the value of people involved. He asked: 'Do we have a leadership which is fit for purpose?' He suggested: 'Make them fit for purpose. And if there are casualties along the way, then so be it.'

Sponsor PwC's Andy Ford summed up by claiming: 'Local authorities are going to have to hand over control. I've heard some chief executives talk about getting control – that will just put partners off.'

Integrating help for care

Bradford's pilot theme is health which has identified a need to create a single access point for users says Tony Reeves

Bradford's Total Place theme is 'gateway to integrated services', supporting people back into independence. We are looking at how we deliver support to young people leaving care, offenders leaving prison and older people with mental health needs leaving general hospital.

Common issues and challenges are emerging from the pilot's strands. Service users in these areas generally experience poor outcomes, nationally and locally. They are often lost or overwhelmed in the state system because of the complexity of their individual needs and the silo delivery of support from multiple agencies.

Meeting basic needs at the point when service users from

all three groups are leaving an 'institutionalised' or formal setting is a priority for achieving longer term positive outcomes and independence. Public, voluntary and private sector providers should be delivering integrated services to ensure the basic practical needs of people are met.

The impact of not meeting these needs triggers a domino effect. The lack of suitable accommodation for young people leaving care and offenders leaving prison will frequently exacerbate other problems. Not having an address often means no access to a GP/mental health services and undermines attempts to engage them in education, employment and/or training initiatives.

For older people, having a

Pilot theme focus: health

mental health illness can impact significantly on their ability to recover from an acute physical condition. A lack of co-ordinated health and social care/support services for older people with complex multiple needs often means that they experience longer stays in hospital and have a greater likelihood of admission into long-term care.

Multi-disciplinary approaches to support pathways for individual service users are frequently inadequate and confusing. Assessments of service users often focus on what agencies or institutions can provide, not what an indi-

vidual needs and processes are commonly duplicated across agencies, with limited sharing of information and learning.

Within the older people's sub-theme it is proving really important to make strong links with other key workstreams across health and social care that impact on hospital discharge, in particular ones that are involved in service transformation and re-design. Total Place can act as a catalyst to move these forward and ensure we bring complex and inter-dependent workstreams together and avoid duplication, overlap and ensure all relevant partners are fully engaged. Examples of this include Acute Care Pathway work and re-design of Intermediate care services which have a strong health

lead but need to fully engage with social care to achieve better outcomes for individuals.

The Total Place strand groups have all identified that a single point of access or single assessment process for service users, where they can have both their practical and psychological support needs met and identified quickly in one place, is essential. Also that there is a need to prioritise spend for the benefit of 'place' and service user, rather than the individual organisation. Systems that cross regional and area boundaries should be rationalised and some national legislation challenged.

For example, national legislation states that the local authority area the young person leaving care is originally from maintains responsibility



Alcohol misuse is one of the major issues facing society today. Alcohol and drug abuse impacts on a whole range of local and government priorities, including levels and perceptions of crime and anti-social behaviour, health and lifestyle choices, child poverty and its impact on life experiences, opportunities and aspirations.

Very much like smoking, it is one of those issues where progress can only be achieved by a wide range of organisations working together to bring real change.

For Gateshead, South Tyneside and Sunderland, being chosen as a Total Place pilot for safer, stronger, healthier communities has provided the perfect rationale for looking at a whole-area approach to tackling both alcohol and drug abuse.

While the concept of Total Place is in its infancy, the strength of the partnership across the pilot area is long established. Examples of joint working between public partners in the area include

users

ity for them, even if he/she is living outside of the locality. Also, the custody license process works to the detriment of effective resettlement of offenders. A more efficient and cost effective way of providing a consistent level of appropriate support nationally and across authority boundaries has to be established.

The pilot has identified that around £4.4billion a year is spent in Bradford by a range of government departments and local public sector organisations.

Total Place is enabling us to re-evaluate the cost effectiveness of this significant resource, both for service users and taxpayers.

Tony Reeves is chief executive of Bradford City Council



Calling time on alcohol and drug misuse

Total Place joint pilots Gateshead, South Tyneside and Sunderland are looking at a whole-area approach to tackling both alcohol and drug abuse says **Dave Smith**

a strategic waste partnership and joint working between each of the three Total Place local authorities involved and NHS South of Tyne and Wear.

Although partners will report initial findings to government in February, our ambition is to create a long-term partnership over the next 15 years, which will transform service delivery by putting the customer at the heart of everything we do, at the same time as maximising efficiency gains.

The journey undertaken in the last few months has been interesting, providing the opportunity to further develop joint working across the local public bodies and challenge the way we deliver services.

All three authorities have a

track record of innovation and our approach has used data and new evidence to drive thinking, engaging managers, staff, communities and specialist professionals in exploring better solutions and learning from and challenging each other across locality and organisational boundaries.

Councillors, LSPs, public, private and third sector partners and trade unions have also been extensively involved.

And although there is still much work to be done, we believe we can make a real step change in improving the way we deliver services around drugs and alcohol for the benefit of local people by:

- Adopting a family-centred and multiple agency approach to alcohol and drug-

Pilot theme focus: health

Very much like smoking, it is one of those issues where progress can only be achieved by organisations working together

related problems so that the wider consequences of an individual's problems can be addressed. This will be aided by arrangements that will enable partners to share intelligence

- Improving the effectiveness and co-ordination of social marketing activity, designed to reduce the harm caused by alcohol misuse by encouraging people to change the way they perceive alcohol – based on robust realistic understanding of different audience types.
- Improving the capacity, efficiency and effectiveness of our partnerships to generate small efficiencies in the short term and larger scale changes and greater efficiencies in the long term

- Introducing integrated case management for persistent offenders across the pilot area, which would not only produce efficiencies and savings but also reduce duplication and waste. We are also looking to offer better coordination of cross-cutting services such as employment and housing
- We all know that over the next few years public funding is going to be tight but by working together and involving local people in the shaping of local priorities we believe we can do better for less

Dave Smith is chair of the South Tyneside, Gateshead and Sunderland Total Place executive board and chief executive of Sunderland City Council

Joint commissioning of services for people with learning disabilities and mental health problems and the drugs and alcohol pilots in Birmingham aims to build upon the work that is already being done in the city whilst seeking better ways of joint working particularly at a time when the economic and political context demand dramatic cuts in spending.

The joint commissioning services for people with learning disabilities and mental health problems pilot is made up of two work streams, the Holistic Service Offer and Individual Budgets – Joined Up Funding.

This project will develop plans for delivering better more cost effective outcomes. Co-production in understanding the issues and developing the solutions will also be a key principle. Service users will become a key part of our delivery and governance throughout the project.

Potential results could include:

- The creation of community hubs with both specialist and mainstream facilities
- Increased awareness and support about current opportunities

Birmingham looks at joint commissioning

Birmingham has selected two health themes as part of its six-theme Total Place pilot with a focus on joint commissioning of services

- Adapting existing universal services so they can meet the needs of those with specific disabilities
- Commissioning new services – links to children and transitions must be considered here to ensure a properly joined up approach.

A powerful tool for empowering individuals and personalising services is individual budgets. One of the principles of individual budgets is to join up different sources of funding so individuals with the support of services, will be able to think about the outcomes that are most important to them and can plan creatively to meet them.

The evaluation of the individual budget pilot scheme (IBSEN

Pilot theme focus: health

report, 2008) identified joining up funding streams as the area where least progress had been made. This project would use the Total Place principles and information to make progress on joining up funding streams.

Birmingham's second health theme examines drugs and alcohol abuse. The NHS faces significant costs in relation to frequent admission to hospital of harmful and dependent drinkers. The key questions for the response to alcohol and drug related harms that have been identified are:

- How can individuals who mis-

A powerful tool for empowering individuals and personalising services is individual budgets

use alcohol and are in danger of becoming dependent drinkers who regularly attend hospital with acute emergencies, be offered intensive multi-agency community-based support to stabilise and manage their condition?

- What state and community support could help former abusers of class 'A' drugs who have completed treatment to

continue their recovery and not return to drug abuse and therefore require further treatment?

In order to tackle the city's alcohol problems, we have developed a pilot programme to identify and meet the broader support needs of dependent and harmful drinkers who are regularly admitted to hospital. It is intended that the project should develop pro-active links with GPs, mental health services, housing services and others to better understand the profile of these 'frequent flyers', identify the tipping points in their journey and develop more effective community responses to these individuals' often complex needs.

In relation to drug abuse the Birmingham proposal is to challenge service providers to collaborate more; to provide more effective support for people with a history of substance misuse; to support their recovery process and to maximise the impact of treatment interventions.

For more information on these and the other Birmingham Total Place pilots, please visit www.bebirmingham.org.uk

Cutting the costs of dependence

The Central Bedfordshire and Luton pilot found inefficiency and duplication across its two study areas of offender management and access to benefits

The theme for Central Bedfordshire and Luton is 'From dependence to self-reliance'. Its two sub-themes – integrated offender management and access to benefits – both reflect major concerns for local residents and are issues where Total Place partners felt that a real, positive impact could be made.

A feature of the Central Bedfordshire and Luton pilot has been the use of powerful Customer Insight social marketing research to ensure a sharp focus on the perceptions and needs of the offenders themselves. One offender spoke of being released from prison late on Friday afternoon, after most support services had closed for the weekend, with no accommodation, very little cash and the prospect of having to wait over a month to get his benefit entitlements.

Within days, he said, re-offending was a financial imperative.

Pilots case study

Meanwhile, the welfare benefits system does little or nothing to encourage self-reliance. The complexities, fragmentation and duplication of the various processes – plus the inherent delays, the 85p benefit reduction for every £1 earned over the basic needs allowance and the high marginal rates of taxation – actively discourage many people from coming off benefit and returning to work. There are 51 different welfare benefits in England and Wales but no single, official picture to show the public how they inter-relate.

Claimants are confused – local citizens advice bureaux estimate that nearly a third of their advisers' time is spent signposting benefit entitlements and helping people complete the forms – and many miss out altogether.

But the Total Place team are confident that a high number of service improvements are available now: some at little or no additional cost, others requiring further investment.

Overall, the team identified

The team identified over 50 service improvements and new ways of working, 15 of which could be delivered locally in the short-term and in the medium term

over 50 service improvements and new ways of working, 15 of which could be delivered locally in the short-term and 21 in the medium term. Nine key proposals, involving pooling of resources,

could require structural change and 12 would require change at central government or legislative level. However, with strategic commitment and operational support, the Total Place team feel strongly that dramatic and cost-effective results could be achieved.

Total Place partners for the Central Bedfordshire area include: Bedfordshire police, Luton and Bedfordshire Fire and Rescue Service, NHS Luton and NHS Bedfordshire, the Chamber, HMCS, DWP, JobCentre Plus, HM Revenue and Customs, Ministry of Justice, CPS, Probation Service, together with a wide range of local third sector agencies and organisations. Central Bedfordshire Council and Luton BC are the joint leads.

The high level count for the area has identified £3.434bn of government spend locally, equating to £6,853 per head of population, or £16,778 per household. The biggest spending organisa-

tions (by revenue) in the area are:

1. Department of Work and Pensions – £746.331m (24.37%)
2. Central Bedfordshire Council – £459.837m (15%);
3. Luton Borough Council – £421.597m (13.77%);
4. NHS Bedfordshire – £326m (10.64%);
5. NHS Luton – £296m (9.66%); and
6. HMRC (tax credits/child benefit) – £245.88m (8%).

Current estimates indicate that over £146.8m a year is spent on dealing with crime and administering the criminal justice system in this area, equating to 4% of the total spend. On benefits, over £987.7m is spent per year, equating to 28.75% of the total public sector spend.

A detailed count for each of the pilot sub-themes is underway.

More details can be found at www.localleadership.gov.uk/totalplace/pilot/luton-and-central-bedfordshire



In these feverish months running up to the general election, a remarkable consensus has built up around the possibilities of Total Place. Calm agreement that it is the way forward for public services holds not just among the political parties but – this is a first – between central and local government.

Sir Michael Richard has pulled together disparate interests in a common cause and his own hybrid background as a local authority chief executive and permanent secretary must have helped.

In his speech announcing the Smarter Government plan before Christmas, Gordon Brown extolled Total Place. The prime minister called it an ‘opportunity to weave local services together into a seamless web of support, so childcare, children’s health, adult learning, schools and after-work care are provided in a joined-up way’.

Total Place remains a prospect. There remains much ground to be fought over. Central government departments have yet to relinquish budgets; government regional offices have yet to create administrative space; council leaders have yet to offer imaginative leadership; directors of primary care trusts and members of police authorities have yet to conceptualise what Total Place may mean for their empires.

But things are happening. The 13 Total Place pilots began with mapping exercises, identifying the various streams through which money flowed into Birmingham, Croydon, Luton and central Bedfordshire, Durham and the other areas. Liam Byrne, the Treasury chief secretary, has now committed Whitehall departments to unbundling the specific grants they pay councils. Schools could soon be the only big spending block left outside the Total Place mix.

Big questions are pending, for example about governance. Can local strategic

How CAA fits in with Total Place

The new comprehensive area assessment and Total Place start from the same premise – that what the public experiences are services not organisations says **David Walker**

Opinion

partnerships transmogrify into new pivots of local decision taking? Jon Rouse, the chief executive of Croydon LBC believes changing structures would be costly and time-consuming; better by far to rely on creating trust among organisations.

The government is now asking the Audit Commission to look at assessing the use of resources across an entire area, to include the results in CAA. This will assess how well local authorities and other front-line organisations are collectively managing their resources to deliver value for money for local communities,’ the White Paper says.

It’s a logical development. CAA and Total Place start from the same premises. What the public experiences are services not organisations. They tell pollsters they care more for outcomes than administrative boundaries. It follows that collaboration and joint working are preconditions for delivering social care, for reducing crime and the fear of crime, in public health. The Audit Commission’s assessment of councils un-

der the CAA played a part in improving their performance. But it was never going to capture how they work with others.

In collaboration, public bodies need to match budgets and make spending coherent. The next stage is to rework the landscape so the funding streams run in parallel or even together into common ponds, from which service deliverers can draw.

Now it’s time to link in assessment. The government is asking the Audit Commission to scrutinise spending across health, police and local government. We will downscale use of resources inquiries in individual organisations, concentrating on what total resources are buying, and especially research published as Room for Innovation last September will inform our conclusions. This found few areas have registers of assets spanning organisational boundaries (and some councils were sketchy about they themselves owned). Councils don’t know what buildings the NHS owns or rents, and the converse. The ‘government estate’ in places could perhaps be rationalised. One stop shops in high streets are a front-line demonstration of collaboration that could extend back into the ‘infrastructure’ of administration in IT,

payroll, treasury management, human resources, perhaps even communications.

Over the past decade the idea let alone the delivery of shared services have had a chequered history. Fashionable at first, shared services lost their sheen but recently have returned, appealing to many as a way of cutting costs without affecting service delivery. Within local government, for example in Lincolnshire, district councils have come together to rely on common corporate services. Councils and the NHS share chief officers in Worcestershire and Waltham Forest.

And collaboration begins at home, within the inspectorates. Scrutiny of local services entails the Audit Commission joining with the National Audit Office, which is responsible for value for money in JobcentrePlus and HM Revenue & Customs – only two of the central government organisations with extensive local presence which are part of Total Place. Under CAA the Commission has pooled data with Ofsted, the Care Quality Commission and the inspectorates for police, probation and prisons. How much further might collaboration go, both in inspectorate headquarters and in their local work.

One of the Total Place pilots, Leicester city and county, did valuable work in estimating the costs of responding to inspection and data requests from Whitehall. The sum turned out to be small – £3.7 million for a total spend of over £6 billion by councils, fire and rescue and police authorities, primary care trusts and probation. Total Place puts inspection and regulation under a microscope – with the rest of the paraphernalia of service delivery. The Audit Commission relishes the challenge of subjecting area spending to the closest examination.

David Walker is the Audit Commission’s managing director, public reporting

The challenge for LSPs

What does Total Place mean for the future of local government, shared services and public spending? **John Slee** and **Tom Stannard** give their views

As Total Place gathers momentum Local Strategic Partnerships (LSPs) across the country have a key role to play in fusing public agencies together. Resource mapping is needed to establish where all public sector resources in a particular area are going and how effectively they are being used.

The Total Place approach is 'to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level, as well as across Whitehall'. The objective is simple: better services, locally focussed, at less cost.

To deliver on the Total Place promise, LSPs have to be willing to ask difficult questions about the way resources are currently being used and

be willing to provide strategic leadership and challenge.

Clearly such sensitive dialogue requires a robust, mature and willing LSP. It would therefore be both unwise and unproductive in our view, to force the Total Place agenda through a prescribed national roll-out, but rather this should be viewed as a key tool being driven by peer-to-peer working in a proactive local environment.

Total Place promises to enable and accelerate shared services, and in the current economic context, resource mapping must lead the way towards increased prevalence of shared service initiatives.

Blackburn with Darwen (BwD) is an authority that is willing to do things differently. This is demonstrated in the strategic partnership between Capita and BwD, which, in 2001 set a bold

Opinion

example of the potential role of public-private partnerships to improve transactional and technical services. Blackburn with Darwen Council with help from Capita is now leading the

Capita is sponsoring a new Total Place category in The MJ Achievement Awards 2010 which is open to all UK local authorities whose projects or services can be regarded as meeting the Total Place concept. To enter visit www.localgov.co.uk/mjawards

way in Pennine Lancashire, seeking to realise the potential of Total Place. A bold initiative called Vision 2030 is being developed, with the aim of moving

towards a single public sector organisation serving the locality.

In Blackburn with Darwen, working to these principles has delivered dramatic change, with several strong and innovative examples of shared services approaches. These range from plans to establish a Care Trust Plus, where the council joins with the NHS to create a joint commissioning service, to the Pennine Lancashire Multi Area Agreement, where a new economic sub-region is being forged by local authorities to drive investment, strategic planning and economic development. Locally, Capita supports the roll-out of neighbourhood-focussed service delivery in which the neighbourhood teams are centrally tasked and managed by the neighbourhood manager, regardless of their specialism or employer.

We believe that LSPs should be courageous, ambitious and open-minded to realise the potential of joining up arrangements across agencies and partnerships. Whilst the Total Place pilot authorities will inform the process to deliver benefits, other LSPs must broaden their scope, drawing agencies together, using the findings to re-focus spend on driving efficiencies and improving outcomes.

A new more open attitude to working with other authorities and public bodies in order to reduce duplication and waste, obtain better services and deliver more for less can only be a good thing.

John Slee is business centre director at Capita and Tom Stannard is director of policy and communications at Blackburn with Darwen BC

CAPITA

Certainty in delivering service efficiency



As the UK's leading business process outsourcing company, Capita is committed to improving frontline and support services across the public and private sectors, while reducing cost.

Tel: 0870 240 7341
email: bizdev@capita.co.uk
www.capita.co.uk

Proud sponsors of the
MJ Total Place Award 2010

To enter log in at www.Localgov.co.uk/mjawards