



Birmingham Total Place Pilot

Final Report | February 2010





Birmingham's Final Total Place Report

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Executive Summary

“If water streams through your kitchen ceiling and you find the cause is an overflowing bath upstairs, the first thing most people would do is to turn off the tap. In the public sector, we’ve got really good at clearing up the mess and patching the ceiling, but we leave the water still running.”

Cllr Paul Tilsley, Chair of Be Birmingham

The Challenge

Birmingham is a city of a million people, receiving over £7,500 million of public spending and investment each year. Whilst our services are well run individually, some critical outcomes have remained stubbornly poor for decades: many are without work for several years, health and well-being is highly variable and below national norms, adult skills are low, and around 11,000 people remain problematic drug misusers.

We have already completed financial mapping of the public sector funding coming into the city and its alignment with our strategic priorities. This mapping has shown that one cause of continuing poor outcomes is **an excessive focus on symptoms rather than on causes**. For example, in employment, 93% of Birmingham spend is on out-of-work benefits and less than 7% on interventions to help people into work. In health, 96% of spend is on treating illness and less than 4% on keeping people well.

A small number of people incur extremely high costs. Around 6% of Birmingham children are permanently excluded from school, with each costing £12,250 in additional services alone. Only 2% of children are in care but they cost £35m per year. Each of Birmingham’s 6,400 crack addicts averages £833k of social costs in their lifetime, whilst most crimes (56%) are drug related.

The use of evidence and cost-benefit analysis is limited. Whilst the National Institute for Health and Clinical Excellence (NICE) has introduced rigorous evidence-based policy in some drug treatments, for most of the public services robust evidence is not available or not used. Our work on early interventions has used reliable evidence from mainly USA studies as a starting point, as meanwhile our pilots generate new evidence on the effectiveness of these interventions in our local context.



Prevention could work much better. National evidence shows each £1 spent on drug treatment yields £9.50 in savings. Whilst in Birmingham drug treatment services are working well (84% of people achieve the 12 week treatment target), on average it takes six attempts over six years to “get clean” with only 15% drug free within a year. Users are clear that a more holistic approach, focussing on the individual rather than the addiction, would enable them to sustain recovery quicker and more effectively – for each addict, each year off drugs will save £50,000 in unnecessary social costs.

Public services are not coherently addressing people’s issues. Users find services disjointed and confusing. Whilst partners often focus on the same individuals and communities, activity and infrastructure can be duplicated and not properly connected.

Silo-based funding discourages collaboration to cut costs. For example, the city council’s investment in early intervention for children and families will yield £10 to the city for every £1 it spends, but only a quarter of that accrues to the council. So spending which makes city-wide sense is much less attractive to the council alone.

The Solution

In shaping our pilot programme we consciously built on work we had already begun, involved all the key sectors (council, health, police, voluntary, private) as fully as we could, and chose themes likely to make different levels of progress in the very short timescale. This has helped us understand better what is necessary to make Total Place the natural way the public sector works in Birmingham.

Our six themes are early intervention, drugs and alcohol, mental health, learning disability, gangs and the locality-based ‘Total Community’. What is in effect a seventh theme has run in parallel, viz work to prepare the Be Birmingham Board to take forward the outcome.

The focus of the pilot work on early intervention was to stimulate action within the council and across the partnership on the excellent analysis already completed. The focus in the other themes was, to varying degrees depending on what already been done, on both collecting data and initiating action across partners.

On the basis of this experience and our earlier work we have developed the following seven-point plan for radical public service reform in Birmingham. Much of this we can achieve within the city, through more effective partnership working. But some will require national government to work with us differently. We see Birmingham as an ideal prototype for the new Total Place public sector.



1. **Developing a “Budget for Birmingham”.** This is not about structural change but about radically aligning our currently separate strategies and financial plans to re-focus public sector activity on preventing problems and rapidly resolving underlying issues. This would be supported by moving to longer term investment/return financial planning for public services.
2. **Collective responsibility for Birmingham.** We accept our accountability for how public money is used and outcomes achieved. To deliver this, we need to change our governance and decision making across the partnership. For example, we are considering a collective gateway to understand properly the implications of proposed major investment by individual agencies.
3. **Applying evidence on cost-effectiveness.** With public funding limited, we must focus on interventions that work. We are already working with global leaders in this field such as the Washington State Institute. We are in the first stage of implementing a new partnership-wide intelligence and analysis capability which will help us find and apply cost-benefit evidence as well as generating new strong evidence through local pilots. We are keen to work with central government on this as a prototype national resource.
4. **Building services around people not agencies.** A thorough understanding of residents and users is essential in designing cost-effective services. The most severely disadvantaged may need a helping hand to navigate even streamlined services. We have invested heavily in customer knowledge in Birmingham and are hoping to work with central government to develop an “academy” to spread best practice in this area nationally.
5. **Supporting people and communities to do more for themselves,** with the state supporting and facilitating this self-help and reducing dependency. The public sector has focussed on continual improvement in terms of dealing with the consequences of failures. As our Chamberlain Forum community group report on co-production found: “Co-production is about producing savings in public services by investing in the capacity of communities to prevent the system failing. It is not just about ‘investing to save’. Preventing crises, more importantly, is about forestalling human misery”.
6. **Delivering major cross-sector efficiencies.** Present arrangements waste money on multiple front office facilities for different agencies; multiple assessments of users with different approaches and partial data sharing between professions; separate back office functions such as finance, ICT and procurement; commissioning for particular symptoms rather than the whole individual. These are luxuries we can no longer afford, so we will work together to deliver radical cost savings through rationalisation in these areas.



7. **Freeing localities to deliver.** National government approaches currently make local agencies' collaboration to achieve shared outcomes more difficult than is necessary. We list the key areas to be addressed later in this section.



“Mainstreaming” Total Place

This radical plan relies on putting in place the conditions which will make Birmingham Total Place self-sustaining. We are committed to delivering each of them:

1. **Collective leadership** of the key players in the city, including those in the top political, managerial and professional roles in the public sector together with others who wish the city to prosper and are keen to contribute (for example people in the voluntary sector, private sector, academic, cultural and sport worlds).
2. **Governance** which creates an effective connection between partner organisations and the partnership per se, appropriately recognising democratic mandates and defining where accountability lies and how key decisions are made.
3. **Financial planning, budgeting and control** which supports the ‘budget for Birmingham’ approach within and between all the partners, including the ability to realise efficiency savings (ie actually decommission activities).
4. **Connection with citizens** not just in the narrow consultative and survey sense but in a way which drives everything the public sector does from a deep involvement with and hence understanding and respect for individuals, families, communities and localities and which helps to build social capital (ie the confidence and ability to rely on oneself and neighbours rather than on the state).
5. **Alignment** of staff skills, energy and motivation from first line to senior management around outcomes for citizens, rather than around organisational, professional and service activities and targets.
6. **An overall performance management framework** which fosters current and long term co-operation between public sector partners rather than marching them to different tunes.



How national government can help

In common with the other Total Place pilots, we are keen to work with national government to tackle the national barriers which often get in the way of effective collaborative working. We see the most significant of these as:

- multiple funding streams (each with their own performance and audit requirements)
- separate performance management regimes which pull partners in different directions. For example the outcome objectives of the Analysis of Policing and Community Safety (APACS) framework and Vital Signs should be covered in the single Local Area Agreement (LAA) and Comprehensive Area Assessment (CAA) processes
- the interpretation of data protection rules as stopping key agencies sharing individual-level data to help those individuals improve their lives
- the inflexible application of national rules (eg benefits rules which prevent people getting back into work through training and job trials).
- disparate inspectorates (each with their own approach and imperfect communication to other inspectorates)

Birmingham is keen to continue working collaboratively with national government in implementing the Total Place approach. Particular areas of focus for us are:

- getting and applying robust evidence on the cost-benefit of interventions to drive service re-design and deliver savings, building on our work with the Washington Institute
- applying customer knowledge to re-shape services around people rather than around agencies, building on our significant investment in customer insight
- the technical development of outcome budgeting and its application to public services in the city



Efficiency

We cannot yet quantify the overall reduction in cost we will aim for from our radical reform programme or the timescale for achieving it. We know from the 'Brighter Futures' work begun three years ago that an investment in early intervention of £42m over 15 years will yield a benefit of £101m to the council and more than £400m to the city, and are very much acting on that.

We know also that all of the pilot themes have identified major opportunities for scaleable efficiencies. For example there are over 100 public buildings in one constituency: we can do much more to integrate their costs and purpose. Another example: just two criminal families in the city have cost the public purse £37m over three generations and we are well-advanced on breaking the dynastic pattern.

Where next

We see the work to date, albeit brief, as the foundation phase. We are now shaping the 2010-11 development phase, in which we will:

- take to the next stages of analysis and implementation each of the six pilot themes, including drawing on the experience of other places and better quantifying and subsequently realising efficiencies
- initiate further themes, potentially including worklessness, child poverty and environmental sustainability
- pursue the work we have already begun to put in place to create the conditions for the success of our radical reform programme
- work collaboratively with national government including our focus areas described above.

We know our reform programme will fail without widespread understanding and involvement. On 3 February some 350 people, not just from the public sector but from many walks of life across the city, met at a widely-reported Be Birmingham Total Place summit. We believe this core group brings us the commitment and momentum to succeed.



MAIN REPORT



Main Report

Introduction

1. Birmingham is a great city with an ambitious vision for the future which it is making progress in bringing into reality. With one million diverse citizens we have a vast pool of talent and resources, but as with all major cities there are significant challenges to face as local people seek to overcome the negative impact of deprivation, disadvantage and personal vulnerability. The contribution of the public sector - both financially and through its capable and committed staff - is absolutely essential in meeting this challenge and helping to improve residents' quality of life, particularly those facing the greatest difficulty.
2. However we also recognise that despite the best efforts of professionals throughout the city in many spheres and very substantial investment of public funding over many years, outcomes for vulnerable individuals and communities are still not good enough. In too many instances we aim to alleviate the more extreme consequences of those issues without addressing the root of the problem.
3. This picture is repeated nationally, and there are many reasons for it. Perhaps foremost is the historical pattern of service delivery where public sector agencies have worked in isolation, trying to solve that specific 'bit' of the problem for which they have responsibility without understanding how this does or doesn't fit with the wider lives of the people and communities they work with. The needs of people have often been complex, interwoven and long term, and yet organisational structures and governance, financial management, reporting and accountability arrangements back to central government have all exerted pressure on agencies to get quick results, focussing their activities on a narrow interpretation of their own professional specialism and perceived area of expertise.
4. This has too often led to piecemeal and uncoordinated service responses or even contradictory ones, resulting in opportunities and money being wasted and people failing to receive the calibre of services necessary for outcomes in their lives to improve.
5. More recently however Birmingham has put in place a number of the key building blocks to do things differently, including greatly strengthened partnership working, a real focus on outcome based planning, improvements in its customer knowledge, needs assessment, intelligence and analysis

capabilities and innovative mapping of finance against strategic priorities in the city.

6. Our initial mapping of public expenditure and spending in the city (2008-9) was published last year, the full report can be found on the Be Birmingham website [here](http://www.bebirmingham.org.uk/documents/EKOS_Full_Doc.pdf)¹. This work is helping partners to focus on better linking our work to deliver LAA outcome targets with the financial resources we attach to these workstreams. The breakdown of that expenditure is shown in the table below.

Breakdown of public expenditure 2008/09	
Birmingham City Council (BCC) ¹	3,656.50
Primary Care Trusts	1,917.60
Jobcentre Plus – Incapacity Benefit (IB), Disability Living Allowance (DLA), Severe Disability Allowance	322
Jobcentre Plus – Income Support	245
West Midlands Police	238.9
Learning and Skills Council (CYP and Culture Partnerships)	174
Housing Revenue Account – RSL ⁴	137.8
Home and Communities Agency	104.7
Learning and Skills Council (Economic Partnership)	104.7
Jobcentre Plus – Job Seekers’ Allowance (JSA)	96
West Midlands Fire Services	49.5
Advantage West Midlands	42.6
Jobcentre Plus – Programmes ²	36.4
West Midlands Probation Service	26.3
Arts Council West Midlands	23.8
ESF (LSC)	10.2
Network Rail	10
Universities ³	6.9
Screen West Midlands	6.2
ERDF	5.2
Business Link	3.3
Environment Agency	0.9
Other Partners	276.8
Total Expenditure	7,495.3
Notes:	
(1) BCC spend is revenue spend representing total funding for which the council is accountable based on the Budget Book 2008-09 and BCC capital spend is based on the Budget Book 2008-09. This includes grants from within and grants outside the aggregate external finance based on most updated RA and SG forms;	
(2) Jobcentre Plus programmes is Employment Zones, Pathways to Work & ESF, New Deal.	
(3) Universities amount is estimates as 1% of total turnover.	
(4) Estimated	

¹ http://www.bebirmingham.org.uk/documents/EKOS_Full_Doc.pdf

7. Consequently we have been well placed to respond positively to the challenge of Total Place and its expectation of getting more for less by working more intelligently together. Our Total Place programme consists of developing collaborative leadership in the city, detailed financial analysis, and six pilot themes demonstrating how Total Place principles can be made to work in practice.
8. In selecting our themes we consciously:
 - aimed for a cross-section of issues facing the city
 - included a geographic as well as service approach
 - built in part on work we had already begun
 - involved all the key sectors (council, health, police, voluntary, community, private) as fully as we could
 - chose areas which would inevitably make different progress to help us understand better what was necessary to make Total Place the natural way of working
9. We did not include in this first phase some of the major issues facing the city, such as worklessness, because of the limited pilot period. Nor did we expect in that timescale to bottom out a cross-sector service redesign and financial analysis under each theme, taking full account of citizen and user views.
10. We did expect to quantify as well as we could total city public spending in the area concerned, shape a line of attack and estimate its financial potential, get action underway and energise the key players to take it forward. This we have done. The results to date are detailed in the annexes to this report together with the barriers that still need to be overcome.
11. Our ambition is to move towards a single 'Budget for Birmingham' designed to deliver outcomes for the city and spent on well evidenced interventions built around citizen needs irrespective of organisational and professional boundaries. Our intention is to use the six Total Place projects to demonstrate the underlying rationale and potential for how we want Birmingham partner organisations to work together in future.
12. Birmingham's Sustainable Community Strategy, *Birmingham 2026 – Our Vision for the Future*, outlines key principles by which the city intends to operate including:
 - Prevention: redirecting our focus towards stopping problems developing and reducing dependency, a long term 'prevention' approach rather than a short term 'treatment' one
 - Targeting: protecting and nurturing vulnerable people and addressing the needs of our most disadvantaged communities



- Personalisation: ensuring we tailor our services so that they effectively meet people's needs
- Sustainable development: improving the quality of life of our citizens and achieving a sustainable economy while living within our environmental limits

13. These principles have formed the heart of our approach to Total Place and have guided all the methodological considerations and decisions around the development of potential new models of service delivery.



Pilot themes

14. The six pilot themes in Birmingham are:

- **Early Intervention** in Children's Services: Implementing a number of evidence based programmes to improve outcomes, thus reducing the demand they place on services as they grow older.
- **Drugs and Alcohol**: Redesigning services to reduce the likelihood of former addicts returning to drug abuse at the end of treatment and also to decrease the need for people with severe alcohol problems to attend hospital.
- **Gangs**: Working with families and parents to reduce the risk of siblings and children of known gang members becoming involved in future gang activity.
- **Learning Disabilities and Mental Health**: both themes looking at how personalisation and co-production of services can drive service improvements in the context of large scale joint commissioning and pooled budgets.
- **Total Community**: showing how Total Place can work in a particular geographic location (in this case a relatively deprived area of East Birmingham).

15. Our six themes have developed at different speeds reflecting varied organisational starting points, availability of data and analysis, and scale of challenge. Developmental work around evidencing cost-benefit and service improvement is continuing as each theme works through an agreed four stage model:

- **Initiation** to get up and running, building on what has already been done
- **Insight** to generate and explore fresh ideas for how things might work
- **Innovation** to prototype good ideas quickly and test how well they stand up in practice
- **Implementation** to put the new methods to work without a long hiatus of consultation and further analysis, and to realise the benefits.



Pilot lessons

16. While the pilots each identified different issues, six common messages emerged from them:

1. Our financial mapping showed **a focus on consequences rather than on causes**. For example, 93% of Birmingham spend related to employment is on out-of-work benefits and less than 7% on interventions to help people into work. In health, 96% of spend is on treating illness and less than 4% on keeping people well.
2. **A small number of people incur extremely high costs**. Two Birmingham gang families cost the criminal justice system £7.5m in a generation. Around 6% of Birmingham children are permanently excluded from school, with each costing £12,250 in additional services alone. Each of Birmingham's 6,400 crack addicts averages £833k of social costs in their lifetime, whilst most crimes (56%) are drug related.
3. **The use of evidence and cost-benefit analysis is limited**. Whilst NICE has introduced rigorous evidence-based policy in some drug treatments, for most of the public services robust evidence is not available or not used. Our work on early interventions has used sound evidence from mainly USA studies as a starting point, as meanwhile our new pilots generate new data on the effectiveness of these interventions in our local context.
4. **Prevention works now and could work much better**. National evidence shows each £1 spent on drug treatment yields £9.50 in savings. Whilst in Birmingham drug treatment services are working well (84% of people achieve the 12 week treatment target), on average it takes six attempts over six years to "get clean", with only 15% drug free within a year. Users are clear that a more holistic approach, focussing on the individual rather than the addiction, would enable them to sustain recovery quicker and more effectively. For each addict, each year off drugs will save £50,000 in unnecessary social costs.
5. **Public services are not coherently addressing people's issues**. Users find services disjointed and confusing. Partners often deal unconnectedly with the same individuals and communities. Activity and infrastructure may be duplicated
6. **Silo-based funding discourages collaboration to prevent costs**. For example, BCC are investing £40m in early interventions for children and



families, and expect to generate £400m of cashable benefits. But only a quarter of these accrue to the local authority, weakening the business case for working in this more cost-effective way.

Obstacles

17. Each of the theme sections in this report identifies the specific obstacles to their intended delivery, but there are a number of broader barriers which, if unresolved, threaten our ability to embed a Total Place approach systematically across the city. In many cases action is required from national government. These barriers are:

1. Because many preventative measures take a number of years to generate overall savings, there is a **need to move public investment from a short (one year) timeframe to a longer period**
2. Because partners need to be freed up to give full focus to improving local outcomes, **conflicting performance management and regulatory / audit expectations on different partners/sectors must be removed**. This is more than just about streamlining arrangements and removing obviously contradictory and inconsistent indicators. The very existence of multiple frameworks forces partners to focus their energies in different directions
3. Because ministers and permanent secretaries rightly want to ensure their accountabilities are fully discharged, **“accountable officer” responsibilities need to be delegated to local areas** (council leaders and chief executives) for spending in the local area
4. Because **national rules can get in the way of sensible outcomes, local flexibility is necessary**. For example, inflexible benefits rules can perversely lock people into relying on benefits when they could be entering paid work (making it hard for local agencies to arrange appropriate training-into-work programmes requested by local manufacturers such as Cadburys)
5. Because officials at national level are themselves required to report upwards frequently and in detail on what is happening at local level and pass that task downwards, partners are distracted from doing the job and discouraged from innovation. **The burden of national reporting needs to be reduced**.
6. Because there is no **national facility for rigorous evidence-based analysis and evaluation of programmes**, particularly those relating to prevention rather than cure, the allocation of resources to them is less effective than it needs to be. Much more systematic and robust

evaluation of 'what works' and the conditions necessary to make it work consistently are needed coupled with reliable cost-benefit analysis so that resources can be invested to the maximum possible impact, rather than on the basis of educated guesses which is too often the case at present

7. Because **legislation about data protection is interpreted differently by different organisations** (and sometimes differently at different levels or locations within a single organisation) and because **data sharing is prohibited** in some respects, parts of the public sector who are serving the same citizens cannot pool their knowledge and connect their actions. The consequences of this are felt daily, for example in making it harder to get people back into work
18. We do not pretend that implementing a national set of legislative, technical and process changes will be sufficient to implement Total Place in Birmingham. On the contrary we recognise that many of the barriers, though perhaps less apparent, are homegrown. These can include:
 - a proprietorial attitude to money, staff, data and premises
 - professional niceties getting in the way of doing the right thing for the citizen
 - asking for money before making an effort to work out smarter ways to do things
 - undue caution in doing things differently because the consequence may be more kicks than ha'pence
 - preferring to be imperialist master of an ineffective endeavour than collaborative partner in a successful one



Going forward

19. The Total Place programme in Birmingham is only six months old. We know that deep change requires sustained effort far beyond this timescale. We therefore regard August 2009 – January 2010 as the **foundation phase** for Total Place, during which we have done three key things: begun a serious analysis under six themes; created enthusiasm for Total Place across a wide swathe of staff in the partnership organisations and above all identified what needs to be done to put in place the conditions under which a Total Place approach can become self-propelling in the city.
20. We have developed a seven-point plan of radical reform to public services in Birmingham. Much of this we can achieve within the city, through more effective partnership working. But some will require national government to work with us differently. We see Birmingham as an ideal “prototype” for the new Total Place public sector:
 1. **Developing a “Budget for Birmingham”.** This is not about structural change but about radically aligning our currently separate strategies and financial plans to re-focus public sector activity on preventing problems and rapidly resolving underlying issues. This would be supported by moving to longer term investment/return financial planning for public services
 2. **Collective responsibility for Birmingham.** We accept our accountability for how public money is used and outcomes achieved. To deliver this, we need to change our governance and decision making across the partnership. For example, we are considering a collective gateway to understand properly the implications of proposed major investment by individual agencies
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5. **Supporting people and communities to do more for themselves,** with the state supporting and facilitating this self-help and reducing dependency. The public sector has focussed on continual improvement in terms of dealing with the consequences of failures. As our Chamberlain Forum community group report on co-production found: “Co-production is about producing savings in public services by investing in the capacity of communities to prevent the system failing. It is not just about ‘investing to save’. Preventing crises, more importantly, is about forestalling human misery”
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7. **Freeing localities to deliver.** National government approaches currently make local agencies’ collaboration to achieve shared outcomes more difficult than is necessary. We list the key areas to be addressed later in this section.

“Mainstreaming” Total Place

21. This radical plan relies on putting in place the conditions which will make Birmingham Total Place self-sustaining. We are committed to delivering each of them:

1. **Collective leadership** of the key players in the city, including those in the top political, managerial and professional roles in the public sector together with others who wish the city to prosper and are keen to



contribute (for example people in the voluntary sector, private sector, academic, cultural and sport worlds)

2. **Governance** which creates an effective connection between partner organisations and the partnership per se, appropriately recognising democratic mandates and defining where accountability lies and how key decisions are made
 3. **Financial planning, budgeting and control** which supports the 'budget for Birmingham' approach within and between all the partners, including the ability to realise efficiency savings (ie actually decommission activities)
 4. **Connection with citizens** not just in the narrow consultative and survey sense but in a way which drives everything the public sector does from a deep involvement with and hence understanding and respect for individuals, families, communities and localities and which helps to build social capital (ie the confidence and ability to rely on oneself and neighbours rather than on the state)
 5. **Alignment** of staff skills, energy and motivation from first line to senior management around outcomes for citizens, rather than around organisational, professional and service activities and targets
 6. **An overall performance management framework** which fosters current and long term co-operation between public sector partners rather than marching them to different tunes.
22. These conditions are a tall order and will take several years fully to bring about, but without them Total Place is no more than an experimental probe beyond the familiar which may produce some benefits but will eventually crash and burn thanks to the gravitational pull of the historic 'business as usual'.
23. A number of factors will help the **development phase** to move ahead over the next twelve months, including:
- the experience in Birmingham City Council of Brighter Futures and Business Transformation, and of course the Total Place work so far, coupled with similar change programmes in the health and police services
 - the acute financial pressure under which all public services will find themselves during the next few years



- the determination of many staff at all levels not to let go of the Total Place opportunity
24. This phase will be taken forward by a dedicated Birmingham team led at senior management level and including council, health and police members. The team will be accountable to the Be Birmingham Board. It will draw on external support as necessary for eg economic analysis, community engagement, staff development, facilitation and programme management. It will also draw on the experience and tools of the city council's Transformation Programme, for example the CHAMPS2 project methodology.
25. More importantly, we will apply over time to other themes the method developed for Brighter Futures (with the support of Professor Michael Little, Director of the Social Research Unit at Dartington), integrating it with relevant NHS and police methods and our experience of the 'persona' approach in the Total Place pilot.
26. These methods and supporting resources will be brought together in a new partnership research and intelligence centre. Resources will include:
- a database of what works, for whom, when and why
 - high quality data on human wellbeing in the geography being served
 - an econometric model to estimate the costs and benefits of competing investment options
 - methods to engage with the local population and workforce
 - methods to ensure fidelity of implementation of strategies, programmes and policies
 - methods to evaluate impact on human development and public expenditure
 - quality assurance procedures to minimise diminishing returns when innovation is taken to scale.
 - Rigorous benefits realisation using the CHAMPS2 methodology
27. The ethos of the centre and the methods applied in our Total Place work marry two pieces of learning that emerged across themes in the foundation phase. First the approach will demand strong participation of the local population and the workforce. We need to get the support of consumers of public sector services and managers and workers for the radical changes required to deliver better outcomes at lower total cost.
28. Second, we need to greatly improve the quality of evidence used in selecting priorities, making investment choices and estimating impacts of our work on



people's lives and budgets. A feature of the Birmingham approach will be collecting less data of a higher quality and doing more with that data. The methods involve the steps described at Appendix 8.

29. Work has begun on putting the six conditions described in paragraph 23 in place and will continue during 2010-11 as set out in turn below. The sum of this work constitutes the development phase.

Leadership and Governance

30. Leadership and governance are intertwined and therefore considered together. In deciding its six themes for Total Place pilot work Birmingham recognised from the start that alongside the technical analysis of services and costs there would need to be a deep shift in behaviour and skills across the public sector at all levels in order to secure the benefits. Accordingly the 'seventh theme' was identified at the start: the development of the Be Birmingham Board to prepare itself, and subsequently the partner organisations it represents, for the leadership demands of such a shift. These demands are particularly complex given the non-statutory status of the partnership and the different cultures and capabilities of the partner organisations.
31. In the foundation phase, that preparation has taken the form of a series of four facilitated Board awaydays between August and February. These have identified the key areas of necessary change and begun to address the leadership implications, using Total Place scenarios to illustrate the challenge. The February awayday will consider specifically the future role of the LSP and its relationship with partner organisations, and what that means for members. This will include identifying the top priorities for the city and through systematic reviews identifying evidence based programmes to deliver the outcomes by shifting resources and approach.
32. In parallel, the city council has initiated work with Executive Management Team (the combined cabinet members and corporate management team) on the nature of the council's future role and the consequences of that for councillors and top management. This will evolve during the coming year through a planned series of papers and awaydays.
33. The chief executives of the key partner organisations (council, health, police) met in early February to begin to explore how the momentum of Total Place could be grown and its principles designed into the reshaping of public services (police and health services in the city are both in the course of major structural change) and into the budget for Birmingham. In parallel, finance

and HR directors of the key partners are now meeting regularly re the financial management and workforce implications respectively.

34. In addition, an initiative is in hand, thanks to the Vice Chancellor of Birmingham University, David Eastwood, and the Deputy Chairman of Be Birmingham, Jerry Blackett, to create a 'Leadership Collaborative' of city influencers and shapers who will provide active support for the principles of Total Place without involvement in city governance. For example, the Collaborative might undertake rapid commissions on behalf of Be Birmingham on subjects such as employment, the arts, tourism, and facilities for young people. David Eastwood will host and chair an exploratory meeting.

Financial planning, budgeting and control

35. There is substantial national interest (for example in recent work of the Public Services Trust 2020 and progress in the NHS) in an approach to financial management in the public sector which is designed around the optimum way of achieving defined citizen outcomes, not running specific services. Such an approach paves the way for a budget for Birmingham in that money would be allocated to programmes aimed at these outcomes irrespective of organisational and occupational boundaries.
36. Experience elsewhere (in particular that of our very supportive Whitehall champion, Helen Ghosh, via 'Renew DEFRA') is that this has a triple benefit: it raises the probability of outcomes being achieved, reduces costs substantially (as activities not clearly contributing to the outcome are isolated and fall away) and raises staff morale and productivity in that they have a clearer line of sight about the value of what they do for the public.
37. We know that this will be a difficult challenge for a number of reasons:
- a programme approach is hard to bring about within a single organisation, all the more so across organisations
 - benefits from a programme approach will not accrue in proportion to the contribution of each organisation taking part (colloquially, 'the apple fell from my tree into your garden')
 - above all, it is one thing to commission well, another to *decommission*, ie to stop doing things and make the saving rather than devote the resource concerned to other activity
38. The first internal steps in this direction are in hand and the Chief Executive of CIPFA, recognising both the potential value and challenge of such an



approach, has offered that organisation's collaboration with Birmingham to take it forward.

Connection with citizens and customer knowledge

39. Engaging more deeply with the public is not a new thought in Birmingham but will be a central part of the development phase in three respects.

40. First, there has been significant partner investment over the last two years in the development of customer insight and community engagement. For example, BCC's customer knowledge team provides state of the art intelligence and analysis on the needs and preferences of residents, businesses and visitors, and a social marketing capability. Partners are now making use of this capability, for example in the use of health typologies in the new Joint Strategic Needs Assessment which build on the innovative PRIME programme in BEN PCT. Partners are also working to make their community engagement even more effective, having established a joint "portal" of all consultation exercises in the city and an annual plan / statement of consultation to ensure easy access for citizens and effective use of the information by agencies. The Brighter Futures programme developed epidemiological data on 20,000 children using standardised measures.

41. Secondly, during the Total Place pilot this work has been extended by intensive use of "customer journey mapping" in some pilots, for example around alcohol and drug misuse. CLG generously funded this work which has provided a rich understanding of key service redesign issues from the perspective of both users and staff.

42. Thirdly, the pilot theme leaders have been introduced to private sector methods of truly understanding the customer (via an inspirational talk from Tim Pile, a local business leader and former director of Sainsbury's) which will be applied as theme work is progressed.

43. Finally, as described in Appendix 6 on the Total Community theme, work to improve the Eastern corridor of the city will be grounded in a deep understanding of the interests and concerns of the people who now live and might choose to live there. A rapid project is now underway to this end, using creative methods (eg ward walks, vox pops, social media) to provide qualitative evidence around community involvement.



Staff alignment

44. We know that Total Place calls upon staff at all levels to approach their work in a way which starts from a 'citizen' rather than 'factory' perspective, ie concerned less with process and more with result, naturally collaborative across professional and organisational boundaries and eternally conscious of improving services and reducing costs simultaneously. We know also that achieving this will be difficult at a time of severe financial constraint, reduced career opportunity and actual job losses.
45. Birmingham City Council has run for some years an award-winning staff engagement and values programme known as Birmingham BEST (belief, excellence, success, trust). Discussions have now begun with the police and health services about how BEST can be both meshed with similar cultural change programmes in their organisations and evolved to embrace the behavioural implications of Total Place. All the partner organisations are also engaged on the workforce implications of cost reduction and reorganisation, and this work will be increasingly integrated across the partnership.
46. With the financial support of the West Midlands RIEP, Be Birmingham has commissioned Common Purpose to deliver a programme by the end of July 2010 which connects middle managers across partner organisations around what is now needed to take Total Place forward. In this period the focus will be on some 100 managers who are key to the successful implementation of the six Total Place foundation stage themes or who will have a major role in the extension of Total Place to other areas of activity.
47. The voluntary sector in Birmingham, under the aegis of the Birmingham Voluntary Services Council (BVSC), has been an enthusiastic supporter of Total Place, including running in January its own conference on the subject. Voluntary sector managers will be included in the Common Purpose programme.
48. On 3 February Be Birmingham ran a highly interactive Total Place Summit at which 350 people from many walks of life in Birmingham were present. Sir Michael Bichard and Helen Ghosh (Birmingham's Whitehall champion) took part, as did a number of councillors and most members of the Be Birmingham Board. The summit aimed to kickstart fuller collaborative working at middle management level across the partnership. It considered both the progress on the six pilot themes and, on the basis of that, some of the cross-cutting issues involved in taking Total Place forward. Central Television news ran a

constructive story about the summit that evening. The development phase will capture and follow up the specific actions arising from the event in order to maintain the momentum.

Performance management framework

49. In our September interim report and elsewhere in this document we have identified some of the national level barriers which inhibit collaborative working between partners. The Institute for Government (via a letter from Michael Bichard) has recently requested a fuller and quantified account of these barriers and we will carry out this analysis during the development phase.

50. In addition, the partner finance directors' meeting will identify during the development phase what can be done locally to mitigate the effect of any perceived or real barriers (such as ring-fenced budgeting) to partner collaboration around outcomes.

Research and intelligence

51. Be Birmingham has commissioned the social research company Dartington to help create a partnership research and intelligence (R&I) function to be located within Be Birmingham and draw together the partner staff concerned with these activities. The function will build on existing expertise in the city including the Brighter Futures (early interventions) programme, the award winning COSMOS community safety intelligence function, the joint Public Health Information Team, the City's economic assessment team and the Total Place experience of the "persona" approach.

52. This is a major and fundamental step forward in that it will support the alignment of policy and practice across the partnership and embed it in sound epidemiological data in terms of both policy development and policy evaluation. It is intended that the new R&I function will draw heavily, directly and indirectly, on the methods developed by Steve Aos and others at the Washington State Institute for Public Policy. This developing capability will enable us to build a robust cost-benefit analysis of interventions based on reliably evaluated evidence, and will support partners in delivering anticipated benefits including appropriate decommissioning of services which make insufficient contribution to improving outcomes. We see the new R&I function as a prototype for a national function of the same kind. More detail is given in Appendix 7.

Learning evaluation

53. We are committed to learning the lessons from the pilot programme so that we can apply these in taking forward the Total Place approach. The Institute of Local Government Studies (INLOGOV) at the University of Birmingham is working with the Birmingham Total Place Pilot to evaluate learning. Key research questions include:

- What will Total Place mean for people living in Birmingham?
- How do people view the Birmingham Total Place Pilot?
- How can we best take forward learning to ensure success?

54. INLOGOV is evaluating these questions in relation to three aspects of Birmingham's pilot:

- Exploring the options for constitutional reform which would remove barriers to the sensible delegation of finances, across central government departmental accountabilities, to local areas
- Widening joint commissioning to involve other partners through utilizing the Total Place Pilot as a means of testing and refining the whole system Birmingham Strategic Commissioning Framework
- Mapping asset management issues for Birmingham to inform an examination of the potential for the development of joint asset management strategies between the local authority and other public sector agencies

Efficiency

55. We cannot yet quantify the overall reduction in cost we will aim for from our radical reform programme or the timescale for achieving it. We know from the 'Brighter Futures' work begun three years ago that an investment in early intervention of £42m over 15 years will yield a benefit of £101m to the council and more than £400m to the city, and are very much acting on that.

56. We know also that all of the pilot themes have identified major opportunities for scaleable efficiencies. For example there are over 100 public buildings in one constituency: we can do much more to integrate their costs and purpose. Another example: just two criminal families in the city have cost the public purse £37m over three generations and we are well-advanced on breaking the dynastic pattern.



Where next

57. We see the work to date, albeit brief, as the foundation phase. We are now shaping the 2010-11 development phase, in which we will:

- take to the next stages of analysis and implementation each of the six pilot themes, including drawing on the experience of other places and better quantifying and subsequently realising efficiencies
- initiate further themes, potentially including worklessness, child poverty and environmental sustainability
- pursue the work we have already begun to put in place the conditions for the success of our radical reform programme
- work collaboratively with national government in the areas we have described.



Conclusion

58. The Total Place pilot has succeeded in rigorously testing how more collaborative, personalised and preventative public services can deliver more for less: better supporting key outcomes for Birmingham people, whilst requiring less funding for the public sector.
59. The six pilots have made significant progress in understanding how radical service re-design can better support users at lower costs. We now have a clear routemap to deliver these improvements across an increasing range of services, together with the beginnings of a developmental programme to put in place the conditions necessary to make this change self-sustaining.
60. As we face the need for significant reductions in public spending in coming years, we are excited about the potential of Total Place to accelerate improvements in outcomes for Birmingham people. We are keen to continue working with our Whitehall champion, the Institute for Government, the IDeA, CIPFA, HMT, CLG and other government departments to prototype this approach in Birmingham and share the learning with the wider public sector.



APPENDICES



Appendix 1: Early Intervention for children (Brighter Futures) theme

Background

The well being of children in England is a cause for concern. There have been radical changes in children's services with the Children Act 2004, Every Child Matters and the formation of children's trusts. Rather than responding to these challenges by changing structures, we developed a strategy that takes into account the perspectives of agencies and consumers of services and established a consensus about how to improve outcomes for children.

Building on high quality evidence has been the cornerstone of the approach. Our analysis against outcomes is based on epidemiological data collected from over 14,000 children and young people. The data set was established in 2006, with standardised measurements and the surveys run on an annual basis. This puts Birmingham at the forefront of national practice in the development of area wide longitudinal data on outcomes.

Over a 5-year period beginning in 2008 attention is given to 6 priority outcomes:

- Physical health
- Behaviour
- Emotional health
- Literacy and numeracy
- Social literacy
- Job skills

Improved outcomes earlier in life lead to better life chances. They also reduce the demand for high cost services in later years. Since July 2008, the Brighter Futures programme is implementing a number of evidence based early intervention and prevention programmes against the 6 outcomes. The service programmes are supported by enabling activities that focus on developing the workforce and improving working practices. **As a result, the wider system in which children's services operate will be transformed – moving from service-led thinking to planning and delivery based on outcomes.** In addition, the approach utilises a sophisticated cost/benefit model that outlines cashable and non-cashable benefits generated from transitioning service provision to an evidence-based delivery model.

A number of innovative frameworks, methodologies and tools have been developed to manage this transformation, including:

- **A multidimensional outcomes model** – that brings together epidemiology data sets, local and national stats, PI's, customer views, demography etc.
- **What works evidence base – with** systematic reviews of evidence-based services, cost/benefit analysis tools etc.
- **Experimental Implementation methodology** – structuring service design, service implementation and change management to achieve high standards of fidelity in implementation
- **Impact Assessment** – that focuses on outcomes based evaluation, performance, cost/benefit analysis and lessons learnt
- **Service Integration** – that concentrates on service design review, benefit realisation planning, service readiness assessments and service transition
- **Post benefit realisation** – that covers post implementation assessment, service de-commissioning and benefit delivery.

The evidence based pilot programmes (9 in total) are testing application of the frameworks and on completion will be used to create change in the wider system of service delivery, including areas other than children's services. The pilots are:

1. PATHS (positive alternative thinking strategies), a curriculum programme delivered in primary schools.
2. Incredible Years, a programme for parents of children at risk of conduct disorder targeted at 3-4 year olds.
3. Triple P Group programme, a parenting programme to improve confidence in parenting, behaviour management and relationship building targeted at 5-6 year olds.
4. Triple P Teen programme for parents with adolescents (9-11 year olds) exhibiting difficult behaviour.
5. Family Nurse Partnership, a programme for teenage parents with high risk of child abuse and neglect.
6. Children in Care Family functional therapy (mediation) and KEEP, a training programme for Foster Carers.
7. Short breaks for children with disabilities looking at flexible packages of support.
8. Reducing children at risk of neglect, based on the Common Assessment Framework and Team around the child.
9. Restorative Justice for children at risk of criminal offences within children's homes.

Building on the Brighter Futures evidence-based parenting pilots

The Incredible Years targeted parenting programme is aimed at pre-school children at risk of developing conduct disorders (persistent and pervasive patterns of anti-social behaviour). Conduct disorder is the commonest psychiatric disorder in childhood with a national prevalence of 11% for 11-15 year olds. The epidemiological



study in Birmingham based on a representative sample of 6,000 children age 7-18 found a probable conduct disorder prevalence rate of approaching 20%.

Epidemiological analysis has indicated that the vast majority (96%) of parents enjoyed spending time with their children, but 28% found it hard to balance their different responsibilities, 31% felt overwhelmed at the responsibility of being a parent and 22% say that children are the major source of stress in their lives.

There is a relationship between parenting and the development of conduct problems – that has been evidenced by randomised control trials elsewhere in the world and in Wales. There is also evidence that the targeted parenting programme reduces parental stress and depression, thus reducing demand on Health services.

Untreated 40% of children with early behavioural difficulties go on to develop conduct disorder and may go on to misuse drugs, get involved in criminal and violent behaviour, are unable to form attachments leading to mental health problems in adulthood.

The Incredible Years Parenting Group Programme is one of a few evidence-based programmes for children aged 2-10. The Birmingham pilot will be delivered in 9 children's centres for 3-4 year olds as a 12-week programme. The pilot will run for two years as a randomised control trial with 162 children. If successful, the programme will be rolled out across the city aiming to reach 5,000 3-4 year olds over 15 years.

The Triple P Group Programme is being delivered through arrangements made around the extended school clusters. The Group programme is level 4 of the range of Triple P initiatives and provides parents with eight to ten weeks of group work – augmented by mentoring and home contact. The pilot will run for 2 years as a randomised control trial for 144 children aged 5-6. If successful, the programme will be rolled out to reach 9,000 5-6 year olds over 15 years.

The benefits of the Incredible Years and Triple P Parenting Programmes have been demonstrated by research as being:

- Strengthened parenting competencies
- Reduced behavioural problems
- Reduced risk of developing conduct problems
- Improved pro-social behaviour
- Improved social skills and peer relations
- Improved learning and achievement

The deployment of evidenced based parent training programmes together with social skills training for the child are found to be more effective (in terms of cost and



outcomes) than interventions for serious anti-social behaviour in teenagers. The programmes cost less, deliver earlier and avoid the family in a longer service trajectory.

The above has been accepted by the Council and partners – a range of agencies and services (Maternity Services, Youth Offending Service, Early Years, CAMHS etc.) are engaged in delivering evidenced based parenting programmes Triple P, Incredible Years and Family Nurse Partnership.

Costs and Benefits

The economic consequences of untreated conduct disorders are high. The cost of public services for those 28 year olds who developed conduct disorders in childhood is estimated to be 10 times higher than those with no behavioural problems. There are cost savings to Health services in treating conduct disorders, as evidence shows that children will require mental health services as a child and an adult. In addition children experience more hospital visits due to accidental injuries relating to behaviour. A study of 3-8year olds showed 71% had visited a GP in the previous year, 40% were inpatients and 25% had attended A&E twice. Furthermore, research indicates the greatest cost to society is crime, with 40% of 8 year olds with conduct disorder repeatedly convicted of crimes such as theft, vandalism and assault in adolescence. In the US the cost for crimes committed by a typical juvenile delinquent (under 18) was estimated at £56k-£232k and for an adult a further £1.2m.

The Audit Commission reported the expenditure related to offenders – identifying them costs the Police £1,200, and a successful prosecution a further £2,500. A week in a local authority secure unit costs over £3,000 and in prison approximately £1,500. Cohort studies (Scott, Knapp, Henderson, Maughan 2001) of children aged 4-8 with conduct disorder found there was an average annual additional cost of £15,282 a year over those with no conduct disorder. 31% of this was met by families, 17% by education services, 16% by the NHS, 15% state benefits, 6% by social services and 1% by the voluntary sector. As these children grow to the age of 28 they will make a greater call on the public purse of on average £70,020. In addition, a parliamentary select committee and independent enquiry concluded that unless there were adequate services for the mental health needs of children, economic and social costs would be considerable later on (House of Commons Child and Mental Health Services 1997).

The cost benefit model for the portfolio of evidence based pilots (9 pilot programmes) delivered as part of business transformation shows a cost of £41.7m and a benefit over 15 years of £103.5m. This excludes potential additional benefits of approximately £48m, which for the purposes of supporting experimental

implementation, are treated as a 'benefit buffer'. The table below outlines costs and benefits for the early years transformation:

Service Transformation	Benefits identified	Costs identified
Incredible Years	16,997,145	3,381,137
Reducing Risk of Neglect	16,000,000	8,200,000
Triple P evaluation	53,236,531	2,874,285
Family Nurse Partnership	1,028,376	Grant
Total:	87,262,052	14,455,422

Success rates for treating conduct disorder are in the region of 75% for children under 10 compared to a success rate of 25% for adolescents. Birmingham have calculated that the cost of implementing the evidence based parenting programme will generate a cost saving of 2:1 (£2 saved for every £1 spend) for Council children's services, with a potential 4:1 saving across all agencies over 15 years.

Current organisational structures and arrangements require the programme to include only the realisation of benefits, which exclusively affect services delivered by the council's children's directorate. This is an artificially generated view as outcomes and need are shared across all organisations. The (mainly) US originators of the evidence based programmes are claiming an average cost to benefit ratio of 1:6. Scientific research conducted in this country has established that benefits are generated throughout the child's life and as they become adults and furthermore the benefits are across a range of agencies including police, courts, health, adult services and business. If we accept a straight application of research findings the initial investment would generate benefits of over £400m across Birmingham.

Setting the scene for costs and benefits

The Brighter Futures Triple P pilot includes a robust calculation of the benefits – that has been developed by reconciling 3 keys areas of research. The first area relates to the impact of the application of Triple P on the behaviour of children and young people – from this we are able to quantify the impact in terms of the reduction of the proportion of children within the group whose needs are likely to escalate to a level that requires intervention (support following school exclusion, care etc.). The second area relates to the use of service by children and young people in their journey to adulthood (Scott & Knapp, 2001, Financial cost of social exclusion) – this allows us to identify the reduction in service uptake that follows a successful preventive intervention. The third area is the cost of services – using a combination of national and local data we are able to quantify the sum of money that will not be

required to provide services if the need does not escalate. As the costs of services for a child developing a conduct disorder are 10 times that of a child that does not the potential savings (irrespective of the benefits to the child and family) are substantial.

Data from the citywide Brighter Futures programme gives the cashable benefits for the council alone over 15 years of Triple P across Birmingham as:

- low projection £61.9 million
- medium projection £88.5 million
- high projection £97.3 million

These figures do not include the benefits to other local partners or central government that are clearly indicated in the research.

The 15-year cost is £2 million.

Benefit Calculation										
Benefit based on Pilot of 144 children	Unit cost	Duration	Baseline	Target	Benefit	BCC	PCT	Schools	Home	Police
		Weeks		change	£				Office	
Permanent Exclusions	£12,250		9	37%	£36,750			£36,750		
Fixed Term Exclusions	£1,720		9	37%	£5,160			£5,160		
Child Protection Plans	£731		10	37%	£2,924	£2,924				
Reduction of Children in Care 5/6 yr olds	£818	187	14	55%	£1,223,728					
Reduction of Children in Care 11/12 yr olds	£818	169	14	18%	£414,726	£414,726				
Absenteeism Primary	£345		9	55%	£1,725	£1,725				
Absenteeism Secondary	£345		9	37%	£1,035	£1,035				
Youth Offending	£454		29	37%	£4,994	£4,994				
Reduction in referral services to CAMHS	£2,677		34	37%	£32,124		£32,124			
Hospital in-patients	£2,144		72	37%	£55,744		£55,744			
A&E	£222		45	37%	£3,552		£3,552			
GP Services	£36		128	37%	£1,692		£1,692			

Absenteeism calculation:		
Pupils brought to attention of EWS		11,000
6% secondary & 3% primary are persistent absenteeism	Average	4.50%
School population		170,000
Number of persistent absenteeism cases		7,650
1/3 of the remainder of 3350 also come into EWS		1,117
Therefore number of cases dealt with		8,767
Cost per case is EWS budget divided by number of cases	Budget	£3,022,000
Cost per case		£344.70
The target change has been calculated by removing the 27% attrition leaving 73%. Of this there is a success factor of 25% for 10/11 year olds and 75% for 4/6 year olds. This gives a result of 36.5% (37% to 2dp).		

This proposal extends the reach of Triple P and of the transformational effect. It reconfigures current investments in family support to form a continuum of services around a parenting pathway that allows parents to access ‘just enough’ service. The evidence for this approach is not as robust as that recounted above – but larger scale applications in Brisbane and South Carolina have identified impacts that include quantitative reductions in care and child protection populations and qualitative change parental satisfaction and confidence measures increased. This has to be contextualised and the Early Intervention in Children’s Services consider a pilot appropriate.

The benefits will include:

- Increased efficiency of the Brighter Future pilots – more speedy recruitment, reduction in parent reticence.
- Increased child and parental well being – as evidenced by the epidemiology.
- Improvements across a range on indicators including reductions in looked after and child protection populations can be expected.
- Employment opportunities via the community engagement.

A level of investment will be required to deliver the infrastructure to pilot the proposal in an area, engage local partners, project manage and evaluation. The amount depends in part on the cost of the Triple P resources – the most recent estimate is £140,000. An annual cost of that levels equates to a relatively minor reduction in the looked after or offending populations.

The Project Team

The Total Place Pilot has began as an exploration of the current continuum of Early Intervention work and how to extend the current Brighter Futures programme– it began with an assumption that the rationale for investment in early intervention was accepted and adopted the framing question of –

How do we engage as partners in this shift towards prevention – that allows each partner to be confident about our eventual success and comfortable with the level of exposure to risk?

We have worked across health, education, social care, youth justice, police, voluntary organisations and adult services to develop a common understanding of and shared vision for early intervention. As part of this process, members of the Project became aware of the interest in a Public Health approach to parenting, which



would complement and provide a platform for the evidence based pilot programmes already agreed and in place,

This work, can be summarised as:

- Considerable interest in the establishment of a function to measure and promote progress in implementing evidence based practice and the impact on service uptake / demand. This has now developed into the proposal to establish an Intelligence and Analysis Function which is being actively pursued by the Be Birmingham Strategic partnership and documented elsewhere in this report.
- There was interest in the management of expectation through information for parents whose children were receiving services and would transit to Adults service. This idea is being developed through the Head of Transition a jointly funded post with Adult services.
- The application of a 'public health' type approach to parenting support, based on the application of all of the levels of the Triple P Parenting programme was well supported. It was accessible to more of the agencies and appeared to offer a wider range of benefits.

The benefits of a public health Parenting awareness programme would be to respond to early concerns of parents through information, involvement of volunteer parents, community groups and organisations, the voluntary and private sector to support and where necessary to signpost parents for professional help. This would reduce demand and referrals for more specialist help. The approach would engage the local media and co ordination of consistent messages about positive parenting.

Work has been undertaken to inform the proposal with service user experiences using an Arts led research organisation and a series of visits arranged within the Total Place Community– this will build on the findings of the surveys.

The Proposal “A Public Health Approach to Improving Outcomes for Children”

A Triple P is the only evidence based public health approach to parenting. In South Carolina and Brisbane, where the approach has been adopted, the impact on the demand for intensive service has been evidenced. The South Carolina scheme produced strong evidence for the reduced incidence of children being received into care and being subject of child protection proceedings as a direct result of the introductions of the public health approach.

This initiative provides the complementary element to the Triple P targeted programme, which addresses more serious parenting difficulties. This approach will have much wider reach (i.e. whole communities) and raise awareness of positive



parenting for the total population, thus contributing to empowering parents and helping them help themselves.

The service design as envisaged by colleagues from the working group, is for a pilot project to improve the emotional health and behaviour of children in a selected group of neighbourhoods in Birmingham using the Triple P public health approach. Discussions on the target area concluded that the Total Community area would be too small an area in which to measure the effect.

We would seek to show that this evidence-based programme reduces parental stress and the use of coercive parenting by fostering positive parenting strategies. Available at varying levels of intensity and designed to be delivered by individuals who already work directly with parents, it seeks to remove the stigma of asking for help with parenting, and break down parental isolation.

What is Triple P Public Health?

Developed by Matt Sanders at the University of Queensland, the Triple P intervention was designed to improve the behaviour and emotional health of children by teaching parents positive parenting strategies. The original version of Triple P was a weekly programme of parenting classes for groups of 10-12.

Since then, the programme designers have built extensively on these foundations, developing more and less intensive levels of intervention. The Triple P system now comprises five levels of increasing intensity. Level 1, the least intensive and most general, is a media and information campaign. Level 5 is a specially tailored programme for children with serious behaviour difficulties.

The original weekly group programme is now known as Level 4. This level is currently being implemented as part of the Brighter Futures strategy.

Five levels of the Triple P system

Five levels of the Triple P system	
Level 1	Community-wide media strategy
Level 2	Brief intervention for specific difficulties (2 x 10 minute sessions) Parenting seminars (3 standalone 90-minute sessions)
Level 3	Series of classes for specific problems (4 x 20 minute sessions delivered one-to-one)
Level 4	Weekly parenting group (8-10 x hour sessions)
Level 5	More intensive interventions tailored to specific children's needs



incorporated into 'business as usual' with appropriate training, coaching and support.

What distinguishes Triple P Public Health, is its use of a media and information campaign to accompany direct intervention with families. This element is not expected to make much impact alone, but rather to have an effect *in conjunction* with the more intensive levels of Triple P.

The media campaign, directed at the entire population, is intended to: normalise and acknowledge the difficulties of parenting; break down parental isolation; destigmatise seeking help; impart parenting information directly and alter the community context for parenting.

The pilot will test the model for its effect, cost and sustainability with a view to developing a public health approach to parenting support that could be rolled out across the city. The project will harness existing resources in the communities (particularly staff), draw upon in-kind contributions from partner agencies (e.g. venues, office space and expertise) and better co-ordinate current activity to maximise investments already made in children's services. It will encourage decommissioning of parenting support activity that has a poor evidence base and reduce duplication of provision.

Whilst the primary concern is with making the most out of existing resources, there are elements of the project that will require funding. Media engagement (use of the press, TV, radio and internet) is a critical component of the programme. There is limited expertise within children's services in this area, thus resource will be needed for advice, training and marketing. Parents will be recruited to act as advocates of the project to help reach out and engage 'hard-to-reach' parents. Volunteers will be offered training to help with the delivery of certain aspects of the programme, which for some may act as a stepping-stone into the labour market. This activity will need to be resourced although existing investments will be flexed in order to carry out a portion of this work. At the start of the project there will be insufficient capacity in the communities to deliver all levels of the programme. Additional capacity will be commissioned from the third sector. The pilot project will need to operate for three years in order to be effectively evaluated.

The strategic benefit of the proposal will be to support the move from reactive to preventative working, and the corresponding shift of resources from high cost specialist services to early intervention that meets the needs of children and young people. As a result, resources will be distributed more efficiently; with preventative and targeted support meeting additional need earlier and significantly reducing the numbers of children with complex needs requiring intensive and expensive specialist services.



Issues, Barriers and Capacity

This process thus far has been a journey – This initiative requires funding – but should have the support of Be Birmingham. The level of investment, premised on the Total Community area but this may not be large enough, equates to less than the cost of two children developing a conduct disorder to the age of 28.

An audit of current activity and investment is required once the area is chosen – this will require further dedicated resource.

The proposal requires the co-ordination of resources currently deployed to supporting parents around the Triple P approach – although widely used in Birmingham it is not the only programme supported by the partners to the Children's Trust.

During the pilot phase resources will be required to establish an infrastructure to engage the practitioners and community, forge relationships with providers and pilot the approach before it can be adopted as business as usual. The detail of the budget will depend on the size of the area chosen – premised on the Total Community area this would amount to approximately £140,000 new investment and the reconfiguration of current investment.

The use of the Total Community area was examined as the area for the pilot it was however judged too small an area to work effectively.

Triple P is a commercial product and therefore it will be necessary to purchase licences to use these products.

Further work will be undertaken with partners to identify sources of start up investments.



Appendix 2: Drugs and Alcohol Theme

Introduction

The Drug and Alcohol theme, which has been led by The Birmingham Drug and Alcohol Action Team (DAAT), has focused on the overall objective of Total Place (to explore ways of securing improved outcomes for the residents of Birmingham at less cost through fundamental change).

Drug misuse is a significant issue in Birmingham as in other cities. The DAAT estimates there are 11,274 persistent drug misusers (PDUs) in Birmingham, of whom around 15% are injecting drug users.

Drug misuse causes significant social costs. National analysis by York University in 2006 estimated the average social costs of Britain's 330,000 problematic drug misusers at £44,231 per year, a total of £16.4 Billion². NICE estimates health and crime costs of each injecting drug user is £480,000 over their lifetime.

Drug misuse costs Birmingham around £500m per year. The York figures imply social costs of Birmingham's 11,274 PDUs at around £500m per year. We have so far identified costs of £25 million on acute treatment, £6 million on mental health treatment, £31 million on benefits payments and £33 million on costs to the criminal justice system.

Birmingham has good drug treatment services with around 84% of people retained in treatment for the target 12 weeks which evidence shows gives a good chance of significant change. This is higher than local, regional and national averages. The National Treatment Agency has supported local Drug Action Teams in applying evidence to their commissioning decisions around prescribing and psychosocial interventions.

Drug treatment is cost-effective. The national Drug Treatment Outcomes Research study (DTORS) has assessed the outcomes, costs and benefits of tier 3 and 4 drug treatment in England (specialised interventions including hospital/ residential options). They confirmed that treatment led to improved health and reduced costs for other health and social care services and 80% of clients benefited as individuals. It also concluded that the benefit-to-cost ratio for expenditure of treatment services is 2.5 to 1. Earlier work by the Home Office showed that for drug treatment overall the savings were £9.50 for each £1 invested in treatment.

² York University for Home Office - economic and social costs of Class A drug use in England and Wales (2006)



Alcohol misuse costs even more than drug misuse. Alcohol is estimated to lead to £20 Bn of costs annually – around £713 Million pa in Birmingham³. These costs include⁴:

- Crime/Public Disorder (47%) including CJS service costs
- Workplace costs (40%) including alcohol-related sickness
- Health (13%) including health service costs of alcohol-related harm

In terms of service costs in Birmingham, we have so far identified costs to the NHS of alcohol related harm of £53 million, criminal justice system costs of £42 million, and benefits payments £5 million.

Alcohol misuse causes major health problems and is getting worse. Alcohol misuse leads to 180,000 hospital admission and 22,000 deaths annually. Around 2/3rd of A&E peak weekend workload is alcohol related. Of particular concern is the rapid increase in alcohol related and specific hospital admissions. National Indicator 39 reveals a year on year increase of 8 to 10%, both in the Birmingham area and nationally

There are significant links to our other Total Place themes – for example, around 35% of alcohol misusers have a psychiatric diagnosis, 25% of drug users also misuse alcohol, over 1 million children are growing up in families where parental alcohol problems exist and around half of child protection cases involve alcohol misuse. Drug and alcohol misuse is related to social and economic disadvantage, truancy and delinquency, family relationships and pre-existing behavioural problems such as Attention Deficit Hyperactivity-Disorder.

But recovery from drug misuse is less well developed. Nationally, around a fifth of people who complete treatment are recorded as relapsing within twelve months (the actual figure is likely to be higher). Locally we know only one-third of clients complete their programme successfully. Recovery is the process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society. We identified the need for better service integration – to overcome barriers to recovery such as mental health, homelessness, and unemployment.

³ Alcohol Strategy quote Godfrey based on Cabinet Office Strategy Unit research (2004)

⁴ Birmingham's Alcohol Strategy 2007-10



Our Work

The focus of this Total Place pilot was:

- **Supporting recovery from drug misuse:** 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?
- **Specific work on frequent attenders at A&E units:** how can individuals who are dependent drinkers and need to regularly attend hospital with acute emergencies, be offered intensive multi- agency community- based support to stabilize and manage their condition?



Supporting recovery from drug misuse

Birmingham performs well on drug treatment targets. Treatment effectiveness is currently measured through the percentage of drug misusers retained in treatment for 12 weeks or more, the length of time research suggests that an individual needs to stay in treatment to begin to accrue benefits. The retention rate has risen to 86%, higher than local, regional and national averages.

Treatment works where it is completed. Outcome data demonstrates substantial reductions in daily drug use in the first 6 months of treatment. About 20% of clients will be in paid employment during this time. But over the initial treatment period, only about one-third of clients will complete their programme successfully, a further third will transfer to other programmes or commence a custodial sentence and one third will drop out of treatment altogether.

Substance misusers see their counsellor as crucial. Our customer journey mapping work clearly showed that clients were confused by current service offerings (we counted over 70 leaflets offering different services). Whilst the client was often unclear on the path they could follow to achieve their goal of a better life, they felt confident in the advice of support of their counsellor and had a near total reliance on this individual to support them through the process. We therefore want to understand how we can make cost-effective arrangements for clients to be supported through the process in this very personalised way.

We conclude that present programmes could deliver a higher proportion of successful outcomes by reducing the number of clients who drop out of their programme (this has already started to happen) and by developing strategies that address the challenges presented by clients who are unable to continue with change after the first six months.

The three main intervention modalities reported by Birmingham agencies treating clients for drug misuse are structured psychosocial interventions, specialist prescribing and GP prescribing. Other types of intervention are offered much less frequently.

More holistic responses can help maintain recovery better. Experience in the UK and Philadelphia suggests that other, more holistic, approaches to treatment can maintain momentum for change beyond the initial six month period. By working closely with other agencies, they offer opportunities for clients to achieve significant personal change and progress towards a more settled lifestyle where they can support themselves through employment.



We will build on their experience to design a recovery programme linked to existing treatment programmes, so that the momentum for change is maintained after the first six months in treatment. As the objective for clients is for them to achieve a stable, self-supporting lifestyle this process requires the active engagement of other agencies who can support them in this aim. These include

- BCC Housing and its Supporting People programme
- Job Centre Plus
- Third Sector Providers beyond addiction services
- Probation Service

In designing our approach, we are exploring the experience of other successful projects in the UK, notably in the Wirral, Liverpool and Burton on Trent, and ensure that there is a strong focus on improving employment prospects as a major component of lifestyle change.

We have identified the following issues as being crucial in the development of a recovery programme for Birmingham:

- A streamlined assessment process which challenges clients, but addresses their strengths as well as weaknesses;
- A development programme to ensure that everybody working with drug abusers understands the philosophy of recovery;
- Practical acknowledgements of the link between recovery and citizenship;
- The high value placed by users on having a consistent key worker to support them through the recovery process
- The ability for clients to go back to their key worker if they need support after they have completed their treatment or recovery programme;
- Recognition of the part that non-professional support can play in the recovery process.

Frequent attenders at A&E Departments and those admitted to acute hospital beds

We now know that alcohol harm costs the NHS in Birmingham over £50m a year. Our strategic approach to alcohol is less well developed than for drugs, therefore we have chosen to focus on a particular segment of the issue for the purposes of the pilot. This is the several hundreds of alcohol misusers who make very high level demands on hospital A&E departments, and at a more costly level, are admitted to the acute sector.

One dependent drinker was admitted to hospital 24 times last year. This person had contact with the NHS on over 80 days that year and cost £34,000 to treat



The membership of the multidisciplinary team includes:

- GP
- Psychiatrist
- Social worker
- Primary care nurse
- Community psychiatric nurse

Other input from:

- Supporting People
- Probation services
- Treatment providers
- Housing

Future treatment costs for alcohol dependent adults are expected to fall as the health of this cohort is stabilised. This will result in fewer emergency hospital admissions with a consequent saving on acute treatment costs.

The hospital involved this program serves residents in our “Total Community” pilot area so this initiative is likely to have an impact on that pilot theme also.



Issues and barriers

We have identified several issues in our work to date, some relating specifically to policy in relation to drug and alcohol abuse and some with wider application.

Current drug treatment targets fail to encourage full recovery. In relation to drug treatment, we are concerned that there are dynamics within the drug care and treatment system which limit the incentive for clients to become methadone-free and the reward to treatment organisations to secure this change. It is important that performance criteria encourage and support this approach at the appropriate point on the individual client journey.

The ring-fenced Pooled Drug Treatment Budget stops localities commissioning the most effective interventions for their area. We also share the concern identified by the other Total Place pilots looking at drug and alcohol issues in relation to the ring-fencing of the Pooled Treatment Budget. At present funds have to be focussed on the delivery of Treatment Plans and meeting National Treatment Agency (NTA) targets. Where these targets have been met, we would like to be able to channel some of our resources to improving alcohol provision.

Financial costs and savings need to be shared across partners. A key issue for us is the need to ensure that mechanisms are put in place to ensure that the financial benefits to other services resulting from investment in more effective treatments and recovery programmes are realised. We are aware that this is an important issue for other Total Place themes in Birmingham and elsewhere.

Partner engagement will be key to successful implementation. We are also aware that the impact of wrap-around provision such as that we are intending to introduce in the Heartlands Hospital will depend to a significant extent on the willingness of participating organisations to review their organisational design in order to be able to respond flexibly and speedily to the needs being identified by the multi-disciplinary team. This requires the full engagement of a range of partner organisations – a theme which we are exploring in the next stages of our work.

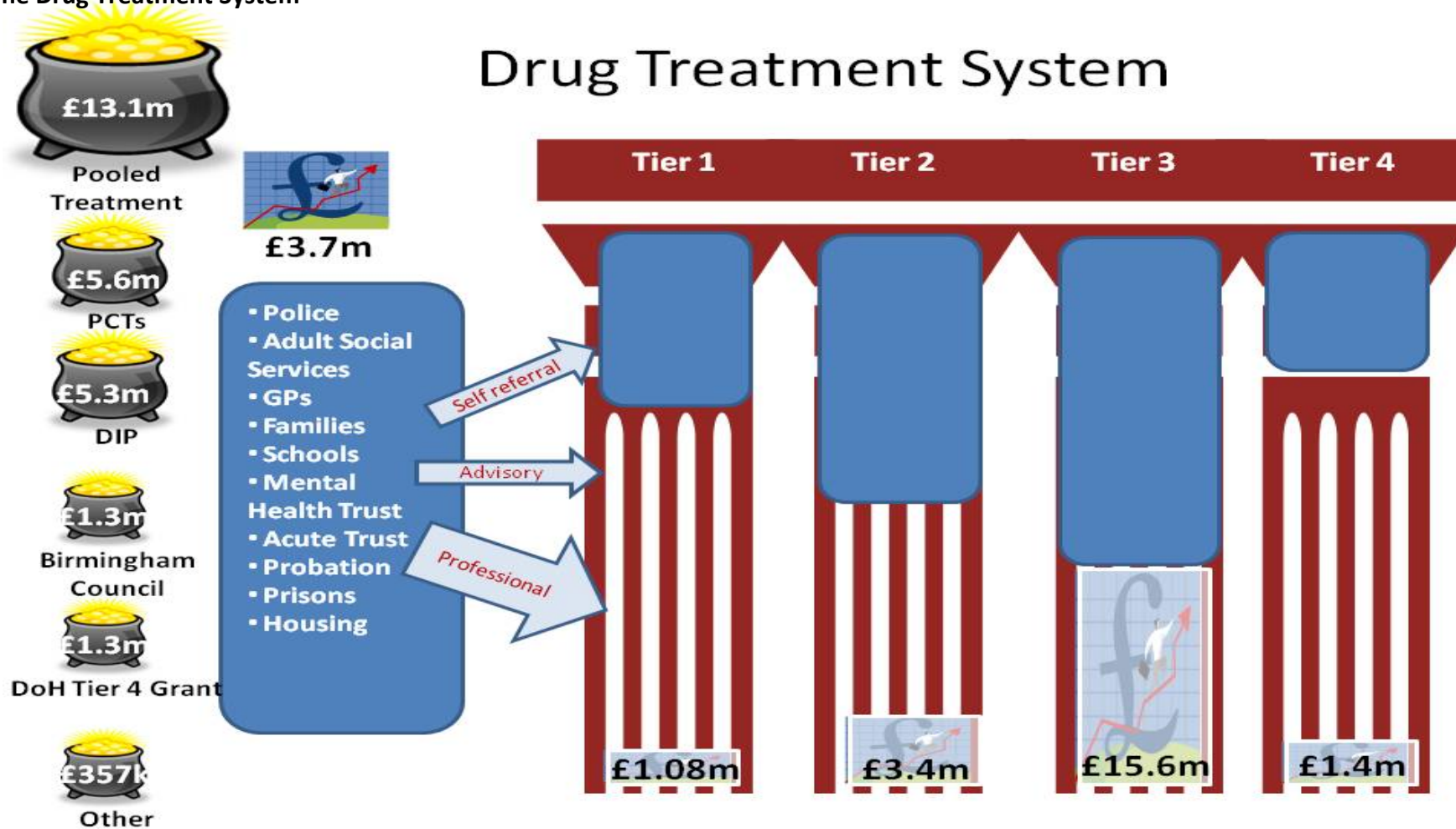
Government needs to develop a national Performance Framework to support the National Alcohol Strategy for England. The strategy provides a sound framework for addressing alcohol harm, but falls short of ensuring that deliverables are achieved and that there is local ownership across all agencies. The Birmingham experience to date demonstrates a need for this framework to be developed and we would be willing to lead on it.

Government needs to act on the price and availability of alcohol. In relation to action on alcohol abuse, we are concerned that the continuing lack of action

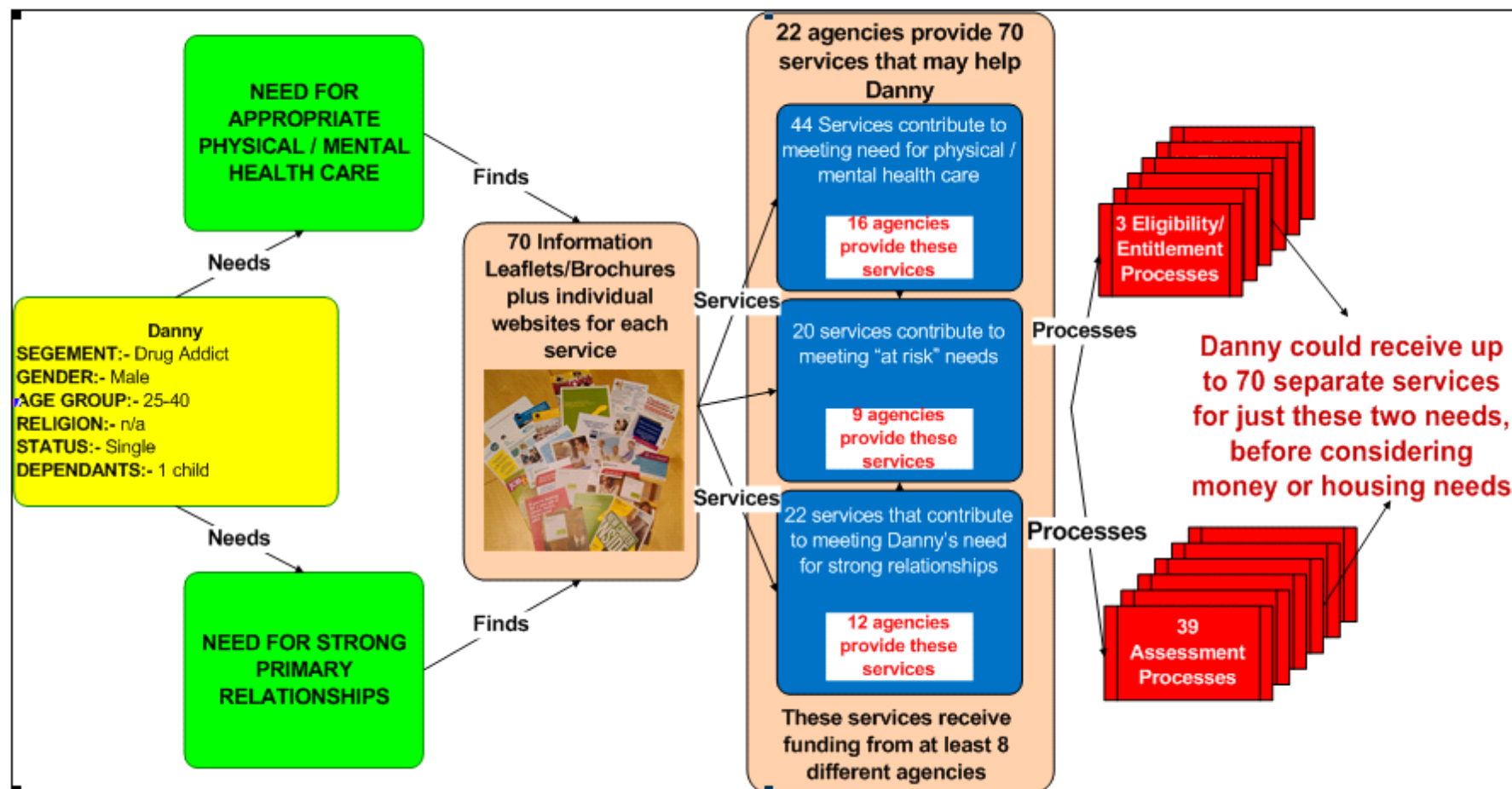


nationally on the price and availability of alcohol could undermine the action that we and other areas are taking locally. In Birmingham the council has adopted an imaginative and ambitious approach to the use of its licensing powers, but has limited influence over supermarket sales. We are keen to see policies such as the minimum unit price pursued nationally.

The Drug Treatment System



The Drug System from a Users' Perspective





Appendix 3: Mental Health Theme

Introduction

Currently services are commissioned for people with a Mental Health problem from (in general) the age of 18; although occasionally services are required for 16/17 years old based on need rather than age.

Services include:

1. Primary Care Mental Health Services for mild to moderate mental health problems which do not require referral to secondary care specialist services.
2. Interface Services such as teams which bridge the gap between primary and secondary care or systems which allow supported discharge to primary care.
3. Care services which provide a system of care for people with serious mental illness and should include:
 - Community services (general & specialist)
 - Medical Outpatient services
 - Early Intervention services
 - Specialist outreach and community services
 - Home treatment services
 - Inpatient services
 - Recovery Services
 - Rehabilitation services
 - Respite services
 - Inpatient Services (Including Psychiatric Intensive Care)
 - Mental health Liaison services to acute hospitals
 - Age appropriate services for older adults
 - Place of Safety
 - Specialist high cost low, volume services such as neuropsychiatry, mother and baby services, eating disorders and deaf mental health services
4. Holistic services to complement and enhance the system of mental health care, for example:
 - Day and leisure opportunities, work and meaningful activity
 - Mental health promotion, ill health prevention & physical health care
 - Accommodation and settled places to live

- Community development workers
 - Advocacy services
 - Culturally sensitive and some culturally specific services
 - Service user and carer involvement services
5. Dementia services for specialist health interventions including early onset Dementia.
 6. Complex Care services/placements for clients who cannot be managed locally or do not fit the criteria for the West Midlands Specialist Commissioning Team for Forensic Services.
 7. Overspill placements when there is no local capacity.
 8. NHS Continuing Care placements for younger & older adults.

Services may be commissioned from the NHS statutory service, Local Authority statutory providers, the private-sector and/or the third sector both within and outside Birmingham. Some services are commissioned and procured through block and cost and volume arrangements, others on a bespoke client by client basis. Services not included in the scope of this theme are: prison mental health services, child and adolescent mental health services, substance misuse services, alcohol services, learning disability services

The Financial Picture

The directly attributable cost of the provision of services to citizens with Mental Health problems in 2009/10 was £228.5m. This expenditure is analysed further below:

Type of Service	£m
Care service	130.4
Forensic mental health	35.8
Complex care	12.9
Dementia services	12.5
Supporting people	10.2
Holistic services	8.9
Primary care mental health services	4.2
Prison Mental Health services	3
Other	10.6
TOTAL MENTAL HEALTH SPEND	228.5



This comprises:

Comprises of:	£m
NHS spend	141.5
Non NHS providers	17.9
Forensic Mental Health	35.8
Birmingham City Council	33.4
TOTAL MENTAL HEALTH SPEND	228.5

Our work to date

People, communities and service users and their families tell us that they have difficulty accessing some services and others are beyond their reach for a range of reasons. Also, some services do not fully meet their needs and there is often a lack of a joined up approach between agencies which can effect outcomes and increase costs.

This theme will deliver better more cost effective outcomes by looking at all of the current or future state services or budgets which service users either do or could make use of. Collaborative and co-production with providers and users in understanding the issues and developing the solutions will be a key principle and service users will become a key part of our delivery and governance.

The wider aims are to:

- understand barriers to accessing or making use of existing services or budgets (e.g. lack of awareness, eligibility criteria or lack of specialist facilities).
- Investigate the effectiveness of current services in terms of service user satisfaction and achievement of intended outcomes
- develop ideas for future shape of services or resources that achieve better outcomes
- achieve results beyond health and social care needs, such as employment and leisure

The intentions of the theme are to deliver:

‘Commissioning in partnership to achieve excellent outcomes for citizens’

and have focussed on these three questions:

1. how do we build an all inclusive culture that engages people with mental health problems?



2. how do we personalise Mental Health services?
3. how can we deliver better outcomes for citizens of Birmingham with mental health issues for less cost?

The Mental Health theme has focussed on identifying opportunities to realign service provision. Opportunities include:

- Reduce the proportion of expenditure on residential care from 55% to 40% with an aspirational target of 30% of total expenditure over the next three years.
- Realign service provision to support service users with serious mental illness safely and appropriately in primary care rather than secondary care.

The proposal

The pilot which is a proof of concept project, is being undertaken in Sheldon and Shard End. The area comprises 12 GP practices with 60 service users currently managed within that Community Mental Health Trust (CMHT). The scope of the pilot is defined as developing a redesigned service that moves away from a secondary care focus to meet the needs of a group of service users with stable serious mental illness (SMI) whose needs would be better met by providing a holistic and recovery model delivered in their home (where feasible) and in the local community.

A new Access and Wellbeing team will be established to meet the medical, social and holistic needs of the service users but will proactively focus upon meeting the personal and social needs of service users in the following areas:

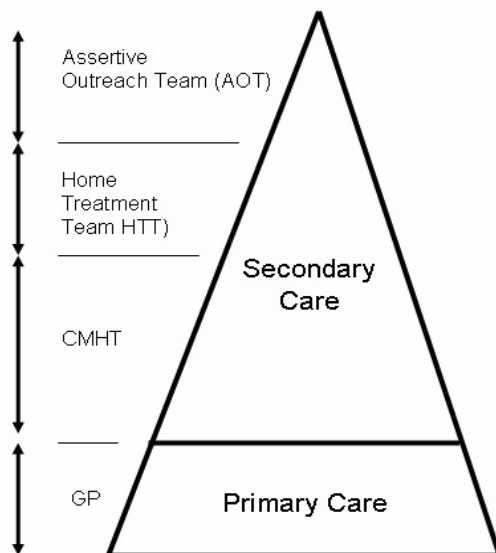
- social care
- physical health
- employment/benefit support and
- accommodation/housing support
- active citizenship

The Pilot will deliver additional capacity within secondary care resources to focus on those service users with most need. The shift in provision can be represented diagrammatically:

If the pilot is successful it will be replicated across all 19 CMHTs in the City. **Our estimate is that this would yield savings of approximately £5m from the current £228m spend.**

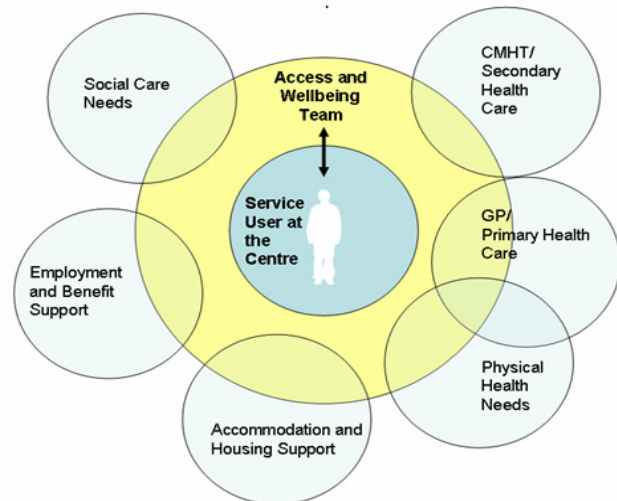
NOW: Services Oriented

Service Delivery is constrained by the structure of the organisations that supply services to Mental Health service users



THE FUTURE: User Oriented

Enabling Active Citizenship with each user participating in the identification of their individual needs then the service delivery being tailored and delivered in the home where feasible



The support of the Access and Wellbeing team will release CMHT Secondary Care expertise to focus on supporting those service users with the greatest Mental Health intervention needs

The benefits of the new pathway are:

- delivered in primary care (service users' own homes wherever feasible)
- holistic and recovery focus with service user at the centre of care packages
- social care interface and input
- employment/benefit and housing support
- improved communication and correspondence with GPs
- Enables Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) to focus on service users with the highest level of clinical need resulting in the more effective deployment of financial and human resources

The total cost of the pilot is £400,000 including the Access & Wellbeing Team accommodation costs.

The project forms part of the wider redesign of primary and community mental health services taking place in conjunction with BSMHFT.

This strategic redesign is intended to deliver better services for less money and to release savings for commissioning organisations and the foundation trust. This will



include some decommissioning and re-commissioning of services as well as redesign of existing services.

The new redesigned services will be delivered for less than the current amounts of spend on primary and community mental health. The costs of this pilot project and of any future wider Access and Wellbeing teams across the city will be met from within the budget of the wider redesign.

Issues and barriers

The project is at an early stage and the major issue is that although it is envisaged that this approach will be beneficial for service users at lower cost as yet no indication of a cost benefit case can be proved.

Beyond this the key risks and threats are:

- Lack of engagement by primary care. Mitigation is GP involvement in project group, design of pathways and regular communications
- Lack of engagement with the existing mental health foundation trust (BSMHT). Mitigation is the continuous engagement with clinicians, a governance structure that supports the project and regular feedback to the BSMHT Executive Team
- Service users do not wish to engage. Mitigation is the involvement of service users in the design of pathways and regular consultations and communication to ensure that service users are aware of the benefits
- It is not possible to deliver the new service. Mitigation is the development of a robust service specification, involvement of providers in the design of the pathways supported by robust outcome monitoring.



Appendix 4: Learning Disability Theme

Introduction

Birmingham's expenditure on learning disabilities in health and social care has been characterised by an over-reliance on traditional residential and day care. At 44%, the council is in the top quartile of English local authorities for its expenditure on learning disability residential care and needs to make the journey from 'careland' to 'communityland'. These terms, coined by the Department of Health, describe councils with high spend on residential care as opposed to those where there is a higher proportion of spend on supported/independent living and community support services.

The key steps we are taking in Birmingham in our journey towards communityland are integrated commissioning and intensive work to reshape the market and drive down the costs of packages of care, and the introduction of individual budgets in parallel with more effective approaches to prevention and enablement. Our aim through personalisation is to reduce the average cost of learning disability packages over the next ten years.

The Financial Picture

The combined investment in support for people with learning disabilities in Birmingham is £141.4 million, including primary and secondary health services and social care, Supporting People and investment in training and employment.

Analysis of learning disability care packages has revealed that the 260 people with highest needs cost £54m per annum, amounting to one seventh of the Adults and Communities Directorate budget, and an even higher percentage of the pooled budget under our Section 75 agreement.

Our Work

Integrated commissioning: helping people with learning disabilities to take control of their lives through self-directed support

Birmingham City Council and the three Birmingham Primary Care Trusts, working together in the Birmingham Health and Wellbeing Partnership (BHP), are developing integrated commissioning arrangements and a pooled budget through a Section 75 agreement for learning disabilities and mental health. The Birmingham Joint Commissioning Team is driving this work, and has also taken the lead role in the Total Place learning disability and mental health themes.



The BHWP's longer-term aim is integration across the health and care economy in Birmingham through the development of a citizen-led commissioning pathway driven by people's needs and desires. The focus will be on supporting people to direct their own care and empowering them to exercise the same rights and choices as everyone else in Birmingham.

Hence the Birmingham Joint Commissioning Team has adopted *Birmingham without boundaries* as its vision statement, signalling the team's determination to move towards a whole system approach, blurring arbitrary boundaries between condition and age-specific commissioning.

Total Place has provided renewed impetus to Birmingham's drive to transform the lives of people with learning disabilities in line with *Valuing People Now* and *Putting People First*, the government's national policy frameworks for learning disabilities and for self-directed care.

Valuing People Now is an all-encompassing approach to improving the quality of life enjoyed by people with learning disabilities. It challenges all partners in a locality to work together to promote the wellbeing and equal rights of people with learning disabilities in *all* spheres of their life, encompassing family, education, training and work, leisure, sport and culture, as well as access to high quality health and care services.

With partners already engaged in Birmingham's own *Moving On* project aimed at modernising and personalising an outdated and costly model of care, Total Place has sharpened their collective focus on maximising the impact of the public pound and on empowering people with learning disabilities to choose and direct their own care close to home.

Questions and challenges addressed

The first question posed in the learning disability Total Place theme was how to join up the 'offer' of services and support in the community for people with learning disabilities. In addition to the £141.4 million spend in direct services for people with learning disabilities, we know that people with LD also access a wide range of other state provided or facilitated resources, including universal services such as leisure and transport.

These services have the potential to maintaining the well-being and quality of life of people with LD, and can empower them to live life as fully included members of their local community, but only if they are fully accessible. At Birmingham's Learning Disability Partnership Board and other engagement forums, people with learning



disabilities and their carers often talk about the barriers they face in accessing universal services in the community. Some services available do not fully meet their needs, and there is often a lack of a joined up approach between agencies which can affect outcomes and increase costs.

Our second question focused on utilizing the potential of individual budgets to empower individuals and personalize services. One of the principles of individual budgets is to join up all available sources of funding so that individuals can self-direct their entire personal 'pot' of public funding to meet the outcomes most important to them.

Our aspiration was therefore to apply the Total Place philosophy and methodology to modeling individual budgets for people with learning disabilities. This would include identifying all possible funding streams across Birmingham (e.g. all city council, NHS, Jobcentre Plus, DCLG and DWP funding) and understanding and aligning with national policy drivers and pilots (e.g. DWP's Right to Control For Disabled People trailblazer scheme).

As our scoping work progressed, it was apparent that further work would be needed to map all the resources which could flow into an all-encompassing individual budget for a person with learning disabilities. Hence, as the Birmingham Joint Commissioning Team develops the new joint commissioning strategy for learning disabilities, it will need to link closely with the Health and Wellbeing Partnership's personalisation work-stream, ensuring that development work undertaken by both Adults and Communities business transformation and by the PCT project team leading on personal health budgets takes account of the needs of people with learning disabilities.

As our Total Place LD work unfolded, for pragmatic reasons (including the availability of information and the capacity of staff across the full range of agencies to work with us), the project has been re-focused on two themes:

Yes And: Removing barriers to partnerships on the frontline

The leadership teams in Adults and Communities and in NHS South Birmingham have recognised that too often disagreements over funding and difficulties in communicating and sharing information between staff teams hinder the provision of effective and timely support for people with learning disabilities. Delays and disputes over funding, for example, continuing care, mean that opportunities for preventative interventions are missed. Failure to work together effectively across agencies as young people with learning disabilities approach the transition to adulthood can often mean that the young person is offered an expensive residential placement and



other options, for example community support or training and employment routes, are not explored.

To start to tackle these barriers, an innovative training programme for frontline staff was delivered by the *Yes And* theatre group. This training brought together large numbers of staff from Birmingham City Council's learning disability operations and from South Birmingham Community Health (PCT provider organisation), as well as other partners from the third sector.

The sessions focused on culture and mindset, and aimed to get staff to move from an instinctive 'Yes but' reaction, which immediately closes down the potential for co-operation to more positive 'Yes and' and 'Yes I/we can' responses which open up the possibility of effective joint action to meet the person's needs.

Basing their scenarios on interviews with managers and staff, the *Yes And* team acted out situations where disputes about funding and /or shared responsibility for service users arise, and then challenged participants to think through and act out solutions. The sessions have encouraged staff to reflect on how they can change their own behaviour to support partnership working and ultimately to improve outcomes for people with learning disabilities

***Yes And* follow-up: meeting the highest needs through multi-disciplinary approaches**

The *Yes And* sessions were aimed at helping staff to recognise that, across the system, we are not organised in effective ways to respond to those individuals with the highest and costliest needs. The outcomes of the sessions have had a major impact on our plans for the restructuring and new organisational design of Adults and Communities, and we are currently exploring the potential to develop multi-disciplinary teams focused on the people with the highest needs.

Total Place network event for learning disabilities and mental health: On Monday 30 November, a wide group of some 100 stakeholders across Birmingham's partnerships met to shape Total Place working across learning disabilities and mental health. Participants split into workshops to discuss how commissioning resources for both learning disabilities and mental health could be integrated and used more effectively to support citizens; how frontline practitioners could work together more closely and how common assessment frameworks and data-sharing systems could support integration; and how services could be safely de-commissioned and/or redesigned.



Analysing the approaches to training and employment preparation in Birmingham

The Total Place initiative has coincided with a period of renewed internal and external scrutiny of Birmingham's performance in getting people into employment, in line with the national focus on this issue catalysed by PSA 16 (percentage of people with learning disabilities and mental health needs in settled accommodation and in employment) and by the *Valuing Employment Now* strategy.

The *Out to Work* review was completed in November 2009 by Birmingham City Council's Adults and Communities and Development Directorates. Recommending the application of rigorous Total Place thinking to the city's collective investment, the review challenges commissioners to make more effective use of the Birmingham pound to support disabled people into real jobs, and to support businesses run for and by disabled people.

Although the review draws mainly on evidence from the council's own Disability Employment Services, its key finding is that a joined-up approach to commissioning employment support across all agencies and sectors is urgently required. This should be accompanied by targeted strategies to promote employment for disabled people across the public sector in Birmingham, and by a renewed effort to stimulate social enterprise development and to engage private sector employers.

The review also identifies a leadership challenge for public sector commissioners if they are to deliver on targets for radically increasing the numbers of people with learning disabilities in paid employment in Birmingham. The review recommends that lead responsibility for disability employment commissioning is clarified through an integrated governance board firmly anchored in Birmingham's family of partnerships, reporting into the Health and Wellbeing and Employment partnerships and ultimately to Be Birmingham.

In response to the review, and to an analysis of other published evidence and best practice guidance prepared by iMPower, further work will need to be undertaken by the Joint Commissioning Team on the linkages between individual budgets and employment. Research evidence suggests that job coaching is a highly effective way of supporting and sustaining people with learning disabilities in paid employment. Individual budgets can be used to purchase job coaching, and commissioners will need to explore ways of shaping the market to ensure that there is an adequate supply of skilled coaches.



Issues and Barriers

Perhaps the key learning point arising from the Total Place pilot on learning disability is the need for more effective information sharing, both at the organisational level and in relation to individual service users, especially those with the highest needs.

It has proved challenging to assemble a full picture of the total levels of investment in learning disability services (including those universal services which are, or could be, accessed by people with learning disabilities). In addition, further work is needed to map the sources of public funding, including benefits, which could flow into an all-encompassing individual budget for a person with learning disabilities.

Participants at our Total Place seminar identified the lack of a common assessment framework and supporting IT system for adults as a barrier to effective information-sharing between agencies about individual service users. This militates against the early preventative interventions which could both promote a better quality of life for service users and savings across the health and care 'economy'.

Limited capacity and time for collaboration and competing performance regimes in different agencies were also identified at the seminar and at the *Yes And* training sessions. The advent of joint commissioning and the Health and Wellbeing Partnership's goal of integrated commissioning for all citizens/client groups in Birmingham presents opportunities for joining up organisations and breaking down arbitrary boundaries through the development of a shared performance framework focused on improved outcomes for people.



Appendix 5: Gangs Theme

Introduction

The impact of gang culture and related violence continues to generate fear among communities. In Birmingham, gang violence peaked in 2003, when a series of murders and attempted murders focusing national and international media attention on Birmingham. The very public nature of that violence, often committed in city streets and witnessed by innocent citizens, presents an ongoing challenge to both police and statutory partners.

Birmingham recognises that such a challenge can only be met by collaborative partnership, ensuring that offenders are caught and convicted, offering help and rehabilitation to those who want it and ensuring the community has a strong moral voice.

Since 2003, we have learnt much about the deep rooted and complex nature of gang violence and the need for a holistic approach involving the full aspect of public services working closely with the community. BRGV has been successful in implementing an innovative set of interventions which have suppressed and mitigated the risk to communities from gang violence. This has been achieved through effective offender management, high risk conflict resolution, child safeguarding and support to families and individual offenders to encourage an exit from gang lifestyle.

The violence and crime associated with urban street gangs is cultivated in families where there is intergenerational gang membership and a criminal lifestyle is regarded as the norm. These challenging families need a range of effective interventions that will help re-orientate their values and provide hope of better opportunities for them and their children

In the context of gang violence the emphasis on prevention includes interventions that stop young people becoming involved in gang violence in the first place and interventions within communities to help prevent the conditions that support gang influence from emerging.

The Financial Picture

Safer Birmingham Partnership (SBP) spends **£1.2 million annually** on work to control the level of risk posed by known gang members. However the real cost to the city is that of the consequences of gang related violent crime.

Identifying this cost is difficult because statistics do not distinguish gang related offences from other offences. The project concentrates on gang related murder, attempted murder and serious wounding as high profile crime that was more easily attributed to gang activity through analysis and review by specialist intelligence officers.

- 2009- Jan 2010 1 murder , 5 attempted murders
- 2008-2009 2 murders, 8 attempted murders⁵
- 2007-2008 1 murder, 9 attempted murders

Based on Home Office estimates, the criminal justice (including prison) costs of a murder are, on average, £1.4m and costs of an attempted murder are from £25,000 upwards (although the lower figure has been used here to ensure costs are not overstated). Based on these cost estimates, the cost of gang related violent crime was:

Cost of Gang Related Violence	
2009 / Jan 10	£1.525m
2008 / 09	£3m
2007 / 08	£1.625m

So, a very conservative estimate of the total cost of gang related violent crime from 2007 to Jan 2010 is £6.15m (of which murder costs total £5.6m; attempted murder £550K)

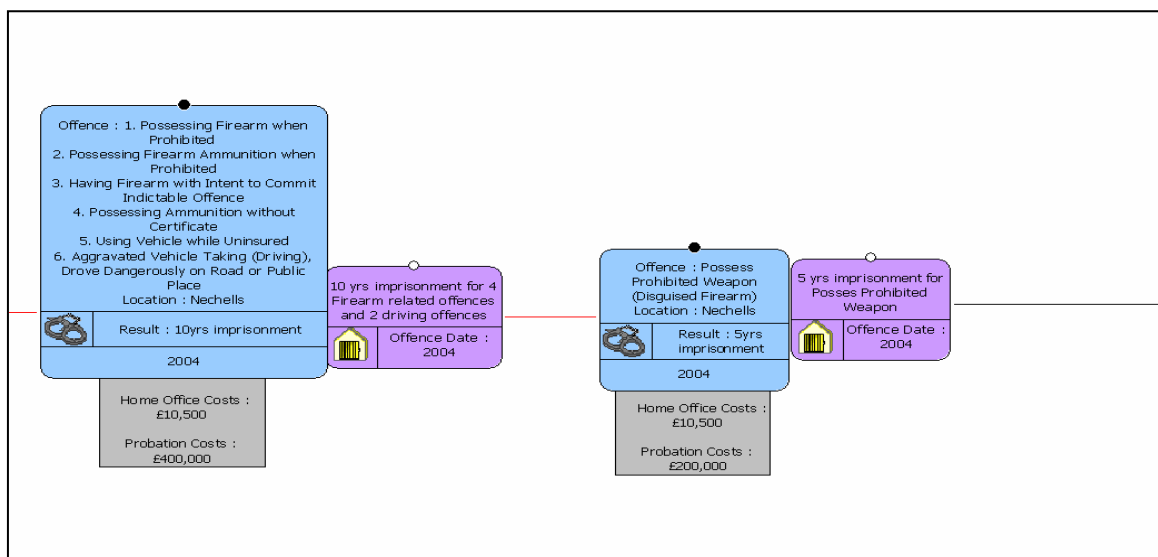
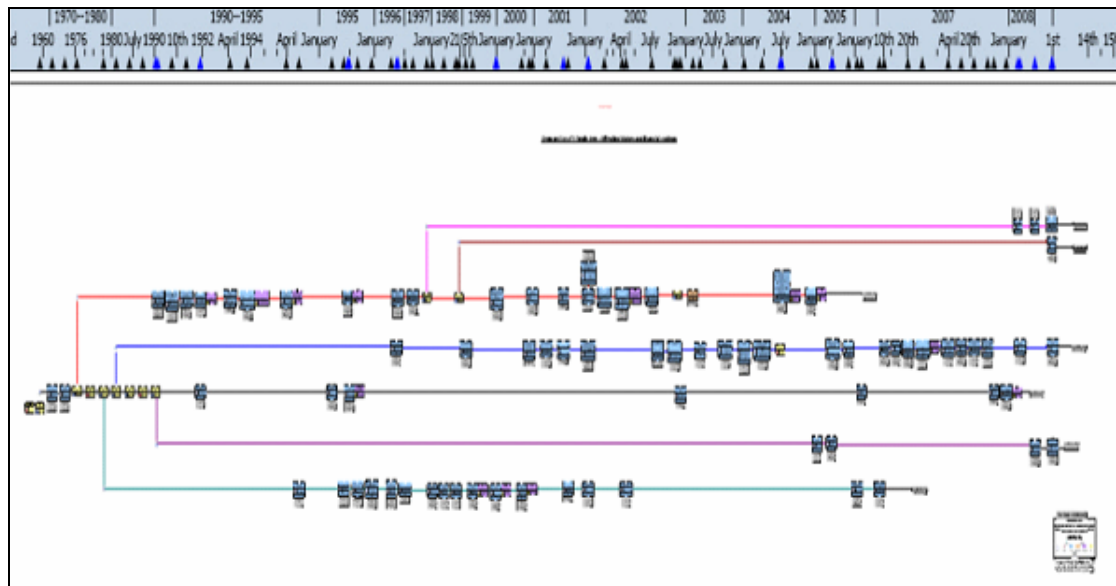
These figures understate the total cost substantially in that they include only criminal justice costs and not those of other agencies, and also because many gang related serious woundings are not reported to the police.

The Criminal Justice costs of two elements of dynastic gang families

In order to assess the financial and criminal consequences of gang families (and also highlight the potential benefits of successful family based intervention), we have mapped a dynastic gang family, extracting one branch of the family tree showing the criminal history of one of five sons of a senior gang member. In order to gain an indication of the scale of costs it is assumed that – on average - similar costs will be incurred by each of the five sons given that all are known to be criminally active.

⁵ These may have been categorised as sect.18 wounding with intent, where motive / intent could not be established. For the purposes of cost calculation these offences been treated as attempted murder

The criminal career of father, son, and grandsons was mapped and costed from the 1970s, to the present day. The cut down representation of the 'family tree' offending chart below shows a timeline for each family member with each box on that line representing an individual criminal offence. The size of the original chart prevents detailed replication here, although a sample of an offence box is also shown for illustrative purposes.



For comparison, a similarly constituted family associated with the second major Birmingham gang was analysed. The total criminal justice costs for one branch of these families was:

Total Criminal Justice cost	
Single branch of Family 1	£4.8m
Single branch of Family 2	£ 2.7m

- **The total costs associated with single branches of two gang family trees were £7.5m over approximately 40 years**

This does not include costs associated with:

- Benefits claims
- Education
- Health services
- Supported housing

As this is assumed to represent one fifth of family's criminal activity, the following can be inferred:

Total cost of three generations of Family 1 is £23.8m

Total cost of three generations of Family 2 is £13.7m

- **Total cost of 2 dynastic gang families, over three generations is £37.5m**

The Multi-Agency Gang Unit (MAGU) estimates that there are five such dynastic criminal families in each of the two main gangs, Johnson Crew and Burger Bar Boys.

The estimated criminal justice costs of the ten main dynastic gang families in Birmingham is consequently:

- **Total cost of 10 major dynastic gang families is £187.5m over the last 40 years.**

This estimate is built on a number of simple and reasonable assumptions. However, it is likely to seriously underestimate the total cost of gang violence in that:

- Figures relate only to 10 dynastic families. There are many gang members outside of these families, committing serious offences.
- Only criminal justice costs are currently included (further work is ongoing to capture data on other associated costs such as the medical consequences of gang activity)
- Costs related to less serious criminal behaviour, retaliatory offences, non-reported offences and the victims of crime are not considered.



Our work

Our key question is:

“How can we work better together to build resilience to gang influences and reduce the risk of harm within communities?”

Based on a review of current research and analysis of intelligence relating to familial and social networks of gang members, we have decided to focus on early intervention with birth children and siblings of known gang members. We have also investigated existing and planned interventions within children’s services (Brighter Futures) to identify where there may be synergies with our planned approach.

The Gangs Total Place pilot will provide an opportunity to establish a number of evidence-based interventions that will be subject to rigorous evaluation⁶.

We have had initial conversations with stakeholders to develop a shared understanding of the issues and to scope engagement with members of the community. This project necessarily requires wide and effective engagement with local communities and a wide range of stakeholders. Our planned activity involves engaging with:

- General community including through use of IT and media e.g. radio
- Gang impacted communities via constituencies
- Agency practitioners working with gang affiliated young people
- 3rd Sector providers
- Young people face to face and via social network sites
- Parents of gang vulnerable young people
- Gang members

The impact of gang activities is most acutely felt in local neighbourhoods where gang activity is concentrated. The tolerance and resilience of communities is key to how easily gangs evolve and thrive in any given environment. Also the aspiration of a community to help itself is critical to how the Gangs Total Place Pilot will be received and implemented.

The difficulty in penetrating and understanding gang culture makes it almost impossible for the indoctrinated to provide an informed view of what interventions will make a difference. The people who have this knowledge are the gang members themselves and those closest to them. The challenge will also be to develop the relationships and trust necessary to ensure these individuals contribute to the work.

⁶ Eve Mittleton-Kelly of the London School of Economics Complexity Group has indicated willingness to support the Gangs project in evaluating the approach adopted.



Our proposals

There appears to be both a need and a desire for a project or set of interventions which can help families, parents to reduce the risk of siblings/children of known gang members becoming involved in future gang activity.

Identifying the potential scale of any project with any rigor has been a challenge in the time scale, however, using evidence from a number of sources we are confident that the number of families that might benefit from such a project are likely to exceed the 50 families that are linked to young people already identified through the Common Assessment Framework and other processes as relevant to this project..

What might a service/project look like?

In April 2009 the results were published of research commissioned by SBP and undertaken by St. Basils and the Children's Society to establish the potential scope and need for a family intervention project aimed at families, siblings and children of gang members. The research suggested that there was potential for successful interventions which might include:

- Assertive outreach based around a small team of highly skilled staff
- Support and risk planning with families
- High levels of time investment with the whole family from core staff
- High levels of time investment with individual family members especially those deemed to be at highest risk including younger children
- Assertive connection to a suite of linked services such as mentoring, alternative youth activities
- Assertive connection to partner services such as school, housing providers
- A focus on practical issues such as housing, finance
- A focus on addressing needs identified by families
- A focus on helping parents and children to change behaviour and ways of relating to each other



- A focus on practical strategies for avoiding future gang involvement and on sustaining long term disengagement from gang activity
- Timing interventions to coincide with key or trigger points in the family's life history e.g. a child going into custody
- The ability to access short and medium term accommodation options outside the family's immediate area

What might a project cost?

We intend to work alongside the local community to design a prototype project and test this for a period of three years. We predict that once allowance has been made for families dropping out of the service, 30 families could achieve sustainable outcomes during a three year prototype. This will achieve estimated **cost to results** of:

Cost per result

(Family achieving a sustainable measurable outcome) £24.3k per family p.a.

While this may seem a high cost intervention when considered against the potential cost of non-intervention, we believe it represents good value for money.

Interventions per family over three years approx £75k

Cost to support 30 families over 3 years approx £2.25 million

In parallel with our community engagement and development of the prototype intervention, the project team will investigate the potential and design of a ***comprehensive framework*** for intervention to reduce the impact of gang violence.

This framework would potentially inform a sustainable, holistic approach across agencies and communities and across the range of interventions from early intervention to targeted response and enforcement.

The application of the framework would help to reduce overlap and duplication of service provision and ensure a coordinated and clearly communicated approach to community safety.



Issues and barriers

Issues

- Lack of evidence base to inform design of interventions
- Lack of trust and confidence in agencies amongst communities
- Significant investment of resources to secure and sustain third sector buy-in
- Difficulties in identifying families that will be offered interventions due to perceived problems with data-sharing and cultural differences across professional groups
- The need to ensure increased strategic buy-in from other agencies during the further development of the project
- Differences in knowledge and understanding between agencies which could lead to inconsistent investment decisions potentially affecting progress.

Barriers

- The lack of involvement with Total Place of organisations outside of Local Authority based partnership arrangements – for example there is limited evidence of engagement from the Ministry of Justice and agencies reporting to them
- Influencing upstream finance where returns may not happen or be known for some considerable time
- Lack of evidence base hence uncertainty regarding cost and return of interventions
- Difficulties in accessing robust unit cost information for different agencies
- Challenges of a police-led approach to community development, particularly amongst some sections of the community



Appendix 6: Total Community

Introduction

In setting up our Total Place pilot, we wanted to include a geographic theme. We initiated cross-sector collaborative work on the future of the eastern corridor within the city based on Total Place principles: what we called a 'Total Community' approach. That meant much more active involvement of citizens than hitherto in the ambition for the place, in its physical regeneration and development, and in the reshaping of public services. Our wider aim is that a demonstration of methodology and benefit through an area based approach can be extrapolated to other communities and developments in Birmingham and elsewhere.

Total community has so far given all our local providers the incentive to work together in new ways for the benefit of our shared clients and citizens – and the opportunity to test at the area level how central government and all its agencies and local government could behave differently to make collaborative action more likely and effective. As we enter hard times when resources are becoming severely constrained, Total Community is already providing a real opportunity to demonstrate how a high cost poor outcome area can make progress through better services at less cost, suggestions about cost savings and proposals for changes in how we work together at the community level.

The impact of the recession and the public sector deficit has changed the operating environment for the foreseeable future and well into the next CSR. We think this means that future national policy for Area Based Initiatives could take on and include Total Place. Total Place area business cases that can demonstrate that areas of poor outcomes and high cost can be turned around by comprehensive cross agency cross sector collaboration could be “front loaded” by borrowing against the savings/income and leverage generated.

We believe that our Total Community work so far shows that there is enormous potential for Government to promote a new policy approach that is based on cities prioritising comprehensive “area” strategies that bring together: -

- strong community and citizen participation
- service integration, digitisation and strategic asset management and rationalization
- investment alignment and pooling of budgets (capital and revenue)
- regeneration and growth



The case for combining service provision, transformation and area regeneration so directly in this way would help consolidate the learning from regeneration and community development programmes such as NDC. It could also mobilize much more resilience to the impact of the recession. It would be locally led and designed and so would directly reflect local circumstances and be responsive to city-wide strategic and area-based commissioning. With all public agencies embracing business transformation/change programmes there is also an opportunity to start jointly collaborating around future business and service models. Total Community is already doing this on an “area” basis but there is still a long way to go.

As a result of our work to date we think the “area” regeneration question that underpins this initiative is critical to securing better outcomes at less cost by focusing on the poor outcome high cost areas. Our research to date shows that about £530M worth of public sector resource is spent annually in this area.

We are seeking to deliver an “invest to save” model here that will include exploring the use of mechanisms such as municipal bonds, or an Accelerated Development Zone enabling us to borrow against future savings in public sector budgets and/or against increased tax revenues.

The Total Community timetable is implementation over the 2011-14 period and full benefit realisation quantified up to 2026.

We recognise that it requires:

- **Collaborative leadership** involving citizens, councillors businesses, voluntary organisations and the staff that work in and understand those communities
- **Sound business cases** showing how people, families, homes, streets, schools would be affected by more preventative, earlier and evidence-led interventions
- **Freedom and encouragement** for different public agencies to work much more closely with one another at a local level, i.e. to strengthen ‘horizontal’ as opposed to ‘vertical’ working to the extent of blending services and organizations

The six month Total Place pilot gave us the opportunity for a rapid start. Hence Total Community began to:

- quantify total public spending in a sub-city locality



- test new methods of citizen engagement and draw fresh insights from that about what people want, and in doing so strengthen community interest and self-reliance
- consider how new technology would change the way people lived in the area and connected with each other and with public services
- establish the scope for rationalising the public sector estate and determine the delivery and financial benefits of better integrating local public services and pooling local revenue and capital budgets
- provide a better understanding of what public services should be run at local rather than city level
- provide a geographic 'prism' through which to view the five other Total Place themes and run activities on the ground
- draw on local councillors' knowledge and equip them with richer insights about needs and opportunities in the area they represented.

The Place

Our Total Community geography spins out from the strategic development of the Eastern Corridor and East Birmingham. The total community area consists of three wards at the eastern edge of the city: Stechford and Yardley North, Shard End and Sheldon. It is not the poorest part of the city but well below the city average. Total population, largely white, is about 70,000 but declining. Physically the area is one of low density housing, largely post war and much of it council built, with associated small local centres. There are no significant centres of place, little quality green space and little local industry.

We have calculated that annual public spending in this area is about £530m, as shown in the table below. This is about £50m more than would be spent on a Birmingham per capita allocation. The higher costs are a result of the population profile. The area costs £52m a year in benefits payments, excluding pensions. This is £780 per year for each resident, £150 per year per person higher than the £630 citywide figure, due to higher levels of worklessness and ill-health. Incapacity/disability benefit dependency is twice the city average and the area has nearly 10% of the city's Job Seekers Allowance claimants against 6.2% of the working age population.

Overall health expenditure in Outer East Birmingham is £105m per annum and the City Council spends £280m. While there is some targeted and connected spending,



such as Neighbourhood/ Constituency Employment and Skills Plans (NESP/CESP) to tackle worklessness, discretionary local spend is very limited.

For many agencies the level of expenditure is proportionately less than might be expected given the poor outcomes of the area. This reflects historic resource allocations, city-wide remits and continued constraints on the ability to direct mainstream resources to areas of great need.

Our aims for the area reflect the key LAA priorities: worklessness (including NEETs), health inequalities, crime reduction, housing (net growth and energy efficiency), and educational attainment, supporting people to live independently, CO2 reduction, community participation in culture and community cohesion. "Do nothing" analysis shows continuing under performance against city and national averages and increasing risk and cost escalation.

	2008/09 Baseline	Notes
BCC Constituencies - revenue	7,731,699	actual 2008/9 spend
BCC Housing -revenue	45,074,549	08/09 budget per % social rented stock
BCC Housing -capital	10,667,883	09/10 budget based on % of social rented stock % which excludes non-EB'ham projects
BCC A&C - revenue	34,749,562	09/10 budget Outer East per capita basis (gross) with relevant budgets modified to reflect % older persons/ those with disability modulation
BCC A&C - capital	398,854	09/10 budget per capita basis (gross)
BCC CYP - revenue	88,595,652	09/10 budget data estimated area bases spend; where no area specific data per capita figures used
BCC CYP - capital	4,288,493	09/10 budget per capita basis (gross)
BCC Other - revenue	76,392,497	08/09 budget per capita (gross)
BCC other - capital	20,432,792	08/09 budget per capita (gross)
BCC Subtotal		288,331,980
Other Housing	9,367,300	08/09 estimated actuals, based on % RSL
PCT	107,310,889	08/09 actuals
Job Centre Plus	52,580,532	08/09 estimated actuals based on April 2008 claimants
Police, Fire, Probation	16,939,638	08/09 actuals (Stechford), pro rated for Outer East
Other Funding	20,007,287	08/09 actuals and 08/09 actuals citywide pro-rated to Outer East
Total Community Area Costs	494,537,627	Revenue
Total Community Area Costs	35,788,021	Capital
Total Community Area Costs		530,325,648



Progress to date

We have made progress against each of our intentions but it is still early days.

A new public service offer

- A cross-public sector group taking forward Total Community has begun to examine:
- Service integration focused on priority outcomes/needs underpinned by common assessment frameworks, joint commissioning models, multidisciplinary teams and greater adoption of agile/field working
- Opportunities for realising service efficiencies by establishing consolidated service delivery management structures and creating shared administration/support capabilities
- A wider public service offer via for example extended school clusters, self service health provision and a broader cultural proposition based around libraries
- Property rationalisation which simplifies public access, connects providers and reduce both capital and operating cost
- A proposal for a front office shared services hub
- New worklessness initiatives and models of engagement, including family based interventions and community participation

We have begun to use the three wards as a location for work on other themes during the development phase. For example, a multi-disciplinary team to address harmful and dependent drinkers, two pilot schemes to support people with needs relating to their mental health and a pilot public health approach to improving outcomes for children will soon be located in the area.

In addition, the 'on the ground' element of the cross-sector middle management programme we are running with the help of Common Purpose will be in the three wards.



Community engagement and co-design

We are exploring methods of engaging with the existing and potential future communities with a view to increasing participation, empowerment and well-being. These include:

- understanding what our existing community engagement channels tell us
- thinking more critically about aspirations and how the community can hold services to account
- exploration of models of co-production to improve service re-design, including for example the 10 focus groups of clients of the Adults and Communities Directorate
- establishing a community strategic planning/future search process, in which people can be more connected and engaged in planning processes.

We have commissioned a project which will be completed by the end of February to begin to test imaginative methods of community engagement and provide early data.

A new sense of Place

A swathe of ideas will be tested with local residents and people who might move to the area. In terms of infrastructure they include:

- a new local centre with a “village green” feel
- new homes (four options delivering between 250 – 3300 new homes to 2026)
- new commercial and retail development and a new high street
- improved public realm suitable for public events, quality open spaces and public art, including a re-modelled park with sport pitches and pavilion and potential longer term for a new country park
- greening parks, open spaces and river valley to provide quality space for people and biodiversity as well as helping to mitigate the impacts of a changing climate
- new digital business start up work units, an expanded railway station and bridge to connect communities linking Lea Hall and Cole Valley, improved connectivity to city centre, airport and NEC
- new investment in the local schools, a new academy run by a high performing school, re-modelling of other secondary schools and making better community use of school and other facilities with adequate and appropriate infrastructure planned in (e.g. wet rooms for art, sprung floors for dance)
- decentralised energy infrastructure providing low cost, low carbon heat, cooling and power to homes, businesses and public sector buildings



- a home and business premises retrofit programme cutting energy costs by up to 60%
- fast internet connectivity alongside other utilities as part of a joined up infrastructure

Estate

Our vision for assets is to create highly accessible and adaptable, community-based, multi-functional buildings, shared by public agencies with the following objectives: -

- To improve and simplify access to public services
- To enable public service providers, including the third sector, to transform service delivery through co-location, integration and agile working
- To transform the working environment for employees
- To support and lever physical and social regeneration
- To increase sustainability
- To significantly reduce property operating costs and co-ordinate capital investment in property releasing budget for re-investment in frontline services

This will lead to the following potential benefits

- Lower total capital investment/expenditure
- Capital receipts from asset disposals
- Reduction in annual property operating costs
- Reduction in reactive repairs and maintenance over 3-5 year cycles
- Reduction in growing backlog of maintenance liabilities

A proposal for a front office shared services hub is already well advanced that will, once fully integrated with the wider “public service offer” and potential new local centre, make a major contribution to the area. Our analysis of public property shows that in the Yardley constituency there are more than 100 operational public properties accumulated over more than a century. Many of these are in poor condition, in the wrong place (i.e. not easy to get to or far from the people they serve), inflexible, costly to run and demotivating for staff. They are managed not as a single public resource but building-by-building. Early work has identified some 655 public sector holdings in the pilot area, of which 31% are operational. We will set targets for reduction in capital value and running costs. The estimated annual operating costs are around £21m. Birmingham is one of the six CLG-led ‘Total Capital’ pilots and this work will mesh with that.

Our experience has led us to initially conclude: -



- Our support for single area capital pots (so long as it incorporates local leadership/stewardship/brokering);
- Our desire to see comprehensive coverage - as much capital included from across Government departments so that the "pool"/alignment opportunities are maximised;
- That this is also combined with new innovative approaches to funding infrastructure development, including Accelerated Development Zones;
- That options for new legal vehicles and powers for commissioning joint capital programmes are established;
- That new incentives to use capital assets more efficiently are created;
- That whole life cost assessments of potential capital projects are standardised.

On that basis we are working within total community to: -

- Ensure that all relevant capital plans are mapped/align with the Community Strategy, LAA and Local Development Framework;
- Connect capital planning to the strategic commissioning/planning system;
- Map the public sector estate and find ways to share proportionately risks and benefits and use appropriate delivery vehicles;
- Fully engage the private sector.

Digital technology

Digital technologies - mobile phones, digital television and internet access - are becoming ubiquitous and over the Total Community period will enable greater levels of remote delivery, self service and co-design. We have begun to explore the contribution that digital technologies can play in creating social capital and providing channels for communities. The approach will look at integrating the existing range of technology links (digital TV, internet PCs and PDAs and mobile phones) with additional targeted but open connections (home learning, independent living, self service e.g. Directgov, NHS Direct) to secure better, cheaper public sector delivery. The digital switchover also offers possibility for residents to contribute user driven content, and create alternative social networks through the 'Talk Local' programme.

A methodology that focuses on outcomes for people

With the help of INLOGOV we have developed a specification for a new outcomes model which we intend will show how local investment in specific public services will affect multiple outcomes. We will use this model to test the impact of different configurations of public service over the next fifteen years.



The model is intended to provide a framework for more rigorous evaluation of public sector initiatives within Birmingham and within the priority area of the Total Community pilot.

The model will be designed for three main purposes:

- to inform the understanding of the different partners in the city about the effects of intervention;
- to highlight the areas in which this understanding is contested or poorly evidenced, so that further work can be done to produce a clearer understanding;
- to structure the debate about the likely impacts of different kinds of intervention on outcomes.

It goes beyond the traditional conceptions of *economy*, *efficiency*, and *effectiveness* to include, for example, social outcomes such as social cohesion, economic outcomes such as levels of child poverty, and environmental outcomes such as carbon impact. It separates out the quantity of outputs from quality of outputs in order to model separately their effects upon outcomes, and it explicitly takes into account the inputs made to public services by citizens and service users (either individually or through third sector organisations) in the form of user co-production or community co-production of services. It also explicitly takes into account pure 'self-help' and 'self-organising' activities of citizens and third sector organisations which are not directly linked to public services at all but which may have important contributions to make to outcomes – e.g. informal child care, 'good neighbour' activities, food co-ops, time banks, etc. We hope the model will be increasingly supported by the cross-partnership research and intelligence function described elsewhere in this report.

Barriers

The barriers specific to this theme are:

- **Government policy:** "Place" is not embedded within national policy or more specifically in Area Based Initiatives. Place-based approaches need to be central to the way government departments think
- **Decision-making in localities:** governance and decision-making within localities lack a focal point. Too many institutions are involved, national spending priorities block rational choices for local agencies and the voice of the area is not sufficiently heard



- **VAT and Stamp Duty Land Tax:** these can make it more difficult to jointly manage property and other assets
- **Lack of data:** while we now have the overall spend for the area, much more work will be needed to get detailed area level service data
- **Adaptability of ICT** to enable cross agency solutions, especially around service integration, co-location and establishing a more modern flexible shared estate.
- **Institutions:** Too many institutions fragment the approach at both the local and area level. Institutional autonomy and interest can as a result become too narrowly focussed that undermines progress.
- **Performance management frameworks:** Frameworks, targets and reporting still remain confused and out of sync with original intentions of a single light touch framework for all agencies within a place. Too many targets and too many narrowly focussed, process targets prevent real prioritisation.
- **Accountability:** Local leaders are not accountable for all local spending – there is a case for increasing accountability within localities and areas.
- **Accounting Officer rules:** These rules can prevent innovation and investment alignment.
- **Planning horizons:** Total Place business cases require longer time frames for benefit realisation. The public sector investment timeframe still remains too short.
- **Flows of costs and benefits:** The system of government fails to incentivise investment choices that recognise the flows of costs and benefits across institutional boundaries and the fact that institutions could invest differently to reduce the “demand” for their services. This works against the development of more preventative approaches and results in the unintended consequences of maintaining the status quo.

Overall, making Total Community effective will need the agreement of national government to suspend or remove constraints on local collaboration and pooled budgets, either experimentally or permanently if proven to be effective.

Appendix 7: Intelligence and Analysis Function

In common with most of the public sector, Birmingham has been hampered in its application of evidence by having too much data of variable quality and doing too little with it. The political imperative for a more sophisticated approach to evidence-based policy has been given urgency by advances in methods for understanding what works, for whom, when and why, and for ensuring that effective interventions have desired impacts. This drive has been supported by local demands to change the culture of public sector services to better integrate finance data into strategies that make optimal use of scarce resources for users.

Be Birmingham will develop and refine existing investments in data made in its Brighter Future's strategy for children and families. This approach combines a higher standard of evidence (including rigorous cost-benefit analysis) with greater involvement of workers and citizens in decisions about investment of scarce resources. Brighter Futures has been supported by an investment of £47 million calculated to improve child outcomes and create financial benefits of £101 million for the council alone. When benefits for the council and partners are taken into consideration this is expected to rise to £400 million.

Be Birmingham will establish an independent centre to extend data and methods applied in the children's arena to other Total Place targets in Birmingham, and also to serve other UK public sector agencies. This approach will fully utilise existing expertise of partners including the Safer Birmingham Partnership's intelligence function, the joint Public Health Information Team and the City's economic strategy research team as well as lessons learnt through Total Place use of persona modelling.

The new centre will rest on principles that reflect Be Birmingham's approach to Total Place including:

- Moving towards a higher standard of evidence for making investment decisions
- Making Birmingham part of an international learning community of major cities pioneering evidence based policy and practice
- Contributing to, as well as drawing on, the international evidence base
- Integrating national resources that use the highest standards of evidence, such as NICE
- Greater specificity of outcomes, outputs, investments, activities and geography



- The use of sophisticated economic models and data to inform investment decisions with the goal of better outcomes and more efficient and effective use of resources. This will also support more effective de-commissioning of services where this is appropriate.

Experience has taught Be Birmingham the need for high-quality scientific data that gives a reliable picture of patterns of need and the priorities for intervention, as well as reviews and databases of proven interventions that meet international evidence standards.

These data will be allied to an economic model to estimate the costs and benefits of competing intervention strategies that builds on the work of, and will be supported by, leading analyst Steve Aos from the Washington State Institute of Public Policy. Because many financial benefits are shared by central and local government as well as by private citizens Be Birmingham is developing a method to realise economic benefits produced within the partnership through new investment strategies.

The Brighter Futures work showed the City how poor implementation can eradicate all economic and personal benefits associated with proven approaches. Methods have been developed to ensure that selected intervention models are implemented with fidelity and support of the workforce and consumers. The City will apply its experience in using experimental methods to evaluate the impact of new intervention strategies before they are taken to scale. Quality assurance techniques will be used to minimise diminishing economic returns and personal benefits when projects are taken to scale, and the new Centre will apply dissemination techniques to explain to the workforce and consumer the rationale behind changes in intervention strategies.

For each of the Total Place themes, workers and consumers will use methods from the new Centre to map reliable patterns of need and demand for public sector services against current provision. These data will then be placed alongside evidence on what works and the financial costs and benefits of competing strategies. A portfolio of effective and economically optimal interventions will then be selected for each theme. Inter-agency groups will work out the best implementation strategies for parts of the portfolio. These will then be piloted and evaluated using experimental techniques. Those that have strong impact on human development and bring a good return on investment will be taken to scale. Benefit realisation methods will ensure local economic savings are capitalised and re-invested. Quality assurance techniques will monitor impact as the portfolio is extended across the City. Effective dissemination will ensure the approach becomes embedded in the culture of public sector services in the City.



Appendix 8: Brighter Futures Methodology

The methods involve four steps.

Step 1: Agreeing a single strategy with the community

The Birmingham method starts with a strategy development exercise that brings together all of the leaders of public sector agencies, including the third sector, and community representatives. The methodology helps this group to select target outcomes -expressed in terms of human health and development- for the local population, activities to achieve those outcomes and investments required to deliver the activities. A separate part of the method specifies the output part of the model.

What marks this logic model approach apart is the challenge to the strategy development group with several sources of evidence provided by the Intelligence Centre. These include:

1. high quality epidemiological data on well being, influences on well-being and current service use of the local population
2. information from focus groups of local residents to establish their concerns and aspirations;
3. a summary of national policy;
4. data on what works, for whom, when and why kept on a database of effective policy and practice held by the Intelligence Function;
5. data on costs and benefits of competing investment choices that builds on an economic model being translated from Washington State Institute for Public Health.

As an outline strategy emerges, it is represented back to the local workforce and community via radio call-ins, town-hall type events and shopping mall exhibitions.

The work in Step One ensures strong local and City commitment for a specified set of outcomes, a clear indication of activities to achieve those outcomes (including the cutting of ineffective provision), and investment's needed to deliver the activities.

The Strategy Group will have access to *all* public sector resource in developing the plan. They will become accountable for delivering better outcomes with this ten per cent reduce resource.

Step 2: Ensuring the strategy is effectively implemented

Once a broad strategy is established, multi-disciplinary groups will engage a service design method that selects and properly implements evidence based programmes



and policies. These programmes and policies will be selected using resources of the Intelligence Centre including data on costs and benefits from the Washington state model.

By getting involved in the selection of evidence based programmes and policies, members of the service design groups own the approach being taken. They also become accountable for delivering selected programmes and policies with fidelity. (They will know from previous evidence what *can* be achieved, and will be responsible achieving similar results).

The method used by the service design groups and facilitated by workers in the Intelligence Centres ensure the production of good training, coaching and manuals, all of which are known to promote fidelity of implementation. The method allows for some local adaptation of programmes, as agreed with programme developers, to respond to the local cultural context.

The service design groups become accountable for testing each component of the strategy on sub-groups of the population. Only those proven to both impact on human development outcomes and reduce impact on the budget will be taken to scale.

Step 3: Evaluation and benefit realisation

The Birmingham approach treats the products of the service design groups as hypotheses many of which will be tested in experimental (randomised control trial) evaluations that give reliable indications of impact on human outcomes. These evaluations demonstrate whether intended impacts on human development and financial benefits are proven.

As the evaluation is underway, the Intelligence Function will support each service design group to apply a benefit realisation method. This ensures that the financial savings due to lower demand on high end and expensive provision are re-invested in future prevention, early intervention and other evidence based activity. Birmingham has learned through bitter experience that economic benefits have to be carefully realised. Large scale systems adapt to changed patterns of supply and demand. For example, well implemented proven models will reduce the number of children meeting entry criteria for child welfare, youth justice and adult mental health systems. But since demand for these systems greatly exceeds supply left to their own devices they simply find new cases to fill the void. The Birmingham method involves agency leaders to establish how systems will be managed to constrain supply that is being met through proven and more economically viable methods.

The evaluation of interventions established by each service design group will be supplemented by annual epidemiological surveys that monitor the well-being of the local population and improved and consistently applied accounting procedures that monitors local expenditure.



Step 4: Going to scale and dissemination

If desired impacts are demonstrated, the service design groups and practitioners participating in the pilots use their experience and evaluation evidence to sell the product to other providers until it goes to scale.

Their work will be supported by an effective dissemination strategy delivered by the Intelligence Function that will communicate progress of new ways of working with the rest of people living and working for the public sector in Birmingham. This work will explain new ways of thinking and the emphasis on evidence based, cost-effective intervention.

The Intelligence Centre will also provide quality assurance procedures that maintains fidelity of interventions being taken to scale, and that monitor and minimise diminishing economic returns.

Consistent and repeated application of this method will produce better outcomes at reduced expenditure across the City.



Contacts and Acknowledgements

Be Birmingham is the local strategic partnership for Birmingham that brings together partners from the business, community, voluntary, faith and public sectors to deliver a better quality of life in Birmingham.

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Heart of Birmingham Primary Care Trust

South Birmingham Primary Care Trust

Birmingham and Solihull Mental Health Foundation Trust

Jobcentre Plus

West Midlands Police

West Midlands Fire Service

West Midlands Probation Service

Learning Skills Council

Homes and Communities Agency

Advantage West Midlands

Birmingham Chamber of Commerce & Industry

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