Bradford District Partnership
Total Place Pilot Final Report
February 2010
### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>2. Context</td>
<td>9</td>
</tr>
<tr>
<td>3. High Level Spend Mapping</td>
<td>16</td>
</tr>
<tr>
<td>4. Our Approach to the Total Place Pilot</td>
<td>18</td>
</tr>
<tr>
<td>5. Overall Messages from Total Place Pilot</td>
<td>22</td>
</tr>
<tr>
<td>6. Key Changes Proposed by Theme</td>
<td>25</td>
</tr>
<tr>
<td>7. Key Learning from the Pilot</td>
<td>38</td>
</tr>
<tr>
<td>8. Embedding Total Place for the Future</td>
<td>40</td>
</tr>
</tbody>
</table>
1. Executive Summary

In line with the requirements as set out in the HMT Budget Report 22\textsuperscript{nd} April 2009 the Total Place Pilot in Bradford has considered two distinct components.

1. High level spend mapping
2. Cultural issues and barriers to progress

1.1 High Level Spend Mapping

- The overall spend of public money in the Bradford District is calculated to be £4.4 billion. This equates to £8756 per head of Bradford District population
- 57% of the total is spent by local bodies, although not necessarily controlled locally because of ring-fencing. “Controllable” spend is more like 15.4%, below the “around a quarter” quoted in the “Putting the Frontline First: smarter government” document published December 2009.
- Of the £2.6b of local spend the biggest spenders are Bradford MDC and NHS Bradford.
- Capital spend equates to £262.8m which is clearly aligned to local priorities. Of this £113.3m was included in the Council’s capital expenditure programme for 2008/09. A further £149m is the estimated central government and NDPB element relating to Bradford.

The spending profile provides the opportunity for the Bradford District Partnership (BDP) to have a more informed and comprehensive understanding of the distribution of the public money. This in turn enables a fully informed and increased level of challenge to the current levels of performance against targets agreed and outcomes achieved.

1.2. Cultural Issues and Barriers to Progress

The Total Place pilot in Bradford has been completed under the overall theme of “Gateway to Integrated Services”. Underpinning this overall theme has been three sub-themes:

1. Young people leaving care
2. Offenders over 18 leaving prison
3. Older people with mental health related problems leaving hospital

For all three sub themes we have considered what we do now; how well we do it; how well the service users perceive we do it; how we could transform what we do now to better meet the needs of the service user; what national and local barriers we need to overcome to deliver the changes; what the changes will cost and what benefits the changes will deliver in terms of customer service, short, medium and long term efficiency gains and value for money.

Whilst we detail some of the specific local savings throughout the report we believe the real savings from Total Place will come longer term from the systemic change we can create by taking a Total
Place approach. There is no reason why these changes, once proven, cannot be rolled out nationally where the impact could be significant. These changes could result in:

- considerably better life chances for our young people and, if rolled out to NEET’s across the country significantly reducing the burden of NEET’s on the public purse estimated by Bell and Blanchflower (2009) as £8.1 billion public spending and £7 billion resource costs.

- significant reduction in the number of offences our community suffers, a reduction in the number of offenders and the consequent reduction in pressure and costs across the whole criminal justice system. In West Yorkshire alone the cost to society of reoffending in 2007 was estimated to be over £400 million (ROM’s Yorkshire and Humber “2007 Local Cost of Reoffending”).

- considerable improvement in the life experience of our older people, whilst also reducing the expenditure on long term residential care, reducing the costs of readmission of older people and, at a national level, contributing to the “savings of at least £80 million from only four Hospital Episode Statistics (HES) data codes” highlighted in the Alzheimer’s Society “Counting the Cost” report 2009.

The changes we are proposing will require the adoption of an “invest to save” approach and as we move forward with Total Place in Bradford we will need to consider radical approaches to funding these changes including “Social Impact Bonds” and other new “social enterprise” funding arrangements currently being piloted by Government (Putting the Frontline First: smarter government 2009).

1.2.1 Young people leaving care

To ensure our young people who leave care are given the best possible opportunity to make the most of their lives we have redefined the way in which we understand their individual needs, raise their aspirations and self-belief, provide the required tailored support, prepare them for independence and provide them with employment, education and training opportunities in order to successfully integrate them into the community. Whilst this will require investment up-front as we concentrate on the most vulnerable, we estimate it will provide significant financial savings in the longer term as these young people are diverted from potential lifecycles of benefit dependency, social deprivation, crime, prison and mental health institutions.

- Providing Job Seekers Allowance and supported accommodation for the 45 Bradford care leavers who are currently not in employment, education or training is estimated to cost £630k per annum.

- A significant proportion of these NEET’s are considered “sustained” NEET’s (38% according to an LGA/Centre for Social Justice Report July 2009) which is an indicator that they are likely to be long term unemployed unless we can change the way we work with them. A “low-end” estimate of the cost of keeping a single person on benefits for life is just under £0.5m. By making the changes we are proposing we would be aiming to help these sustained NEET’s into a productive environment (i.e. employment/education/training) much more quickly
than would otherwise be the case. Even if we were only able to achieve on average a halving of the time they spend on benefits the potential benefits saving will be in the region £3.9m.

- Bell and Blanchflower (2009) estimate that the additional cost to the public purse of NEET’s is £45k per head in resource costs and £52k per head in public finance cost. Just taking the resource cost alone (on the assumption that the public finance cost is covered by the benefits outlined above) this equates to c£2m for our 45 NEET’s. By reducing the time the estimated 28 NEET’s not considered “sustained NEET’s “ spend “not in employment, education or training” by an average of two years we could save £672k in resource costs as well as a minimum of £148k p.a. on job seekers allowance.

- To achieve these changes we will need to make a significant investment in training (c£250k-£600k), personnel (c£52k pa), housing (c£100-£150k), and job development (to be confirmed) as well as a number of policy changes e.g. flexible benefits and transitional payments, tailored E2E/Foundation Learning provision, appropriate emotional health and well being support .We will also need to continue to develop the change in relationships that has been one of the most noticeable outcomes of the Total Place approach.

1.2.2 Offenders over 18 leaving prison

We will reduce reoffending by working closely with offenders throughout their journey to understand and address the issues that lead to them reoffending and provide the support necessary in the “golden 24 hours” after release to minimise the opportunity for events that lead to reoffending. This will be achieved through five key interventions to transform the offender management pathway, which will also deliver process efficiency gains.

1. Offender Management at Arrest
2. Passported Assessments
3. Reformed End Custody Licence (ECL)
4. Case Management for Everyone
5. Focus on Families

In addition to the improvements in the experience of offenders, and the socio-economic gains resulting from decreasing re-offending rates we believe we can achieve significant financial savings.

- Based on ROM’s Yorkshire and Humber “2007 Local Cost of Reoffending” figures the social cost of offences committed by individuals with previous convictions in Bradford was estimated at £93m. This cost includes “costs in anticipation of crime” (i.e. insurance admin and defensive expenditure) and “costs as a consequence of crime” (i.e. physical/emotional impact on direct victims, net value of property stolen/damaged, victim services, lost output, health services and criminal justice system). It is reasonable to assume that by reducing reoffending we would significantly reduce this “social cost” impacting both the public and private sector and our local communities. Included in this saving would be specific public sector savings shown below.

- The cost of processing the offender through the “offender management pathway” is estimated at £65k up to the point of re-imprisonment and £37k for up to 12 months in
prison thereafter (Social Exclusion Unit 2002). Adjusting for inflation this equates to £79k and £46k respectively (ONS Series rpi1a dataset CZBH)

- By investing in two additional offender managers (c£90k) and implementing the “case management for everyone” intervention outlined above we have estimated that we could achieve a 10% success rate on reducing re-offending amongst this recidivist group. This would result in a saving of c£1.1m on processing costs across the offender pathway (assuming the average sentence served by those sentenced to less than 12 months is 5 months).

- By investing in a further four additional offender managers (c£180k) and implementing the “offender management at arrest” intervention we believe we can stop at least 5% of those arrested for burglary reoffending. Again on process cost alone this could save c£3m from arrest to sentencing given this cohort of offender have a high social cost and processing cost combined. There will also be savings on the cost of imprisonment, however this will depend on how many of this group would have received custodial sentences.

- By adopting the single assessment approach and allowing the passporting of this assessment between organisations we believe we could achieve efficiency gains to the value of £135k per annum for those on short term sentences (i.e. less than 12 months). An additional £91k per annum could be saved if this was applied to all those sentenced.

1.2.3 Older people with mental health related problems leaving hospital

We are determined to transform the experience of older people with mental health problems when they are in hospital and as they leave hospital. We aim to do this by providing integrated services that reflect the personal care and attention that individual people require. We will achieve this by aligning our changes to the discharge arrangements with the work that is being undertaken on the admissions and in-patient processes to deliver a whole system approach to patient management. As well as significantly improving the service user experience we believe we can achieve financial savings and improve the service for all those involved in both delivery and receipt of the service.

- By improving discharge planning and providing more appropriate support in the community we believe we can reduce the number of Bradford people being discharged directly into long term residential/nursing care by an estimated 50%. The potential efficiency gains from this would be c£1.8m per annum of which we estimate that one third would be cashable savings to the local authority. It is important to note however that this saving would not all be public money as a significant proportion of the saving would benefit the self funding service user. Whilst this direct saving to the service user is an excellent outcome, we also need to recognise that a high number of self funders later become the financial responsibility of the local authority.

- The proposed changes are also intended to reduce readmissions amongst the target patient group. NHS Bradford & Airedale (B&A) have provided figures indicating that during 2008/09 324 people over 65 with mental health problems have been re-admitted to hospital. Although the range of reasons for readmission will vary, and therefore the “cost of spell” will vary considerably, we have calculated an average “cost of stay” of £2384. This equates to an overall cost of £772k. If we were able to reduce re-admissions by 25% we could achieve
efficiency gains of £193,104. This gain in available bed space should help to ease waiting lists for acute beds.

- To achieve this we recognise we will have to “invest to save”. As well as improved cross-organisational training on supporting older people with mental health problems we will need to invest in:
  - Care home and liaison psychiatry (estimated to be £375k p.a.)
  - Crisis support and enablement (estimated to be £500k p.a.)
  - Potentially piloting an Intermediate Care wing for older people with dementia (estimated to be to be in the region of £133k)
  - Increased home from hospital support (estimated to be £200k)

It is important to recognise that the benefits to one part of the system can only be realised if all parts of the system are working together and meeting the needs of the individual. For example, changes made at the hospital site will only be effective if there are appropriate services available and easily accessible in the community to support those people being discharged.

1.2.4. Key Barriers to Progress

To achieve the outcomes we are proposing we will need to work with central government to address key obstacles to change including:

- We need to review the flexibility of the Benefits system to cope with changes in circumstances of service users, to prevent them from disadvantaged the service user and causing unnecessary distress, exacerbating the problem and causing further costs. This includes both interim payments when the individual is awaiting the completion of assessment or reassessment, and transitional payments to help the individual move between benefits dependency and independence through securing work. The Bradford Total Place Team, led by the Authority, are actively engaged with DWP and Job Centre Plus in draft policy formulation for submission to Government for due consideration.

- To facilitate the close working relationships required between national and local service providers we need to ensure policies relating to budgets, performance management and prioritisation of resources are aligned to the agreed needs of the “place” rather than the individual organisation.

- In order to successfully secure long term efficiency gains we need to understand and help overcome the barriers presented by central government departments to their integration with local public sector service providers.

- To support the successful return of people into the community we need to review current policies and agree and develop specific policies that are aligned to this outcome (e.g. offender management policies). DWP, Ministry of Justice, Home Office, and the National Offender Management Service are all engaged with local place representatives on future policy formulation.
1.3. Embedding the Total Place Approach in Bradford

Our Total Place pilot has helped to confirm that public service provision is too fragmented and too complex. By looking at service provision through the eyes of the service user rather than our own individual organisations, we have recognised the tremendous potential to simplify, streamline, make more relevant and hugely influence direct and indirect costs over the long term. By engaging and empowering our communities and our citizens, and by adopting the culture of people and place rather than organisation and/or department at a central and local level, we can significantly change the way public services are accessed and delivered.

A key outcome of the Total Place pilot in Bradford is the recognition of the need and the desire to substantially embed the approach through the Bradford District Partnership and wider business community. This will have considerable consequences in that we will all need to rethink our current ways of working, examine our existing funding streams and use the Total Place methodology to tackle some of the most difficult issues identified within our shared vision, the “Big Plan”, ensuring “joined up” government at a local level through the Bradford District Partnership.

To make this happen in Bradford we have established a Partnership Transformation Board (PTB) which will report directly to our Bradford District Partnership. The PTB will have clear responsibility for delivering transformational improvement in key areas for the place and the citizen now and into the future. It will take a leadership role in removing the barriers to progress and will work with the Total Place Theme Leads to facilitate the implementation of the changes already identified. It will also take responsibility for leading the Total Place agenda in other key areas for the district, most importantly addressing infant mortality across Bradford.
2. **Context**

2.1. The Place

The Bradford District stretches from the outskirts of Leeds in the east, through Bradford city and onwards through the towns of Shipley, Bingley, Keighley and Ilkley and close to the boundaries of the Yorkshire Dales National Park. This results in a diverse mix of environments, ranging from inner-city areas, through towns and villages and onto high Pennine moorland.

The geography has resulted in most of the industrial, economic and residential development taking place along the valleys and floodplains formed by rivers such as the Aire and Wharfe. 77% of our population live within the urban areas of Bradford, Keighley and along the Aire valley.

Recent analysis of the Index of Deprivation (ID 2007) highlights that Bradford has 126 or 41% of Lower Super Output Areas that fall into the most deprived 20% in England. 42% of Bradford’s population live in these 20% most deprived Lower Super Output Areas. The District is ranked the 32nd most deprived Local Authority out of the 354 English Local Authorities (average overall deprivation score). Further evidence of the diversity of Bradford is that some of these deprived neighbourhoods are adjacent to much more affluent areas (11% are in the “most affluent” décile).

2.2. The People

Just over half a million people (501,700) live in the Bradford District according to the latest figures from the Office for National Statistics (ONS, July 2008). The population of the district is increasing. During the 1990s, population numbers were relatively stable, however since 2001 the population has increased by approximately 30,000 (6.6%). Most of this gain is due to the rising number of births and the falling number of deaths but the number of new arrivals from other countries has also contributed to this growth. The District’s population is expected to increase further and if current patterns of growth continue, the ONS population projections forecast the District’s population will rise to 655,100 by 2031.

Over a quarter (27.7%) of the projected growth by 2031 is estimated to be in the 60+ age group. The Bradford partners will need to work together to make sure that everyone takes action to remain healthy, active and independent as they age, so that people maintain their quality of life, contribute to the wellbeing of the district and minimise the increased pressure on health and care services.

Over the same period, a significant proportion of the population growth will be amongst children and young people. The 0-19 year olds are predicted to account for 27.3% of the total population by 2031. (ONS 2006-based sub-national population projections for Bradford District).

Population growth and ethnic diversity among young people is one of Bradford’s biggest assets. Although much of this growth is expected to be in parts of the district which are relatively deprived, the challenge is for education, health, cultural and care services to make sure these children have the best possible start in life. We must ensure that enough high quality school places and staff are available. The Government has demonstrated its confidence in the Local Authority by lifting the direction for the education services to be outsourced. It is a great opportunity to have a pool of young workers who, with the right skills and knowledge, will help our businesses to thrive, and increase prosperity across the district.
The population is set to become more ethnically mixed over the next 20 years. In 2007 just under three-quarters (74.1%) of people were of white ethnic origins. The projections suggest that the white ethnic population group’s share of the total population will decline to 56.1% by 2031. It is estimated that there will be an overall increase in population groups defined as being non-white and of mixed ethnicity (19.4%). Amongst Bradford based ethnic groups the largest increase is estimated to be experienced by the South Asian groups with a projected rise from 20.2% of the overall district population in 2006 to 35.3% or 233,235 thousand by 2031. Mixed ethnic groups are estimated to double in size from the current population share of 1.8% in 2006 (8,834 people) to 2.7% or 17,650 people) by 2031 (Source: Leeds University School of Geography, Ethnic Projections Model 2008). The ONS estimate that a quarter of the Districts’ current under 16 population is from a non-white ethnic group. This growth will be mostly due to the birth rate in the district being higher than the death rate, although some will be due to migration.

The impact of the recession on the District has not been as significant as was initially feared due to the prompt response of the Bradford District Partnership, which has overseen the slowest and lowest growth of adult unemployment in the sub region, increasing business levels and strengthened purchasing arrangements between the Local Authority and local businesses. It is also clear that current targeted work to improve adult skill levels will also need to demonstrate impact.

2.3. The Priorities

Our consultation with citizens and the detailed evidence we have gathered about the future have confirmed that the main challenge we face is to bring about long-term, sustainable prosperity which is shared across communities. So at the heart of The Big Plan are three major tasks which are fundamental to transforming the district. These ‘transformational tasks’ are:

1. **regenerating the city and major towns** to create the opportunities and impetus for sustained economic growth

2. **improving education outcomes** to prepare people for an active and prosperous life;

3. **improving skills** at all levels to meet the needs of business and build a knowledge economy.

Our achievements so far against our priorities include:

**Prosperity and Regeneration**

- We secured the largest business investment into Yorkshire in 2007 – creating 2,500 jobs at Prologis Park in the first phase alone, with 4,000 expected in total in the one million square feet distribution centre development.

- The number of residents in employment has increased 10,600 in the past three years, a rate of growth that was three times the national increase

- Business levels are rising, VAT registered businesses increased by 375 during 2007 - a growth of 3.2% compared to a UK increase of 2.9%. Independent figures from Barclays Bank show Bradford had one of the biggest percentage increases in business start-up rates in the Region during 2007 and the first half of 2008.
• Our LEGI programme has helped 831 new business start-ups with 721 residents assisted to set up in business or become self employed and survive more than 12 months. During the same period, 2,000 more existing businesses have been given intensive support with survival rate of over 90% for Kickstart supported businesses.

• The Local Impact Team (including Jobs@ and Links2) have created 1500 jobs in the last three years for local people from traditionally hard to reach groups.

Children and Young People
• We have increased the number of young people gaining A*-C grades at GCSE

• The proportion of young people completing apprenticeships has more than doubled since 2004, increasing at a rate faster than the national trend.

• NEET rates for 16 -18 year olds have reduced from 11.8% in 2006 to 8.8% in 2009

• Adoption and fostering rates are rated as “good” by Ofsted.

• The proportion of teenage mothers aged 16 to 19 and the proportion of care leavers in employment, education or training was better than the national average in 2009

• The proportion of young people, particularly those with learning difficulties and/or disabilities, undertaking work-based learning improved significantly in 2009 and is now above the national average

Safer Communities
• Since the Strategic Assessment (Nov 2007 - Oct 2008) overall crime levels have been reduced by 8.6%.

• Our improvement in negative perceptions by the public of Anti Social Behaviour is amongst the most significant achieved amongst all CDRPs in England improving from 50% in 2004 to 30% in 2007 and sustained in 2009.

• Our performance in reducing re-offending of adults under probation supervision is the best in Yorkshire and Humberside and one of the top 5% of Crime Disorder Reduction Partnerships nationally.

• Our YOT performance is nationally recognised as “excellent”

Health and Well Being
• Our Adult Services have been judged in 2009 by the Care Quality Commission as “excellent”

• We have national Beacon status for our work in engaging older people

• The number of 50+ year olds participating in a session at council sports centres and pools increased to over 5,000 above the LAA target in 2007/8

• Our adult participation rate in sport and active recreation is above Yorkshire and England averages (Sport England survey 2006).
• Over 10,000 people have quit smoking over the last three years’. Four week quit rates in the District are consistently on target and the number of quitters is continuing to increase.

• Safer Communities Bradford was awarded top marks in the Health Care Commission review of drugs harm reduction work.

Improving the Environment

• Between 2005/06 and 2007/08 citizen satisfaction of residents in Environmental Task Force areas increased by 9% concerning the good quality of the neighbourhood environment and an 11% increase in residents who thought their neighbourhood is a good place to live

• The BD3 Bonfire Initiative in October and November 2008 demonstrated a 44% reduction in deliberate fires in the BD3 area compared to the same period in 2007

• The Bradford Community Warmth Scheme has received national recognition as good practice through the Government’s Community Energy Saving Programme consultation.

Stronger Communities

• Participation in regular volunteering in the district is the highest in Yorkshire

• We have gained UNESCO “City of Film” status during 2009

• One of the lowest Council Tax basis amongst Metropolitan District Councils

Overall there is a strong desire and commitment to make Bradford a success across the Bradford District Partnership, with evidence that the key players are aligned with regard to what needs to be transformed to help Bradford come out of the recession socially and economically stronger than before.

2.4. The Partnership

The Bradford District Partnership Board includes representatives from the following groups

• Leaders of the District’s three main political parties
• The Chief Executive of the Council
• The Chair and Chief Executive of the Primary Care Trust for Bradford and Airedale (NHS)
• West Yorkshire Police
• The Chamber of Commerce
• The Voluntary and Community Sector
• The Business sector through the Chief Executive of the Kelda Group / Yorkshire Water
• Bradford University
• Incommunities (formerly Bradford Community Housing Trust)
• Two of the district’s MPs

Within the Strategic Delivery Partnerships wider representation includes:
West Yorkshire Fire and Rescue Services
The Local Education Provider, Schools’ Representatives and Careers Provider
Yorkshire and Humber Government Office and Yorkshire Forward
A significant number of individual voluntary and community groups that also include Faith Based Organisations as well as Ethnic Minority Representative Fora
The Probation Service
NHS District Care Trust and local Hospital Trusts
The Creative industries
Bradford, Shipley and Park Lane, Keighley FE colleges

The governance of the Bradford Total Place pilot is secured through the BDP which has evolved from our Local Strategic Partnership arrangements that served us well over the last eight years. The BDP has:

- coordinated and delivered a consistent approach to the governance, planning and performance management processes needed for our rationalised partnership arrangements. The BDP supports improved decision making and commissioning, ensuring both are evidence-based and performance focussed.
- provided leadership in the District through the BDP Board on a wide range of issues and has responded collectively and speedily to the economic downturn. We have strengthened the involvement of elected Members in partnership working and in the identification of District priorities through the Big Plan and LAA.
- established several strategic delivery partnerships, and is putting in place a more consistent level of partnership support.
- developed effective plans for each of the delivery partnerships reflecting their growing maturity in focussing on outcomes that need improving. Our more established Children and Young People’s Partnership is trialling and modelling both its high level governance and outcomes based accountability approach which to help us examine options for the future.
- strengthened the relationship between elected Members and the strategic delivery partnerships and this approach is leading to a higher degree of scrutiny and subsequent service change.
- undertaken a comprehensive Third Sector Review with a series of powerful and challenging recommendations. Areas for improvement are already being addressed, including the preparation of a second generation Compact.
2.5. Inspection and Regulation

2.5.1. Costs

In CAA Terms Bradford Council alone recently reported to the OPM that it had undertaken support activity for the new framework that included over 2,900 staffing days, costing over £500,000. It is estimated that partners’ involvement in CAA would have added a further 20% to this cost.

2.5.2. Areas of Concern

The LAA has contained welcome approaches in flexible target setting on a local level against many national indicators, supporting the LSP in collectively owning responsibility for improvement. There has been concern expressed directly to the regional Government Office over particular target setting for some indicators, such as for teenage pregnancy, for which they have been advised from many sources that the national 2010 target of a reduction by 50% will not be achieved. We believe that progress is being made locally against our self determined targets and yet is still seen as negative in reporting terms to Government Office and through the CAA lens. The LAA reporting requests on top of the CAA creates the impression of a lack of relationship between the role and functions of Government Offices and CAA inspectors (both individually and collectively). Most of the indicators in the NIS are reported as part of the Analysis of Policing and Community Safety (APACS) Performance framework, the Place Survey and CQC. This means that we are reporting the same information at least three times to different Central Government Agencies.

Whilst the DCSF have put a lot of effort into consolidating the statistical returns into the SSDA903 return and the CIN Census, which has reduced the burden of double reporting and is greatly appreciated, there is duplication of material published through both the DCSF Local Area Interactive Tool (LAIT) and Ofsted’s Children’s Services Performance Profile, which both publish data on National Indicators, creating a burden in checking the accuracy of both.

YOT data (Ni111) measuring the number of first time entrant to the Youth Justice System is based on an extract of data held on the Police National Computer (PNC) and maintained by the Ministry of Justice. The correlation between PNC data and Bradford YOT is closer than most in the country however Bradford YOT also extracts data from their recording systems on this indicator and the data often differs from the PNC data. Where National Indicator data is only available annually in order to track progress for Ni111 throughout the year we have developed proxy indicators.

The picture of improvement responsibilities can be confusing and too broad. Each inspectorate, Government Office and RIEPs have yet to secure clarity in coordinating their approaches to improvement. It is not clear where improvement activity directly related to key issues in each local area is drawn from deeper inspection analysis. The role of Government Office with inspection bodies is also not always apparent – for instance Children’s Services Advisers and their inter relatedness with Ofsted.

The Ofsted indicator for attendance by Looked after Children at reviews, where locally the children/young people themselves have taken part in every stage up to the review meeting, can only be deemed to be reported positively if they attend the review itself. This doesn’t allow individual choice nor acknowledge that that they do not want to keep repeating their ‘story’ to another group of professionals. Equally the Health of Looked after Children indicator relies on LAC to have a health assessment when participation in them is not mandatory and refusals have a substantial impact on a council’s indicator value. NI 50 the Emotional Health of Children is dependent on the collection of information from Tellus Surveys which has variable completion rates and is undertaken by different
cohorts of children each year. Year on year performance conclusions are drawn from this and yet the process does not provide consistent information from which to determine trends through analysis.

NI30 does not really give an accurate picture of re-offending rates of prolific and priority offenders. The methodology is highly complex and it is generally not understood by partners, and therefore ignored as a useful indicator.

The District’s LAC offending PI compares offending rates in Bradford with rates of juvenile offending across entire W.Y sub regional police area but not with other comparator Local Authority Areas, thus hindering a richer view of progress or planning for significant improvements.

Whilst the top line reduction in the number of National Indicators has been welcomed and put in place, it was clear during the first year of the CAA that individual inspectorates did not always readily share across the inspectorates thus working against any the establishing of the count once and use once process. This lack of clarity in requesting wider data then required duplicated effort. The issue of proportionality in terms of requests made was very real in that the initial CAA emerging picture document presented was not accurate and had to be corrected. This is hindered by the reporting and validating schedules for data at a national level not being aligned to local knowledge.

2.5.3 What works for Bradford

The Council’s involvement in the PWC Benchmarking Club is aligned to specific reporting requirements through Corporate Performance Clinics and at Departmental Management Team levels. The data is used to identify top performers and potential good practice and will be made available to the LSP as part of rolling out the Local Performance Management Framework.

The Children and Young People’s Delivery Partnership has a Children’s Integrated Service Improvement Framework (CISIF), embedded in the Children’s Trust arrangements. The data quality element of CISIF utilises the Quartile data published by the DCSF for management reports to benchmark against other authorities.

We have delivered a self assessment of the District for the CAA and are in the process of establishing an annual State of the District report to assist in year two of the CAA. We are establishing a Partnership wide Local Performance Management Framework that will contain a shared performance information repository, for analysis at Strategic Delivery Partnership level and if necessary escalated into a Transformation Board. The Transformation process will adopt learning from our Total Place activity to establish a Partnership wide approach that will ensure greater sharing of information on critical issues we face such as Infant Mortality, increase understanding of internal and external expectations, establish greater shared service coordination and then shared presentation to external auditors or inspectors. To address our own understanding of customer satisfaction we have developed our own Local Place Survey to encompass wider Partnership issues that will not be captured in the revamped national bi annual survey

The direct engagement with Government departments to address the barriers raised from our work in the Total Place Pilot has led to the DWP reviewing Payment on Account processes to fill the financial gap some of the most disadvantaged customers experience when they have no money between claming benefit and receiving first payment, scheduled to be available from October 2010. Equally a range of indicators regarding safeguarding was the subject of a consultation process by DCSF in December 09 where a number of changes were proposed, this national and local engagement process was also very valuable.
3. **High Level Spend Mapping**

3.1. Methodology

The High Level Spend Mapping took place between July and September with a joint team formulated with members of the BDP and external consultants acting as project managers and advisors. In line with the requirements of the Total Place Project “Configuration of Function of Government UN (1 & 2)” (COFOG) taxonomy was used. Data and information was gathered through direct contact with individual public sector bodies and central government departments. Analysis was completed by the Total Place Counting Team and final report produced and submitted to CLG and HMT in November 2009.

3.2. Findings

- The mapping indicated that the public spend in Bradford was £4.4 billion split £2.6b local, £1.5b national and £312k non departmental public bodies (NDPB).

- 57% of money is spent by local bodies, although not necessarily controlled locally because of ring-fencing. “Controllable” spend is more like 15.4% and over a quarter of this controllable spend is focused on primary and pre-primary education indicative of the specific demographics of Bradford.

- £4.4b equates to £8756 per head of the Bradford population

- Of the £2.6b of local spend the biggest spenders are Bradford MDC and NHS B&A

- Of the £312m spent by NDPB’s the three big spenders are Learning and Skills Council, Higher Education Funding Council for England and Yorkshire Forward.

- COFOG category breakdown

  - **Social Protection £1,807m**
  - **Education (including training) £978m**
  - **Health £897m**
  - **Economic Affairs £300m**
  - **Public Order & Safety £197m**
  - **General Public Services £32m**
  - **Environment protection £4m**
  - **Housing and community amenities £59m**
  - **Recreation, culture and religion £84m**
  - **Defence £0.1m**

- Capital spend equates to £262.8m of which £149m is Central Government or NDPB spend relevant to Bradford. The capital spend is clearly aligned to local priorities.
• Detailed analysis shows:
  o Just over 50% of the £1.8b spent on “Social Protection” (41% total public spend) is direct payment from Government through benefits, pensions, tax credits etc. all of which are key elements of our three deep dives. The most significant spend in this section is on “Older People” (£535m) and “Families and Children” (£381m). Given the demographic predictions for Bradford this area of expenditure is likely to increase.
  o In 3 out of 7 of the National Indicators (NI’s) under “Social Protection” Bradford performs below median for Metropolitan authorities. These three indicators relate to creating the environment for independent living and needs led services (130 SC clients receiving self directed support, 141 vulnerable people achieving independent living, 117 NEET’s) reinforcing the overall theme.
  o 22% of the total public spend is on “Education” (including training) however Bradford is performing below the median in 9/10 National Indicators, hence the sharp focus on education in the Bradford priorities
  o 20% of total spend is on “Health” reinforcing the importance of health factors in our deep dive themes.
  o The £197million spent on “Public Order and Safety” does not include the cost to the public purse of Bradford criminals serving their sentence as there are no prisons in Bradford. Taking action to reduce reoffending in Bradford (offenders theme) will deliver savings to both Bradford (processing the offence and the social cost of the offence) and the wider public purse (prison costs).

3.4. Next Steps

It is critical that we keep this information live and accurate to enable the Bradford District Partnership and key organisations to progress in their understanding of their spending profiles across the district, which in turn will influence the alignment of local budgets accordingly. By embedding the learning from the Total Place pilot we will enhance our delivery of value for money for the Bradford citizen by making financial decisions based on the needs of the place and the individual rather than any one organisation involved in delivery.

We recognise the cultural, behavioural and leadership changes that will need to take place to enable us to be more transparent and challenging in our working together in the context of financial and performance management, to deliver greater efficiency and improved services to Bradford’s citizens.
4. **Our Approach to the Total Place Pilot**

4.1 **Background**

At a meeting of the Bradford District Partnership (BDP) Board Sub Group on the 22\textsuperscript{nd} June, it was agreed that the theme areas should be aligned to our priorities, outcome focused, innovative and add value to what is currently happening within the district and should not cover areas of collaborative working which are already being discussed between partner agencies for example, back office functions such as HR and Procurement.

The discussion highlighted a number of specific areas where there was concern about the current ways of working, the delivery of value for money and the barriers to improving service delivery. Members of the BDP identified a need to focus on achieving a reduction in crime, an enhancing of social capital and a more productive use of public services.

Further research into the scoping of these key areas was commissioned by the BDP. The findings of this research led to the conclusion that the most effective way of addressing the key areas was to focus the Total Place pilot on supporting vulnerable groups of people at the point of entry/re-entry into the community, by developing a “Gateway to Integrated Services”. This became the overall theme. To meet the timescales of the Total Place pilot, and given the size and complexity of the theme, it was agreed to establish three sub-teams to work on three sub-themes:

1. **Young people leaving care**
2. **Offenders over 18 leaving prison**
3. **Older people with mental health problems leaving hospital**

4.2. **Governance Structure**

In order to establish the ownership of the project it was decided that a Total Place Steering Group should be formed from representatives of the Board of the BDP. This was supported by a Total Place Project Group made up of representatives of the Project Team. The roles of these groups were clearly defined as:

- **Total Place Steering Group**: Provide challenge, steerage and direction as well removing local barriers to progress.

- **Total Place Project Group**: To provide the day to day management of the project in line with the timescales laid down in the original “Project Initiation Document”.

Each theme was led by two team leads, one from the Partnership and one from the Leadership Centre for Local Government.

4.3. **Total Place Pilot Process**

The three themes were given the freedom to determine the most appropriate approach for their theme within an agreed common framework. This flexibility was to prove essential as the themes
developed to enable them to address key issues and overcome significant barriers such as the availability of key stakeholders/partners and service users.

The overall framework consisted of a number of key activities:

**Phase 1:**

- **Phase 1.1. Discovery and Development:** Involving all service providers in defining the current situation, understanding the dependencies and inter-dependencies, recognising the problems associated with the current level of service delivery and appreciating the importance of collaborative working.

**Phase 1.1- Discovery and Development**

<table>
<thead>
<tr>
<th>Title</th>
<th>Context</th>
<th>Technique</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our Perspective</td>
<td>What does it look and feel like now?</td>
<td>Rich Pictures</td>
<td>Understanding of each others perspectives</td>
</tr>
<tr>
<td>What happens now and who is involved</td>
<td>What services and support can the individual expect to receive?</td>
<td>Process Mapping (actions, decisions etc) by category Relationship mapping</td>
<td>Generic pathway defined</td>
</tr>
<tr>
<td>Achievements/ Issues/ Gaps</td>
<td>What works well and why? What doesn’t work well and why?</td>
<td>Story Telling Active Listening Multiple Cause Diagrams</td>
<td>Identification of initial barriers to progress (e.g. rules, relationships etc)</td>
</tr>
<tr>
<td>Counting</td>
<td>How do we get the information on spend for the pathway?</td>
<td>Reflection from PWC and group knowledge</td>
<td>Plan for deep dive count</td>
</tr>
<tr>
<td>Planning Field Work</td>
<td>How can we capture customer insight?</td>
<td>Planning Framework</td>
<td>Agreed process for phase 2</td>
</tr>
</tbody>
</table>

- **Phase 1.2. Customer Insight:** We adopted a range of innovative, imaginative and creative approaches to capture deep and personal experiences of services users and their families. This enabled the Total Place pilot team and the service providers to obtain a much greater degree of insight and understanding of the impact of the current ways of working on the service user. Some of the more successful techniques used included:
  - Interviews in “their place” (e.g. prisons, training centres)
  - Peer interviews (e.g. ex-offenders interviewing offenders)
  - Leaders for service provider organisations interviewing service users (sometimes the first time they had met service users!)
  - Filming the service user stories with carers, relatives and advocates
  - Working alongside frontline staff to have conversations with young people leaving care and living in different settings

- **Phase 1.3. Forging the Future:** For the first time bringing together service users and service providers from across the whole customer journey, to understand what needed to change and jointly to define what the future should look like. Giving them the freedom to think creatively, beyond the current boundaries, and come up with transformational changes.
Phase 1.3 – Forging the Future

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<thead>
<tr>
<th>Title</th>
<th>Context</th>
<th>Technique</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing Insights</td>
<td>What did we discover?</td>
<td>Story Telling</td>
<td>Shared understanding</td>
</tr>
<tr>
<td></td>
<td>What would make the difference?</td>
<td>Recording significant themes</td>
<td></td>
</tr>
<tr>
<td>Visioning</td>
<td>What could the experience be like if we got it right together?</td>
<td>Group Rich Picture + Dialogue</td>
<td>Future vision of the ’perfect service’</td>
</tr>
<tr>
<td>Designing</td>
<td>How would the ’perfect service’ look and feel?</td>
<td>Innovative Process Mapping</td>
<td>The Perfect Pathway</td>
</tr>
<tr>
<td>Changing</td>
<td>What do we need to do to make this happen?</td>
<td>Transformation Techniques (process and relationships)</td>
<td>High level change plan Barriers to progress</td>
</tr>
<tr>
<td>Counting the Future</td>
<td>What are the cost/benefit implications?</td>
<td>Reflection from PWC and group knowledge</td>
<td>Process to cost transformation</td>
</tr>
<tr>
<td>Next Steps</td>
<td>What can we do now? What do we need to tell others about?</td>
<td>Action Planning</td>
<td>Methods of resolving ‘locally resolvable’ issues and barriers List of escalation</td>
</tr>
</tbody>
</table>

Phase 2:

- **Diagnosing and Interpreting the Messages:** All three sub-theme teams working with the Total Place Project Group to share and understand the common messages that were evident throughout the three themes.

- **Developing the Design Principles:** Emerging from the common messages a set of design principles was developed and agreed by all three themes to take into phase three. These are:
  - Service user centric/customer integrated access
  - Put the “Place” before the organisation
  - Shared objectives and agreed outcomes
  - Locally based decision making within policy frameworks
  - Multi agency partnership based delivery
  - Based on the concept of value for money
  - Utilising a transferable methodology for service design
  - Subject to experience based review and renewal

Phase 3:

- **Detailed Design:** Working with the outcomes from the first two phases the theme leads brought together specialist teams to define the detailed service pathways. This provided a platform for in-depth discussion, challenge and innovative thinking with various reference groups made up of key stakeholders and partners. This also enabled the opportunity to maximise both formal and informal engagement with key players who will be essential to successful implementation of future service pathways. The continuous engagement of key
stakeholders throughout the detailed design phase has secured consensus on, ownership of and commitment to the proposals

• **High Level Business Case Development:** To support the sub-theme leads in developing high level business cases for taking their proposals forward a specialist team was formed from the Total Place Project Group. The main focus of this team was to concentrate on the “deep dive” analysis and spending profile to establish any efficiency gains and cashable savings deriving from the proposed changes. The development of the business cases was completed with the active participation of key stakeholders (e.g. Police, NOMS, Health Trusts, Local Authority, Incommunities, DWP, Prisons, Probation, DCSF, Aspire-I etc.). An integral part of the business cases was also provided by the service users through the customer insight work.

**Phase 4:**

Whilst we recognise that the Total Place Pilots are time limited, we are adamant that the successful implementation of the changes for Bradford will not be compromised by the requirements of Total Place as part of the HMT Budget Report. We have already established a Partnership Transformation Board to take forward the planning and implementation of the proposed pathways bearing in mind the current financial constraints and the need to recover from the recession and economic downturn. Implementation plans will continue to be developed, tried and tested throughout the first quarter of 2010.
5. Overall Messages from Total Place Pilot

Our Total Place pilot has helped to confirm that public service provision is too fragmented and too complex. By looking at service provision through the eyes of the service user rather than our own individual organisations we have recognised the tremendous potential to simplify, streamline, make a more relevant and focused impact and hugely influence direct and indirect costs over the long term. By engaging and empowering our communities and our citizens and by adopting the culture of people and place rather than organisation and/or department at a central and local level we can significantly change the way public services are accessed and delivered.

5.1. Critical Success Factors

The experience of the pilot has highlighted a number of critical success factors for Total Place that represent significant change and transformation of the current ways of working and service delivery. These are

- Leaders of the partnership organisations must actively commit to putting the needs of the “Place” and the individuals above the needs of the organisation and commit to making changes in ownership, influence and control.

- We must ensure that political leaders and executive management across the public and voluntary sector work in harmony for the needs of the “place”.

- We must recognise the importance of developing relationships locally to the success of a Total Place approach

- We must be astute in maximising the value from the financial resources across the “Place”

- We must understand the total service pathway from the perspective of the service user and focus on enabling the desired outcome rather than delivering the required output.

- We must adopt the “Tell Us Once” approach to the assessment of individual needs and share this information across the relevant public service providers.

- We must learn to use customer insights on a planned and regular basis to constantly strive to improve services.

- We must be prepared to understand and challenge our own and each other’s organisational cultures, behaviours, attitudes and beliefs in the interests of the “place” and the individual.

5.2. Freedoms, Flexibilities and Policy Changes

To enable the changes we are proposing for Bradford it is essential that there is a clear and common understanding of the local freedoms and flexibilities, as well as supportive changes to central government policy. We need to agree the level of freedoms and flexibilities we have in the following key areas
• The alignment of budgets to reflect service user needs rather than organisational priorities and targets.

• The simplification and alignment of existing governance structures with the formation of a “place” wide Partnership Transformation Board

• The appropriate balance between national and local targets and the alignment of service priorities

• The appropriate balance of public sector, third sector and private sector delivery models

• The development of outcome based accountability and costings for the benefit of “place”

• The development of mutually supportive, integrated and locally focussed assessment and performance frameworks

• The implementation of an effective “place” wide asset management strategy optimising the use of publicly owned buildings and equipment (including central and local government)

• The freedoms, willingness and infrastructure to share key information between different services and departments to minimise repetitive assessments and duplicated data gathering processes

• The implementation of shared support/back office functions with key partners

• Ensuring local democracy is meaningful, effective and accurately reflects the needs of local communities and individuals

To be successful we need to secure the following policy changes:

• We need to review the flexibility of the benefits system to cope with changes in circumstances of service users (e.g. transitional payments), to prevent them from disadvantaging the service user and causing unnecessary distress. The approach has to be about incentives rather than disincentives to take risks with training schemes etc. We also need to ensure an integrated approach between the various providers of benefit payments (e.g. DWP, Council etc)

• In order to successfully secure long term efficiency gains we need to understand and help overcome the barriers presented by central government departments to their integration with local public sector service providers as well as between central government departments.

• We need to review a number of national policies to ensure they support the objectives of successfully re-engaging people with their community. Policies relating to offender management, benefits assessment and payment and social and health care all fall into this area of concern.
• We need to review the length and content of E2E/Foundation Learning programmes for those young people not in employment, education or training and agree a flexible approach to content and duration based on individual needs.
6. Key Changes Proposed by Theme

In this section we have summarised the findings of the three themes.

6.1. Young people leaving care

During Phase 1 of the Total Place pilot we established wide consensus on there being four specific areas that were essential to get right if we are to provide the “gold standard” service demanded by both providers and service users.

1. Emotional Health and Well Being
   a. Early recognition of needs and specialist help in assessing and accessing the appropriate support.
   b. Access to immediate support and appropriate treatment

2. Employment Education and Training
   a. Tailored “entry to employment” training, development, coaching and mentoring
   b. Guarantee of a job at the end of the “entry to employment” process and willingness to work with the young person to ensure they retain the job

3. Finance and Benefits
   a. Positive incentives to move away from the “benefits dependent culture”
   b. Providing flexibility in the benefits system to facilitate the “transitional pathway”
   c. Single assessment and payment of all benefit requirements

4. Accommodation
   a. Commitment to providing suitable accommodation in the most appropriate place for all young people leaving care
   b. Ensuring there is sufficient provision of “supported” and “transitional” housing

6.1.1. Rationale

Whilst the majority of looked after children in Bradford enjoy a successful transition from care to independence in employment and/or higher and further education, for a significant number the transition can be an extremely challenging process. Some will move from care into the “benefits culture” and, possibly, into crime. Some will suffer homelessness and destitution and some will experience severe mental health difficulties. Once they move into this environment it is very difficult to get out of it. As well as the human cost there is also a financial cost to the public purse.

- Cost of a lifetime on benefits just under £0.5 million for single person to £1m for couple with two children (DWP supplied spreadsheet 2009)

- Cost or processing and imprisoning offender £98k per offender with an average 5 month served sentence (Social Exclusion Unit 2002 adjusted for inflation)

- Cost of B&B for 3 months £4200

- Cost of managing mental health problems. A review of economic evaluations of mental illness during childhood and adolescence, such as emotional and behavioural disturbances or antisocial behaviour, found mean costs to UK society to range from £11,030 to £59,130 annually per child (Suhrcke et al, 2008).
To ensure all care leavers receive the “gold standard” service we need to invest in prevention rather than fund recovery. We have been very successful in applying this approach with young offenders and believe we can use this experience to inform the design of the new pathways for young people leaving care. To help prove the benefits of this approach we are proposing to pilot our new pathways with some of the most challenging and demanding care leavers, the 45 care leavers who are not in employment, education or training (NEET). We will work across all partners to deliver a needs led service which will include:

- Effective early intervention to establish a comprehensive picture of individual needs which can be shared between agencies and across services
- Personalised planning of the most appropriate support mechanisms to help the individual move successfully from dependence to independence
- Improving the aspirations and self belief of the young person, skilling them for the successful transition from care to employment and/or education and providing the infrastructure to enable them to live independently.

### 6.1.2. Benefits

In addition to the life changing benefits to the individual care leaver from the implementation of the proposed changes, we would expect to see the following financial benefits

- By moving the young person from benefits to work/education we will potentially achieve significant financial benefits. In addition to the reduction in benefits payments we will also receive a contribution through taxation.
  - An LGA/Centre for Social Justice Report (July 2009) 38% of NEET’s are in a group of sustained NEET’s (medium to long-term unemployed). This equates to 17 of the 45 NEET’s included in the pilot.
  - Our aim would be to enable these young people to enter work far earlier than they would if nothing additional was done. A low end estimate on the cost of a lifetime on benefits is just under £0.5m; this could often be the case with these “sustained NEET’s”. We believe we could reduce the time these young people remain on benefit by at least 50% creating potential savings of £3.9m on benefits payments.
  - For the 62% of NEET’s not in the “sustained” group we believe we could reduce the time they are unemployed by 2 years. This would generate savings in Job Seekers Allowance alone of c£148k. Further savings would be made in reduced payments of other benefits.
  - By helping these young people into work we would also be generating tax revenues of c£48k per NEET over their working life (based on minimum wage). The potential additional tax revenue that could be earned from our 17 sustained NEETs by getting them into employment for half their working life would be £408k.
  - In addition to the benefit payments cost we would also reduce the cost of processing the benefits. Using figures provided by Bell and Blanchflower (2009) of an average NEET costing £45k in “resource costs” (i.e. excluding “public spending” cost which we have assumed is the benefits paid) we have calculated that, based on
getting the 62% of NEETs into work two years earlier we believe we can achieve an efficiency gain of £672k
  o Our experience indicates that a number of these NEET’s will turn to criminal activities. For each one we can divert from this route we will be saving the public purse c£98k

6.1.3. Barriers to Progress

To achieve the required outcomes we will need to address a number of barriers to progress. Some will require intervention by central government others can be addressed locally through the Bradford District Partnership and through the “day to day” relationships at the point of service delivery.

National

- The benefits regime does not allow for the flexibility of “transitional payments” to help young people through their very different and changing life circumstances. This also makes it difficult for us to deliver on the corporate parenting role.

- Treasury rules do not currently allow savings on benefits to be used to fund the programmes which could generate the savings. We cannot therefore use the potential saving in JSA to help fund training that will help young people into work. Clearly, even if this changed, these savings would be realised over a long period once the young person was in work. We would have to be able to adopt and “invest to save” approach to addressing these issues.

- The various departments and organisations involved in supporting young people leaving care have differing priorities, objectives, performance targets and eligibility criteria. These all need to be aligned to ensure the whole process is designed to deliver to the needs of the individual care leaver.

- Foundation Learning will be time and age limited (22 weeks for 16-18 year olds). This needs to be more flexible to enable the tailored approach for individuals and should reflect the varying competencies and capabilities of the young people involved.

Local

- Agencies are not all adopting a corporate parenting role or responsibility in their contact with care leavers.

- Relationships between different providers within the system have been under developed in the past due to cultural, behavioural and financial reasons. The work of Total Place is beginning to challenge and address these relationships, but there is still some way to go to build most effective relationships.

- There needs to be a local commitment to “invest to save” in employment and training. We need to invest time, money and effort in our young people to properly prepare them for the work environment. We need to incentivise local businesses to provide real employment opportunities for young people and to demonstrate commitment to work with those with difficult behavioural problems to help them maintain employment.

- There is no current funding stream for the proposed specialist staff to act as a single point of assessment through the financial processes and assessment of appropriate mental health

27
pathways. Without the alignment of budgets around place and the commitment to share the cost savings made through Total Place progress will be limited.

- The “behavioural contract culture” presented to young people by various organisations needs to be reviewed with a view to reducing the excessive number and variety of contracts that young people are expected to sign up to. A single multi-purpose contract would assist the young person as well as saving administrative time.

6.2. Offenders over 18 years leaving prison or young offender centres

Whilst we started by considering the release from prison, Phase 1 of the Total Place Pilot highlighted considerable scope for change and transformation across the whole of the offender management pathway. This has the potential to deliver significant financial and efficiency gains based on redesigned processes, changed ways of working and national policy revisions. The vision for change covers the five phases of the offender management pathway, and is focused on five key interventions.

6.2.1. Rationale

To date Bradford has been most successful in the Yorkshire and Humber Region, and one of the best performers nationally, for reducing re-offending amongst those offenders who are released under licence (12.74% for offenders under supervision NOMS2008/09). National and Regional data demonstrates that the social cost of re-offending is still very high, estimated at £93million in Bradford during 2007 (Yorkshire and Humber “2007 Local Cost of Reoffending” NOMS).

The cost of processing the offender through the “offender management pathway” is estimated at £65k up to the point of re-imprisonment and £37k for up to 12 months in prison thereafter (Social
Exclusion Unit 2002). Applying inflation rates from ONS these figures for 2009 would be £79k and £46k respectively. Significant savings could be made by focusing on making the prisoner journey more coherent through adopting “offender centred approaches” to sentencing, serving a prison sentence and release back to Bradford District.

Whilst we are successfully addressing reoffending amongst offenders released under supervision (including licence), c59% of offenders receiving custody are sentenced to less than 12 months and are not required to undergo supervision after release unless there are other factors (e.g. age). These offenders have a reconviction rate of 60% (Ministry of Justice 2009) and are a high recidivist group. The Total Place pilot is therefore focusing on this group of offenders with the objective of achieving similar success rates to that we are achieving with those offenders already under supervision.

End Custody Licence (ECL) is a national project to reduce prison spaces. However, it is apparent through Service User information gathered through the Total Place process, that there are shortfalls in the way in which it is being organised that leaves many prisoners released under the scheme vulnerable to re-offending because it is not being organised in a way that focused on key issues related to reduce that risk. 79% of those released on ECL were serving sentences of less than 12 months (Ministry of Justice 2009). Of the 27,184 ECL released nationally 21,599 were serving less than 12 months. They are particularly vulnerable to leaving custody without a release plan, including benefits to access, drug treatment and housing in place. Embedding a focus on the ‘golden 24 hours’ for all offenders being released from our prison establishments will assist in reducing costs of re-imprisonment and re-offending.

To achieve our objectives we will work locally to transform the approach to offender management by increasing the intervention at the point of arrest, by sharing information between agencies throughout the offender management pathway and by providing the resources to implement supervision for all subject to national policy change. We will also work with the offender and his/her family to ensure the infrastructure and support is in place to eliminate the need/desire to reoffend. These changes are estimated to require an investment of £270k per annum (based on 2 additional offender managers for the “case management for everyone” intervention and a further 4 for the “offender management at arrest” intervention)

Nationally our proposals will require significant policy changes in the following areas:

- Changes to the regulations on supervision and discharge arrangements to enable “supervision for all”
- Review of the End Custody Licence arrangements
- Legislative change is required to enable supervision to be attached to bail conditions to include an assessment of all offenders who currently do not test positive for opiates, and compliance with a case manager.

6.2.2 Benefits
A reduction in the levels of re-offending will have considerable social and environmental benefits for the local communities within the Bradford District. There will also be personal benefits to the offenders and their families, as well as the likely reduction in the costs of supporting dysfunctional families caused by criminal lifestyles. We have also identified significant financial and efficiency benefits including:

- Reduction in the cost of offending. Based on our current success with offender management of those already under supervision it is reasonable to predict a conservative success rate of 10% reduction in reoffending of those less than 12 month custodial releases subject to Offender Management. This will save c£1.1m per annum on processing offenders. This is based on the assumption that the average sentence served by these offenders is 5 months.

- It is recognised that “early interventions” with young offenders can have significant impacts on individuals, who then go on to become more entrenched in offending behaviour. By intervening with offenders at the time of arrest we believe we can impact on the level of criminal offences which do the most harm to communities (e.g. burglary). Whilst we recognise the controversial nature of this proposal which will require legislative changes as well as “human rights” considerations, based on our assumption that we can prevent 5% of these offences by early intervention, we have the potential to save £3m in Bradford alone. (Based on the cost of processing an offender up to imprisonment. This excludes the cost of imprisonment which, based on an average 5 months served, equates to a further £715k.)

- Offenders are currently subjected to between 5-10 assessments during their time within the offender management pathway. By moving to a single assessment, carried out early in the pathway and then shared between agencies we can make efficiency gains of c£130k per annum on Bradford offenders serving less than 12 months. Extending this to other Bradford prisoners would increase this saving a further £91k.

- 66% of women and 55% of male prisoners have dependent children under the age of 18 (MOJ/DCSF Review 2007). 65% of boys with a convicted parent go on to become offenders according to the Social Exclusion Unit 2002. A focus on families of offenders will assist in reducing the impacts of this isolated group, and improving outcomes for families. Reducing the number of children who go on to offend through multi agency collaboration will result in considerable savings. We have already identified that it costs £79k to get every offender to the point of sentence and a further £45k for a twelve month sentence. This does not take into account any of the social cost of these offences.

- A reduction in re-offending would deliver significant benefits to both public and private sector as well as our local communities, substantially reducing the social cost of £93 million calculated in the ROM’s Yorkshire and Humber “2007 Local Cost of Reoffending”.

In addition to these financial benefits, the reduction in reoffending will have a strongly positive effect on the perception of Bradford as a place both locally (e.g. reduction in the fear of crime) and nationally/internationally encouraging the economic regeneration and recovery.

6.2.3. Barriers to Progress

To achieve the required outcomes we will need to address a number of barriers to progress. Whilst the National Offender Management Service is a national service, a number of these barriers can be
addressed at a local level. We do recognise, however, that to be successful we will require national intervention by way of transformational legislative and policy changes.

The prison system is a complex one, which involves a great many stakeholders and has evolved over time. Unpicking current arrangements for transport, assessment, management and resettlement of offenders to create an environment where assessments are shared and passported across and between agencies and resources pooled, will require cross departmental buy in as well as local innovation and change.

**National**

- No case management of any adult offender with a sentence of <12 months custody exists and the relevant justice services and supporting agencies are not resourced for such a role. These offenders have high recidivist rates but fall out of scope for Integrated Offender Management (for Prolific Priority Offenders).

- End Custody Licence is a national programme whose operation needs to be modified to put the person at the centre of decision making. For example we should be ensuring that no offender can be released without their basic needs being met (i.e. subsistence funds, access to drug treatment and/or a place to live).

- Attaching additional conditions to Police Bail e.g. to require non-convicted offenders to cooperate with the offender manager requires legislative change.

- The male-centred model used for 90% current caseload is inappropriate for women, and needs replacing with a model that responds to the complex needs of women offenders with special attention and appropriate support.

- Enabling information to be shared between different organisations and departments and the passporting of assessments requires both policy change and changes to IT systems to enable them to “talk to each other” more effectively.

- The inflexibility of the benefits system has the most significant impact on offenders serving short sentences. The delays in restarting benefits after release, especially if this is combined with the planning problems caused by “early release”, can create situations where the offender sees the only solution to financial problems is reoffending.

- A range of local performance indicators with regards to reducing reoffending and public protection will need to be agreed within the LAA. This should replace internal targets (Integrated Probation Performance Framework) which are not related to partnership activities within Crime Reduction Disorder Partnerships (CRDP). This is particularly relevant when the probation service becomes a responsible authority in CRDP.

**Local**

- No case management of any adult offender with a sentence of <12 months custody exists and the relevant justice services and supporting agencies are not resourced for such a role.
• Interventions with selected non-convicted offenders who are committing offences that do most harm to local communities are outside the scope of current intensive programmes e.g. for priority and persistent offenders

• By carrying out the Offender needs assessment at Court we will need to provide additional resource to the Regional Offender Management team to enable them to allocate staff to Bradford Magistrates and Crown Courts

• Housing Commissioners and Providers need to adjust their approaches to homelessness, social housing allocations and tenancy management to address those aspects of offender discharge that can minimise the chances of reoffending and of family stress.

• Local barriers to discharged offenders receiving prompt payment of benefit monies need removing so that no ex-offender is left without the finance to support re-integration into the community. Some work has already started locally with DWP and other stakeholders to address this problem and we will need to ensure we align all the work going on in this area to avoid duplication.

• There is little support provided to families, children and partners of offenders within the current offender management system. This has significant implications on the family’s ability to successfully function within the community and this leads often to social isolation and long term problems with future generations. This needs to be recognised as an important dimension of offender management as well as within other service providers (e.g. children’s services) and requires effective multi-agency collaboration to provide the required support.

6.3. Older people leaving hospital with mental health problems

Whilst we have focused the Total Place pilot on the planning of discharge and post-discharge support, Phase 1 of the process immediately identified the need to consider the admission and the in-patient processes as well. During the research it became clear that other projects were focusing on these earlier interventions (“Acute Care Programme”, “Intermediate Care Board” and Older Peoples Mental Health Strategy including the “Care Home and Acute Liaison Service”) and alignment across all three projects was essential to ensure the overall success of the redesigned pathway. Together our objective is to deliver the following:

• Whole system approach to redesigning and delivering the care process from the point of pre-admission, through admission to post-discharge

• Early comprehensive and joined up assessment of the needs of older people with mental health conditions, including diagnosis where there is none

• Awareness of specific support needs of older people with mental health needs whilst in acute hospital care and care plans implemented to meet them

• Improved communication between hospital staff and carers to ensure continuity of care and greater understanding of the needs of the patient and how best to meet them

• Improved quality of care and patient experience : meeting the dignity in care challenges
• Appropriate admissions and timely discharges that are planned and direct people to appropriate services

• Ensuring that the contribution of the wider network of partners is fully embraced for the benefit of this user group (e.g. Housing; equipment services; Fire and Rescue; voluntary sector)

• Reduction in unnecessary re-admissions of older people with mental health needs into acute hospital care

• A policy that prevents admission of older people into long term care directly from hospital except in the most exceptional circumstances where clearly it would not be in the best interests of the individual to do otherwise

• Cross organisational training for staff (on an on-going basis) in the care of older people with mental health needs, in particular the identification and management of dementia, depression and delirium

• Integrated and timely discharge planning which secures the full involvement of the carers.

• Availability of suitable community based services to support older people with mental health needs and their carers

• Acknowledgement across the whole system partnership that mental health is everybody’s business and services need to be designed to meet the needs of older people with complex co-morbidity.

6.3.1. Rationale

Older people are entering acute hospitals with physical problems but also may have secondary mental health related issues such as dementia or depression, or they may acquire mental health problems during their stay (e.g. delirium).

There is considerable national evidence to support the view that although older people with mental health needs form a significant proportion of an acute hospital’s “patient base”, these services are not designed or equipped to respond to their needs, and that the needs of older people with mental health problems are less likely to be recognised, understood or adequately met whilst in an acute hospital setting.

• Up to 2/3rds of NHS beds are occupied by people aged 65years and over
• Up to 60% of general hospital admissions in this age group will have or will develop a mental health disorder during their admission, most commonly dementia, depression and delirium
• An acute hospital is likely to have 4 times as many older people with mental health disorder on its wards than older peoples mental health services will have on theirs.

(Who Cares Wins 2005)

One of the key issues identified throughout our workshops was the discharge of patients from acute hospital directly into long term residential care. “Use of Resources in Adult Care October 2009” indicates in some cases people are assessed as needing long term care when specific interventions or action may, in the medium term reduce the need for a high level of care. This is supported by the
Audit Commissions “Show Me the Way to Go Home” report which states that some older people are admitted prematurely to long term care who, if the given the time to recuperate, are able to manage with less intensive level of care. Figures from “Social Care – Use of resources in Yorkshire and Humber” show 9.8% of patients aged 75+ are discharged from hospital directly into care homes compared to an average across the Yorkshire and Humber region of 3.9%. The comparative cost of a package of care in a person’s own home, compared to admission to a care home, depends on several factors, including:

- The degree of independence achieved following recuperation / rehabilitation
- Whether the comparison cost used for residential care is the in-house cost (£606pw gross) or independent sector (average £402pw gross)
- The assumptions made about the duration of any savings, e.g. for how long a long term care admission is prevented
- Whether costs are calculated net of service-user contribution, or gross
- Whether calculations include costs to the welfare benefits system, e.g. Housing Benefit and Attendance Allowance, which would cease following a Council-funded care home admission.

BMDC has attempted modelling of cashable benefits as part of the successful bid for Dept of Health “Partnerships for Older People’s Projects” (POPP’s) funding. The model compared the net cost to the Council of 7 - 10 hours of home care per week, with the average net cost of an independent sector placement in an older person’s residential home. The estimated saving was c. £90pw, or £4,500pa over a 2-year period. However, this saving would disappear if the care package were to include a further 7 hours of home care, or 2 days of day care. Given the variations indicated above and the varying needs of the individual (who may for e.g. have less homecare, more day care, respite care etc) we have calculated the sum based on the key assumption that behind the delivery of cashable savings is that better management of crisis situations and hospital discharges, and investment in appropriate short-term interventions, will lead to older people and carers being able to manage with a relatively moderate level of care”.

National research (e.g. “Who Cares Wins (2005), “Improving services and support for older people with mental health problems (2007)”) has explored the link between cognitive impairment and mortality in hospital stays. They found that hospitalised patients over age 85 with cognitive impairment had an increased mortality rate (increased risk of death within the hospital, in the first year after hospitalisation and cumulatively). Studies have also found that 24% of acute medical inpatients with severe cognitive impairment died during admission. (Sampson et al. 2009). All this evidence gives further argument for improvements to be made across the pathway.

During and after the discharge process further breakdowns occur as the processes span different organisations (e.g. breakdowns in the referral processes can result in delayed access to appropriate services for service users and their carers). Our customer insights have highlighted issues relating to:

- the understanding by staff (across the process) of the support that is available to service users and their carers in the community
- a lack of knowledge among professionals with regard to funding/financial issues for the patient/carer
• staff from the partnership organisations are not adequately trained to work with mental health related issues when carrying out assessments for services that would support the service user and their carer post discharge (e.g. fire and rescue staff reviewing safety in the home).

6.3.2. Benefits

In addition to the potential improvements in service experience of the older person and their families and/or carers, we have identified significant cost and efficiency gains through adoption of the proposed changes:

• By providing improved, inclusive and integrated discharge planning and providing more appropriate support in the community we believe we can reduce the number of Bradford people being discharged directly into long term residential /nursing care by an estimated 50%. This estimate is based on bringing Bradford in line with the average figures for the region (as per the “Social Care – Use of resources in Yorkshire and Humber” report). Of the 451 patients with mental health problems that were discharged directly to long term Care Homes during 2008/09 we believe the changes we are proposing would enable 216 of them to return home with an appropriate care package. The potential redirection of resources (efficiencies) from this would be c£1.8m. It is important to note however that this saving would not all be public money as a significant proportion of the saving could be to the benefit to the self funding service user. We estimate that approximately 1/3 would be cashable saving to the local authority. We also recognise that some of the self funders are likely to become the responsibility of the local authority later in life.

The proposed changes are also intended to reduce readmissions amongst the target patient group. NHS B&A have provided figures indicating that during 2008/09 324 people over 65 with mental health problems have been re-admitted to hospital. Although the range of reasons for readmission will vary, and therefore the “cost of spell” will vary considerably, we have calculated an average “cost of stay” of £2384. This equates to an overall cost of £772k. If we were able to reduce re-admissions by 25% we could achieve efficiency gains of £193,104. This gain in available bed space should help to ease waiting lists for acute beds.

6.3.3. Barriers to Progress

To successfully deliver the significant enhancement in the service user experience and the associated financial benefits there are a number of barriers to overcome. A number are within the auspices of the BDP and its members to address. Some, however, will need national intervention.

National:

• The current performance frameworks focus partners on different aspects of the pathway: there are different priorities, drivers and incentives that do not encourage the necessity or urgency to tackle these issues.

• The tariff system introduces perverse incentives and/or disincentives to provide the appropriate service to the service user

• The rules on the suspension of pensions and benefits whilst in hospital are too inflexible and create hardship when trying to discharge people back into the community.
• National training programmes do not include dementia as mandatory content both within the common foundation programme or pre-registration nursing training.

• The lack of compatibility of IT systems can have a profound effect on the completeness and accuracy of data and information sharing that is critical to good clinical assessment and holistic and timely discharge planning (NHSB&A, LA, BDCT systems are not compatible)

• It is recognised within the medical and caring professions that services to people with dementia are treated as the “Cinderella” service.

• The challenges of affecting change in NHS systems given the complexities of relationships between commissioners and providers at national, regional and local levels.

Local

A key and consistent message from our workshops has been that the whole approach to treating and working with older people with dementia and other mental health problems as well as the way we support and work with their carers, requires focused attention with key health and social care partners working together. As already stated above in identifying national barriers, the key partners have different priorities, drivers and incentives that do not encourage the necessity or urgency to tackle these issues. There are a number of projects focused on parts of the end to end pathway being delivered by different teams from different organisations. It is essential that all projects focused on delivering parts of the whole systems approach need to work together to align outcomes and integrate processes.

• The funding arrangements between the NHS and the council’s Adult Services are misaligned and too inflexible to allow closer joint working.

• Organisational and systems imperatives become a significant influence in affecting the practice or pathways of individuals through the system rather than the focussing on the direct needs of the “customers”, these imperatives are influenced by both local and national drivers.

• Critical to the success of the changes to the discharge process is the establishment of the Acute Mental Health Liaison Service. This is not yet in place.

• The initial assessment process focuses on specific information needed at the admission stage of the process. This has to be enhanced to consider the needs of the patient throughout their time in hospital and immediately prior and subsequent to their discharge. The mental health needs of the patient may not be identified diagnosed.

• The proposed pathway crosses organisations and therefore budgets. To be successful the approach will require a “place based” budget focused on the overall service rather than individual organisations.

• The limited training that currently exists on working with older people with mental health related problems tends to be organisation specific. In the interests of the older person it is important that interventions are cross organisational and integrated. To facilitate this, and to improve the skills of all those working with the older person, a combined Public Sector
Training programme will need to be established, where resources can be maximised for the benefit of the whole system.

- The IT systems within and across organisations make sharing of information very difficult. To enable the process to work seamlessly the IT systems need to be “joined up”.

- The lack of consistent activity data with analysis that speaks the language that all key partners can recognise and own.
7. Key Learning from the Pilot

The Total Place pilot has provided considerable learning for those who have been directly involved. Whilst Bradford will be producing a separate document on the detailed learning gained from the pilot as part of our development of our own preferred Total Place methodology, it is worth capturing some of the overall learning in this section.

Lesson number 1. Be clear about why you want undertake a Total Place project before you even think about the “how”. This does not mean you must predetermine the outcomes, but have a vision of how the future could, and perhaps should be. Appreciate the extent to which you want to be challenging, imaginative and creative and fully understand the implications of this decision.

Lesson number 2. Seek to secure the top level leadership and ownership of the approach/project across the partnership before you go too far. If you fail to do this initially, you will have to do so retrospectively which will be much harder. This needs to go beyond “saying the right things”. It needs active involvement of the leaders across the partnership in all aspects of the project. Total Place is about collective and collaborative leadership.

Lesson number 3. Total Place is not just a “public sector” project. Third Sector and private sector partners are an integral part of the solutions and need to be actively involved in the leadership, development, implementation and delivery of the Total Place solutions.

Lesson number 4. Develop a thorough and detailed approach to identifying and agreeing your theme(s) using the skills, knowledge, experience and expertise within the partnership. Establish a multidisciplinary and cross-organisational project team to run the project with clear lines of accountability. Within this structure, however, the team needs to be given the freedom to think imaginatively, creatively and be willing to challenge themselves and their partners to identify the radical and transformational solutions.

Lesson number 5. Put in place a strong project management team with the appropriate level of support to enable the complexities of the multi-organisational projects to be delivered. This needs to include strong logistical and administrative support as well as a considered and comprehensive communications strategy.

Lesson number 6. The evolution of the eight key principles to service design helped provide a framework within which each of the themes explored their own challenges. This framework has proved extremely useful in ensuring the focus on the customer at the centre of our thinking and in bringing together the diverse thinking so that the overall project can be maintained.

Lesson number 7. One of the key pieces of learning has been “do not rush to the solution”. It is critical to obtain an in depth understanding of the “here and now” and to gain true commitment from the right people to the changes and transformations identified, securing the ownership of all the key players who will be responsible for implementing the change. Whole systems thinking in analysing complex issues will help us to develop simple solutions.
Lesson number 8. A key characteristic of the Total Place pilot has been the peaks and troughs which the project teams have experienced. The mass involvement during Phase 1 created a huge momentum and expectation, and the events themselves provided tremendous “highs” to those involved. These energy levels have been extremely difficult to maintain through Phases 2 and 3 where the work is more detailed and in smaller groups. The Wider Reference Group events in Phase 3 reinvigorated the themes again.

Lesson number 9. It is essential that we not only capture and acknowledge the services user/carer experience but that we understand and revisit the customer insights to use as a yardstick against which to assess progress and the impact of changes. We need to understand if the changes we have made have improved the experience and outcomes for service users.
8. Embedding Total Place for the Future

The Total Place pilot has reached a crucial stage in its development with the production of the final submission for the HMT Budget Report. In Bradford we see this as just the beginning. We believe Total Place offers us new ways of working collaboratively and providing a fully integrated level of service provision for the citizens of “the place”. To ensure this approach is an integral part of our future we need to embed the infrastructure of Total Place across all sectors within the Bradford District. This will require ongoing commitment and determination to work differently and to constantly challenge through customer insight the way we think and work. Key actions have already started and include:

- Establish an Executive level “Partnership Transformation Board” to lead Total Place going forward, supported by an appropriate project governance structure. To maximise the potential impact of this Board it should include public, private and third sector representation ensuring engagement, ownership and commitment across Bradford and District.

- Establish aligned budget arrangements to enable Total Place approach to addressing “place” issues by having a much greater understanding of the overall spending profile on Bradford. This in turn will enable us to be more successful in targeting priority spend areas, achieving value for money for our citizens and providing increased transparency of spending profiles.

- To ensure we complete the implementation of the changes identified in our three sub-themes, we need to establish a core group of the “decision makers” for each theme to make the necessary changes happen.

- Develop further the relationships between central and local government to ensure the lines of communication and influence are not closed off after the pilot is completed. This needs to pave the way for a completely new model of how central and local government work effectively together. One of the first areas we can use to embed this new working relationship is around the overall management of public sector assets and back offices functions. This will include aligning ourselves with the Governments “Putting the Frontline First: smarter government” and the relocation of civil servants from London to the regions.

- Establish the “Bradford Methodology” for Total Place based on the learning we have gained in Bradford; the learning we can distil from the 12 other pilots as well as the other areas undertaking Total place related activities.

- Establish an appropriately resourced Total Place project management team representing the partnership.