



Leicester/Leicestershire

Total Place Final Report

DRAFT

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Appendices are not attached, but are available on request.

1.Document Control

1.1 Control Details

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Name	Position	Date

2. Management Summary

2.1 Total Place has already demonstrated in our Place its worth as a set of operating principles that can maintain or improve services for customers, while identifying efficiency savings. Our experience of collaborating across organisational boundaries in the Place, with other pilots, working on similar themes, and with colleagues in Whitehall has been very productive reflected in a comment made at the Public Services Board “Total Place needs to stop being something we find time to do, on top of the day job, and instead become how we all do our day jobs.”

2.2 The Results of Total Place

The High Level Count

Our **overall findings** were that, during 2007/8:

- Total public expenditure in the Place was just over £6bn (£4.3bn local service delivery organisations; £1.7bn Non Departmental Public Bodies (NDPB))
- Five public bodies accounted for £4.2bn (70%) of public expenditure. These were DWP, the County Council, the City Council, the University of Leicester Foundation Trust and Leicestershire County and Rutland NHS PCT

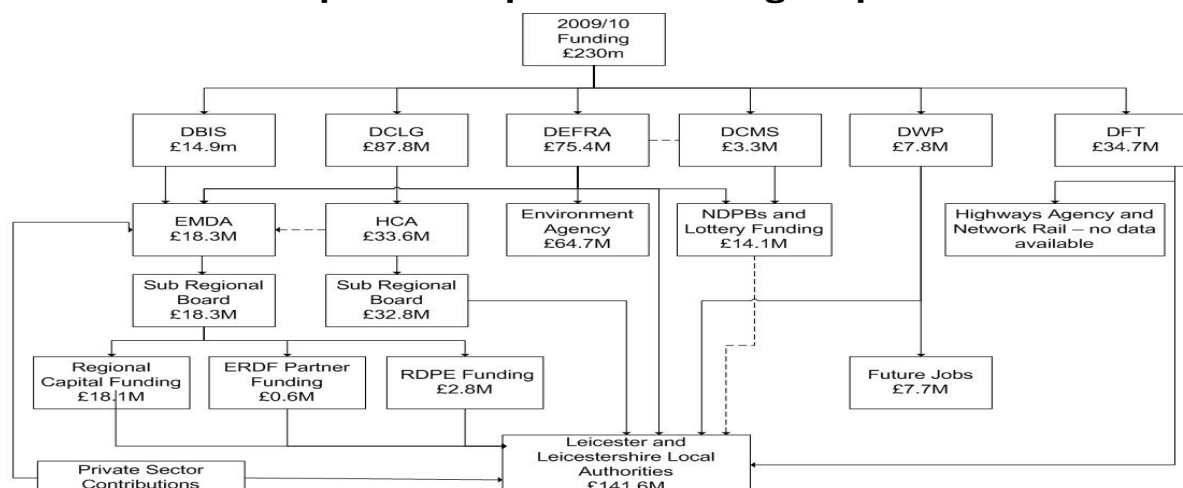
“Whitehall is not a unitary entity, but a federation of departments. It is designed predominantly along independent lines for the purposes of budget allocation. This fragmentation is reproduced at the local level, replicating these problems in the front line.....The resulting duplication of effort can waste resources, and citizens can suffer from fragmented public services.” (Shaping up: A Whitehall for the Future” Institute for Government Jan ’10)

A series of **funding maps** were produced that show how funding moves from European and central government to local and national service delivery organisations. These show a very complicated picture with funding moving through a variety of national and regional organisations before it is spent on service delivery at a local level. This is illustrated for economic development in the flow chart shown below.

Chart 1: Economic Development Funding Map

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Economic Development – updated funding map



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This complexity is expensive. The joint National Audit Office and Audit Commission report, ‘Delivering Efficiency: Strengthening the links in public service delivery chains’, estimates that, for every additional layer of administration that is present within a chain, up to 20% of funding can be lost in that layer. In fact the ‘service

delivery chains' are much more complicated than the funding chains with many more NDPBs (or quango's) involved including inspectorates. For economic development (and this excludes education and skills and housing) we estimate that it costs national, regional and local organisations £180m to spend £230m on projects in Leicester and Leicestershire. The funding flow diagrams indicate that other service themes have an equally costly overhead.

We also looked at **the cost of reporting the NIs, statutory returns and other performance measures** across the Leicestershire Together and One Leicester partnerships it was £3.66m pa. The cost of responding to inspection regimes was estimated to be a further £3.57m pa. The total cost to the partnerships alone in the area in meeting reporting and inspection requirements was therefore some £7.13m pa. We have also found that this national indicators set does not cover all themes equally

We propose that government undertakes a fundamental redesign of all service delivery chains with the aim of cost reduction through both vertical and horizontal integration. Specifically;

- At a national level steps should be taken to merge national non departmental bodies back into government departments and in the process streamline policy development, performance management, back office and corporate management costs.
- At a regional level one organisation should be established (and the other abolished) that would undertake appropriate functions from the large number of organisations that operate at a regional level.
- At a local level horizontal integration should take place between delivery organisations to save on back office and front line costs. In addition, shared service and joint arrangements should be established for the delivery of appropriate services.

Whereas the improvements and savings we go on to address in the next two sections, in relation to our two Total Place themes, are specific to the Place, the changes we have identified in relation to the High Level Count should be scalable across the whole of the Country

2.3 *Drugs and Alcohol Misuse*

2.3.1 Drugs and Alcohol Misuse (DAM) was chosen as a Total Place theme because it is both a major and growing national problem – an epidemic seems not too strong a description – and one which impacts on the Place, even more than nationally. Illustrative key data points are:

- Alcohol-related hospital ward admissions have increased nationally by 69% over the past 5 years (and by 100% in Leicester)
- Liver disease is predicted to climb to 3rd causes of death (and the average age for such deaths at 54, is decades lower than for the other major causes)
- Alcohol related crime accounts for 25% of all serious crime (across place), and drug related crime accounts for 13% of all serious crime (Leicester has the 8th highest crime rate nationally, and the 5th highest violent crime rate and 3rd highest sexual crime rate)
- 17 million lost days at work a year are due to misuse nationally.
- 33% of prisoners have an alcohol misuse problem and 66% of prisons have a drugs misuse problem

2.3.2 As part of the Deep Dive work, we have looked at costs, at the views of elected members exposed to the Night Time Economy (NTE) and at customers' perspective. What has particularly impacted on our decisions to make changes in the ways DAM is challenged are:

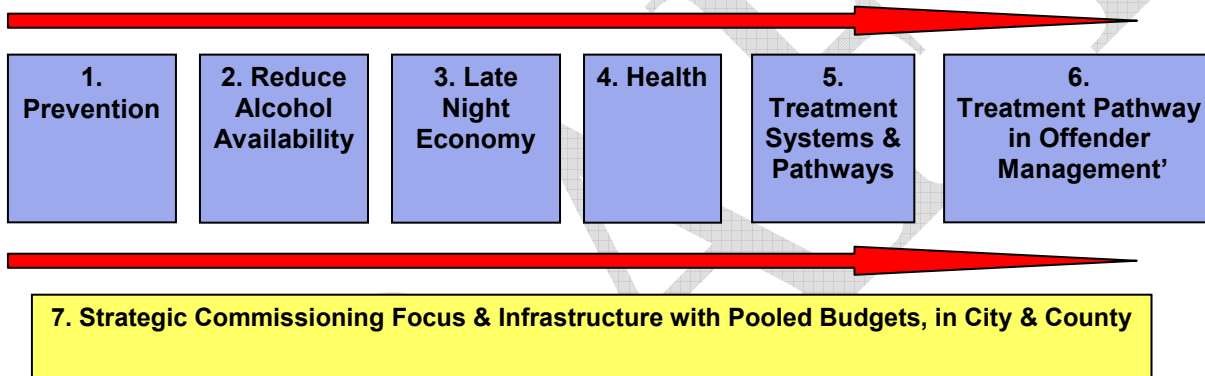
- Cultural changes – 'preloading', more young people drinking more, and at an earlier age.
- The fall in cost of a unit of alcohol over the years (by 67% between 1980 and 2007).
- Increases in the strength of drinks and of drinks targeted towards young people's tastes.
- 'Loss leaders' of alcohol in supermarkets, linked to removal of restrictions on sale.
- Low public confidence in the handling of DAM – 'passive drinking'.
- Misusers being handled in multiple ways by the system with duplication across organisations.
- The lack of resources available in the Place to deal with alcohol misuse (£4.9m pa), in relation to the estimated costs to the Place public sector of dealing with misuse (£89.3m pa).

- The lack of resources available in the Place available to deal with alcohol misuse (£4.9m pa) compared with those available for drugs misuse (£13.4m pa).
- Low provision of treatment for alcohol misuse (10% of estimated demand and among the lowest provision in the country).
- Very low provision of early stage treatment, despite the fact that our customer insights have revealed a demand for this and it can be very cost-effective.

2.3.4 We have concluded that to reduce the social and financial costs of alcohol misuse in a sustainable and long term way, solutions need to take a different approach and to focus on reducing the demand on stretched, limited and expensive services. It is clear that only a transformational approach looking cross organisationally across the Place will deliver the improvements required to address the costly complex problems substance misuse brings.

2.3.5 Analysis undertaken by the Pilot has resulted in a Place solution of key components (below), each having equal importance, and with significant interdependencies between each of the components. Within each component sit a range of changes we intend to make (in some cases, accompanied by requests for support from central government) specifically focused on a long term, sustainable approach to reducing the root problems.

Chart 2: DAM Place Solution:



2.3.6 These changes include:

- Piloting a **normative marketing campaign** in selected universities and educational establishments across the Place and comparing it with a control group, to measure outcomes related to changes in consumption and substance misuse behaviour. This approach has seen positive outcomes in other Countries using a normative marketing campaign ranging from 23% reduction in consumption of alcohol to 40% (Increase Focus on Prevention)
- **Request for the Introduction of a Minimum Price Per Unit.** The Pilot concurs with the House of Commons Review request for the introduction of a minimum price per unit of alcohol of 40 - 50p. Research indicates this would not unduly affect the majority of the population, particularly not those who drink in licensed premises, where a unit is often considerably higher than any recommended minimum unit price. The specific groups this would impact upon would be binge drinkers, who purchase low cost alcohol from supermarkets and shops, and also dependant drinkers who tend to favour very high strength low cost alcohol.
- **Request For National Restrictions on Supermarket/Retailers Loss Leading of Alcohol.** The recent trend of loss leading alcohol by major supermarkets as a competitive marketing tool has had a significant impact on consumption and associated harms of misuse. The support of government is sought to impose or agree with supermarkets and shops (*and licensed premises where necessary*), a restriction on the promotion of low cost loss leading alcohol, particularly where shoppers are encouraged to purchase significantly high volumes of alcohol to take advantage of a promotion *i.e. buy 2, get 1 free etc.*

- **Request for National Ban or Increase in Price for High Strength Low Cost Alcohol.** National support is further requested to ban or increase the price of very high strength drinks popular with young people and dependent drinkers as it allows them to consume very high units of alcohol at very low cost. *i.e. a 2litre bottle of White Lightning for just over £3 contains 16units.*
- **Strengthening the approach to licensing** across the Place, with a more consistent and robust approach to licensees exhibiting poor practice; support, guidance and training for panel members making licensing decisions and magistrates handling appeals; the improved provision of data to enable evidence-based and better informed decisions to be made about licensed premises (Reduce Alcohol Availability).
- We propose that government review its policy around the licensing laws, to fully assess the consequences on communities from the increased problems caused by alcohol misuse. Specifically, we propose national support to **strengthen the local licensing approach**, through the addition of 'public health' as a criteria for licensing panels to use in making decisions in awarding licenses, as well as grounds for revocation; the mandatory code of practice to include Challenge 21; stronger penalties for premises selling to drunk people and underage sales; and stronger sanctions and accountability for license holders and owners in situations of underage drinking and sales to those 'over the limit' (Reduce Alcohol Availability).
- Implement measures to take a much **stronger and robust approach to policing the NTE** to reduce alcohol related crime and other associated negative outcomes of alcohol misuse. This will include introducing the Cardiff Model 'The Cardiff System', which addresses alcohol related crime and disorder in the NTE taking account of data from police and health service sources, and categorises premises according to objective evidence to address problem spots and reoccurring crime, disorder and anti-social behaviour. This model had a significant and sustained effect in reducing alcohol related incidents in Cardiff which has led to violence being reduced by 40% over the four years of implementation [Information supplied from Tilley Award submission 2009 from Sergeant Trevor Jones].
- Pilot an **alternative service for intoxicated patients who present at A&E** with minor injuries. Likely target groups would be binge drinkers from the night time economy and dependant drinkers, both of whom tend to be responsible for frequent attendances and hospital admissions. This service would be staffed by alcohol liaison nurses, specially trained to deal with alcohol misusers. These nurses would also undertake work with dependant drinkers on wards to support their entry into appropriate treatment services, make referrals where appropriate to other services to address specific needs. Evidence shows interventions carried out by an alcohol liaison nurse are effective in preventing repeat admissions to A & E and hospital wards. Our estimate at this stage is that this could **save some £1.19m in health care costs over the first five years** (Pilot Multi-Agency ED).
- There is well documented evidence around the benefits of **brief interventions in alcohol misuse**, particularly early on in a misuser's life, which shows that for every 8 brief interventions (advice & awareness of the harm) person will immediately reduce their consumption to safe levels. We are therefore intending to incorporate brief screening and intervention into as many primary and other appropriate professionals' routine jobs as possible.(Develop Coherent Treatment Systems & Pathways).
- **We will establish a treatment pathway for offenders and build on the existing arrest referral Pilot, conditional cautioning and alcohol treatment requirement initiatives across the Place** to include:

Commissioning of brief interventions for binge drinkers who receive fixed penalty notices as part of an extended conditional cautioning scheme.

Commissioning of an alcohol service for offenders (*in line with the Treatment Models advocated by the Institute of Criminal Policy Research*)

- **National support is requested to extend the remit of CARAT workers** (*practitioners providing treatment in prisons for drug misusers*) to include the provision of treatment for alcohol misusers, to reduce the risks of reoffending when they leave prison.
- **Establish High Level Strategic Commissioning Board(s)** Strategic commissioning is a critical component to the successful delivery of the solutions outlined within this report. More strategic joined up commissioning would provide a platform for more efficient use of resources and effective delivery at every stage of the commissioning process, delivering improved outcomes at less cost in line with Total Place principles.
- The Pilot seeks **national support for a widening of the current ring-fence** around the PTB and DIP drug treatment funds to include alcohol, to enable strategic Commissioning board (s) to allocate resources to misuse based upon needs analysis achievement of optimum outcomes for the Place. A separate paper on the benefits of a widened ring fence will be submitted to Whitehall separately as requested by colleagues at the Dept. Health. The Place have committed to a redesign and re-commissioning of drug treatment services across the entire drug treatment system, in response to the needs of service users and to achieve 'better for less' and achieve efficiency savings. The City and County have been tasked to meet efficiency targets of 15% and 3% respectively for 2010/11 in PTB to respond to a cut in their respective allocation of drug funds from the Dept of Health. This is in addition to earlier achievements made in the past 2 years. The table below highlights the impact of this saving in 2010/11 delivering in excess of £1/2 m savings on a current budget of £5.9m.

2.3.7 The opportunity is to save a minimum of £8.3m over a 5 year period through the implementation of local changes outlined earlier, funded via an invest to save approach. There is a real opportunity to achieve significantly higher savings on the current Place costs of £89.3m with the combined implementation of local initiatives and the national changes requested by the Pilot in particular the introduction of minimum pricing, restrictions on advertising to young people, restrictions of loss leading sales and sales to drunks, for example, a reduction of alcohol misuse by 5% p.a. on current costs would save an estimated £4.5 m p.a.

2.3.8 Conclusion

Given the problem is both complex and significant to our Place as it stands today, the recent year on year increases seen in the demand for services is of grave concern. Further increases in substance misuse consequences will have a serious impact on our Place, particularly in a time of likely budget cuts. This incessant demand is stretching already strained resources and in many areas there are unmet needs that are contributing to the overall problem and impact of substance misuse. Individual organisations attempts to deal with these problems at a local level, appears hampered by the scale and growth of the problem, the available resources, the lack of treatment services to refer to, as well as the difficulties given organisational functional remits in tackling the root causes of the problem.

Analysis undertaken by the Pilot has resulted in a Place solution model at varying stages of concept, analysis and completeness. key actions are detailed below with a more comprehensive list of all actions provided in appendix 4. The solution is underpinned by 7 key components, with significant interdependencies between each of the components. Within each component sits a range of key actions specifically focused on a long term, sustainable approach to reducing the root problems. The components incorporate proposals for both local and national changes to deliver the improvements required.

2.4 Access To Services

2.4.1 Access To Services was chosen as a Deep Dive theme because it was recognised that, while there are some partners providing access to services jointly in Leicestershire (Leicester City was not included in the work on this theme), all partners recognise there is clearly much opportunity for improvement.

2.4.2 The work, which was supported by extensive customer insight, from such sources as a 2008 Place Survey, interactions with Youth Councils and focus groups, telephone surveys, and a review of Hard To Reach Communities showed that:

- There are nearly 450 face-to-face service points currently, employing 350 fte staff, at a cost of £8m pa
- There are 65 telephone call centres/help centres, employing 470 fte, at a cost of £11m pa
- There are 75 separate websites all providing customer services for public organisations. 29% of respondents to the telephone survey said contacting those organisations was slow, confusing and/or resulted in multiple calls.
- 93% of respondents said they would use the websites for information and service requests.
- Young people lack awareness of the services provided and by whom
- Focus Groups would like single telephone numbers established for enquiries and extended use made of Libraries and GP surgeries
- 'Hard To Reach' Communities are frustrated by a sense of being 'passed around'

2.4.3 Following the analysis, we decided to agree an overarching vision for access to services:

2.4.4 "Work together to improve the customer experience in terms of speed, accuracy and comprehensiveness of response, based on a range of customer intelligence, for those seeking information on or requesting service provided by public organisations in Leicestershire in a way that reflects local needs resulting in positive customer satisfaction and confidence in public services and provide value for money and cashable savings"

2.4.5 A number of specific changes are being implemented in the Place, which include:

- Agreement of a single customer service strategy for the Place incorporating **customer service standards**, providing a consistent experience for customers and consistent performance management, leading to, through the rationalisation of customer services management in the Place, **a saving of £400k pa**
- The introduction of The Circles of Need[®] concept, a new method of **analysing processes and multi-agency services based on whole systems thinking**. Its introduction in Leicestershire will ensure that the needs of the customer are central to the design of the new operating models for all access channels (online, telephony, face to face and outreach). It will help identify where a customer need cuts across a range of service providers and therefore where partners need to share service and customer information to meet the needs of the customer journey. This form of analysis is new to Leicestershire and will become central to the transformational change of customer service.
- **A reduction in the current considerable duplication in the provision of call centres**, from 65 to 25 by 2011, which, along with other efficiency opportunities identified in relation to telephony services, will lead to **savings of £1 – 2m pa**. This will incorporate the role of mobile phone technology (SMS), automated telephony, DirectGov as well as teletext.
- **A new online strategy**, improving the customer experience of accessing information and services, leading to significant uptake of partnership online services and a consequential savings of £1.25m pa
- The conclusion from the asset review is that **face-to-face access** is both complicated for the customer and expensive for the provider. Further work on this is needed before we can quantify costs, but there is a clearly significant opportunities for both service improvement and savings.

2.4.6 The work on Access to Services has identified opportunities for savings that exceed our target for these of 15% of costs. We plan to build on this through engaging Leicester City in this theme and through learning from innovations elsewhere, such as Gateway at Kent, and at Luton & Central Beds.

2.5 *Other Results from our Pilot*

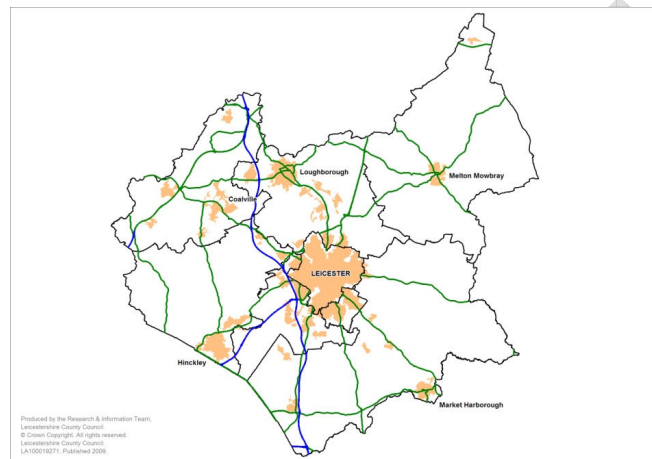
2.5.1 As part of the Total Place work, a detailed review of all consultation and engagement activity taking Place in the County was undertaken. It is clear that there is considerable confusion to the customer as a result of the overlapping and duplication of engagement activity. The approximate annual current cost of

providing such activity in Leicestershire is £920k. We intend therefore to establish a new single service, managed by one of the existing partners. We anticipate **savings from this of some £150k pa** from 2011

2.6 *The Context for Total Place*

2.6.1 Leicester City (pop. 300,000) is located in the centre of Leicestershire (Place pop. 940,500) and is the main urban area.

Map 1: Leicestershire and Leicester



2.6.2 The whole of Leicestershire has historically a strong relationship with Leicester for population migration, labour market, regeneration, and health care facilities. Subsequently, Leicester provides in many cases the focal point for people to visit for the shopping and social gatherings. There are many **differences between the two populations**, for example:

- 42% of the City population in 2006 were from non-white British ethnic groups, cf with 10% in the County
- The City is ranked as the 20th most deprived area in the country, whereas deprivation in the County is relatively low.
- The employment rate in the City (63.6%) is lower than, and that in the County (79.5%) is higher than, the national average (73.9%)

2.6.3 Despite these differences, **partnership work** between the City and County has developed significantly over recent years. For example, the theme partnership and strategy for economic development, housing and transport, as well as appearing in the two LSPs' Sustainable Communities Strategies, covers the whole Place. The theme partnership itself – the Economic Development Leadership Board – is chaired jointly by the Leaders of the City and County Councils, who also agreed an MAA with Government in 2008/09, which uniquely includes a 9.3% efficiency Target for all the main agencies

2.7 *The Process of Total Place*

2.7.1 Total Place has been the vehicle for accelerating the development of this partnership working and, along with the immediate changes and opportunities it has identified, has built a platform for further transformational change within the Place. Important features of the programme were:

- The creation of a Leicester and Leicestershire Public Service Board, jointly chaired by the Leaders of the City and County Councils and also including the Police, the 2 PCTs and the 2 NHS Provider Trusts.
- A innovative and unique leadership development programme, developed with the Warwick Business School. An initial cadre of 26 middle managers, drawn from the public and voluntary sectors across the Place, provided challenge to the emerging direction for the Total Place proposals which helped ensure a radical approach.

- The use of the High Level Count in imaginative and forensic ways, identifying the scope for savings, way beyond the two Total Place themes initially chosen
- The choice of Total Place themes, Alcohol and Drugs Misuse and Access To Services, which spoke to the concerns of many partners, the NHS, the police and the voluntary sector, as well as to those of the councils service user/citizens.
- Joint working with other Total Place Pilots, with Birmingham and with Sunderland, Gateshead and South Tyneside, on Alcohol and Drugs Misuse, and with Kent, and with Luton and Mid-Bedfordshire, on Access to Services, as well as with policy developers in the relevant Whitehall bodies.

2.8 *Conclusions: Taking Total Place Forward*

2.8.1 To reiterate the introductory comments, Total Place has already demonstrated its worth as an approach that can maintain and improve services for customers, while identifying efficiency savings. We look forward now to taking these principles further forward in practice through:

- Implementing our planned changes at local level in relation to DAM and ATS, and co-learning with colleagues working on these themes in other Places
- Taking forward discussions with colleagues in central government, in relation to our proposals for national changes
- Extending the range of Total Place, through new Deep Dives in other relevant areas of work, under the direction of the Public Service Board.

2.8.2 The establishment of the Public Service Board has already had additional benefits. The Board has decided to take a fully integrated approach to the public expenditure challenge the big 7 local agencies face based on Total Place principles. A Partnership Change programme has been established to drive efficiencies in a joined up way. This includes 27 back office services where it is expected that one agency will provide services such as research and intelligence, occupational health, print and learning and development to many others. It also includes about 24 front line services where a Total Place 'deep dive' approach will be taken to identify how better services can be provided and improved outcomes achieved at lower cost. This programme will be expected to contribute substantially to the agreed £200m* efficiency savings target set in the MAA.

3.Introduction

3.1 Leicester and Leicestershire: A Story of Place

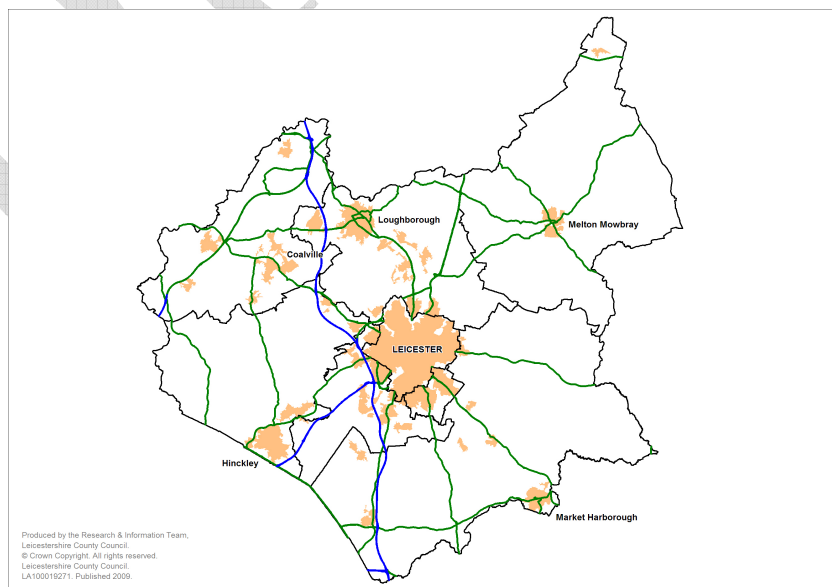
3.1.2 Leicestershire is located within the East Midlands and has good communication links with other part of the country (see map 1). In 2008, the estimated population for the Leicester and Leicestershire Place was 940,500, with a third (approximately 300k) people living in the Leicester City area. Similar to the national demographic profile, the estimated population age structure suggests 19% aged under 15, 63% of working age and 18% of pensionable age.

Map 2: Leicestershire in the East Midlands



3.1.3 Leicester City is located in the centre of Leicestershire and is the main urban area (see map 2). The whole of Leicestershire has historically a strong relationship with Leicester for population migration, labour market, regeneration, and health care facilities. Subsequently, Leicester provides in many cases the focal point for people to visit for the shopping and social gatherings.

Map 3: Leicester and Leicestershire

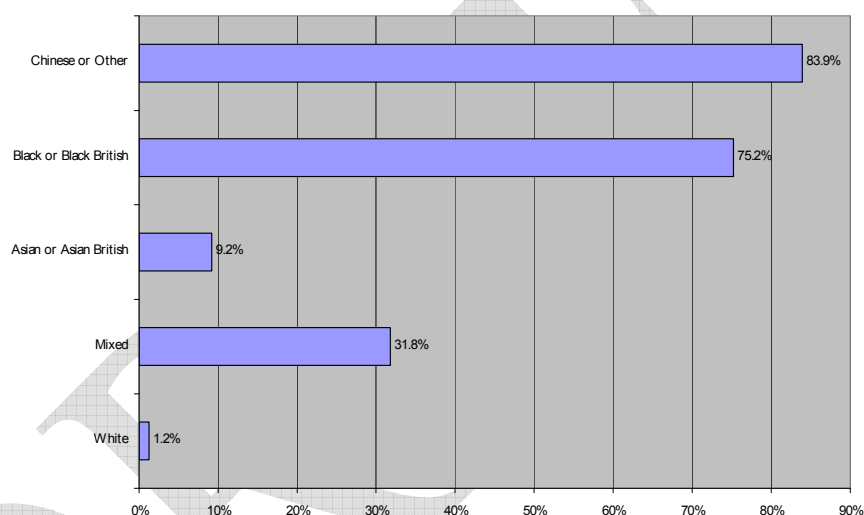


3.1.4 Leicester City is the main urban town in the Place. On a urban-rural classification, of the total county's population, about two thirds in live the 'urban' areas, a third lives 'town and fringe or village' area and less than 2% live in most rural 'hamlet and isolated dwelling' areas.

3.1.5 The total projected population for the Place in 2021 is predicted to be around 1,062,700. According to recent ONS estimates, Leicestershire gains from migration within the UK, on the other hand Leicester City experiences a net loss. However the Place has considerable migration from overseas which mostly affect Leicester City and hence the City has a very different population make up in terms of age structure, ethnic composition, and so on, to the County.

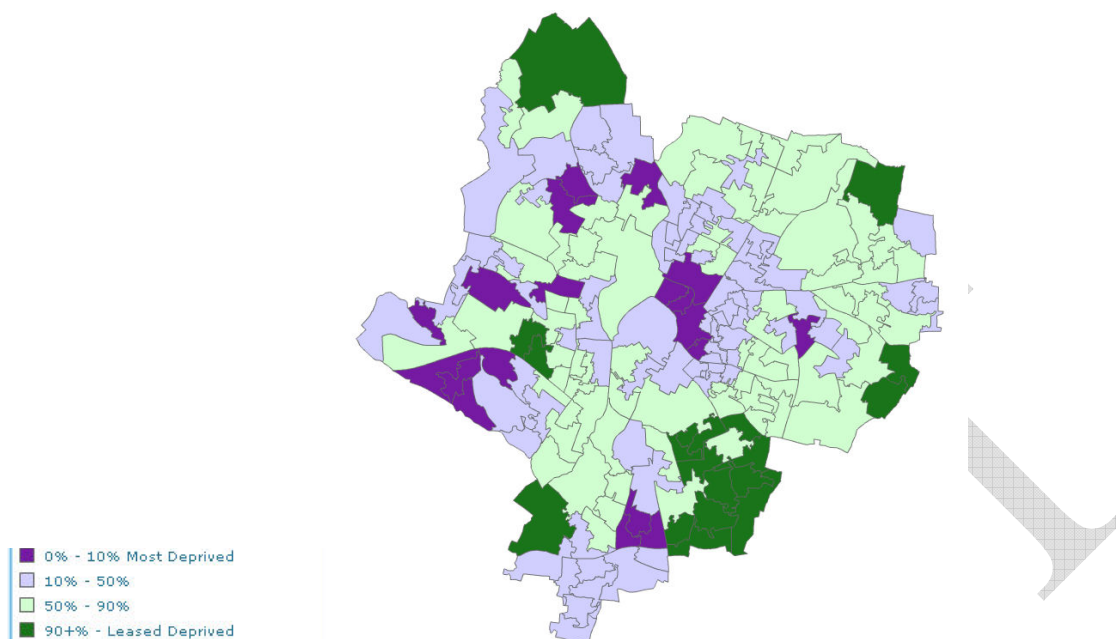
3.1.6 Diversity is distinctive feature of the Place. In 2006, it was estimated that 20% of the people were from non-white British ethnic groups (42% in City and 10% in the County). The largest single group in the Place and estimated to be around 95,200 (10%) were people of Indian origin (25% in the City and 4% in the County). Leicester City also has new emerging communities, namely Somalis, other African and Chinese communities. The chart below shows the change in the Place population mix between the 2001 Census and 2006 latest estimates. It is predicted that after the 2011 Census of Population, Leicester could have a non-white majority population.

Chart 3: City and County Place: Population Percent Change 2001 and 2006



3.1.7 According to the Indices of Multiple Deprivation (IMD2007), Leicester City is ranked as the 20th most deprived area in the country. Leicester has some areas, most in the centre and to west, that fall within the most deprived 5% of all areas in England (see map 3). However, deprivation in the County is relatively low. Overall there are pocket of deprivation can be found in the former mining areas of North West Leicestershire and Charnwood.

Map 3 Deprivation in Leicester (IMD 2007)



Levels of educational achievement in Leicester remain low, with high levels of poor literacy, especially in reading and writing English 68% compared to the national average 56%. This equates to approximately two thirds of residents who cannot read nor write English. Related to this low educational attainment is that 22% of Leicester's workforce has no recognised qualifications.

The employment rate in Leicester (63.6%) and Leicestershire (79.5%) varies when compared to the national average of 73.9%. In October 2009, the unemployment rate for Leicester was 7.0% compared to regional and national average (both 4.1%). In Leicester, people from black and minority ethnic background are more likely to be unemployed compared to white people. Unemployment is significantly high amongst African Caribbean, Somali, Pakistani and Bangladeshi citizens.

Leicester is a unitary authority. However the County of Leicestershire has two tier local government which comprises of Leicestershire County Council and seven districts. The County also has parish and town councils.

One Leicester and Leicestershire Together are the two local strategic partnerships in the Place. A Place public services board has been organised to promote collaborative working to pursue common agenda affecting citizens of both the City and County.

3.1 Theme selection

Drugs and Alcohol Misuse (DAM) was chosen as a theme because it is a gap in the partner organisations current programme of service improvement projects. Also, it is an issue, probably more than any other, where the service pressures and costs fall across a range of agencies in a wide range of settings – acute health services, Accident and Emergency, police cells, unrest in city and town centres and neighbourhoods, family problems, mental health problems, crime and unemployment. There is therefore great potential to use Total Place to fully understand the costs of this issue, and identify the measures that can be taken to improve outcomes for service users, at a lower cost. Work has identified objectives and a range of possible areas in which local and national changes could be made.

The second key theme for the Total Place Pilot is improving access to services. An emerging finding of the CAA area assessment for Leicestershire, is that it is behind some other areas in providing the public with access to public services as a whole, rather than for individual agencies separately. The Leicestershire Together Partnership agrees with this and wants to use Total Place to help prepare an improvement plan quickly. Another reason for adopting this theme is that many recently initiated programmes, such as Children's

centres and Multi access centres, have substantially increased the number of face-to-face access points. These are unlikely all to be affordable in the future and the Total Place programme will review the number and location of these delivery points, and also examine the potential to increase the use of telephone and web access to services on a partnership basis

3.2 Governance and Leadership

Leicester and Leicestershire both have well developed Local Strategic Partnership arrangements - One Leicester and Leicestershire Together - with strong ownership by the Council and main agencies. There are well evidenced priorities set out in the two Sustainable Community Strategies supported by theme strategies developed by theme partnerships for Children, Older People, Health, Community Safety etc.

The theme partnership and strategy for economic development housing and transport covers the whole sub region and supports both LSPs. The theme partnership itself - the Economic Development Leadership Board - is chaired jointly by the Leader of the City and County Council's who agreed an MAA with Government in 2008/09. The MAA uniquely includes a 9.3% efficiency target for all the main agencies*.

The approach to Total Place is also sub regional and new Governance arrangements were required to oversee it. A Place Public Service Board was therefore created. Also jointly chaired by the Leaders of the City and County Councils this Board also has the Police, 2 PCTs and 2 provider health Trusts (University Hospitals Leicester and the Leicestershire Partnership Trust) as members.

A Total Place Programme Board was also established and jointly chaired by senior officers of the County and City Councils. Membership, in addition to those agencies on the Public Service Board, included district councils the voluntary and community sector and the private sector.

Programme and projects managers were appointed and a range of agencies took the lead in developing proposals through 8 workstreams. There was good engagement across all agencies and sectors throughout. Leicester and Leicestershire has developed in partnership with the Warwick Business School a joint Management Development Programme. 26 middle managers from agencies and the VCS are undertaking a diploma at Warwick. This group provided challenge to the emerging direction of the Total Place proposals which has helped to ensure a radical approach to finding better solutions.

The establishment of the Public Service Board has already had additional benefits. The Board has decided to take a fully integrated approach to the public expenditure challenge the big 7 local agencies face based on Total Place principles. A Partnership Change programme has been established to drive efficiencies in a joined up way. This includes 27 back office services where it is expected that one agency will provide services such as research and intelligence, occupational health, print and learning and development to many others. It also includes 24 front line services where a Total Place 'deep dive' approach will be taken to identify how better services can be provided and improved outcomes achieved at lower cost. This programme will be expected to contribute substantially to the agreed £200m* efficiency savings target set in the MAA over the next three years.

There remains question of accountability and leadership including the ability to make decisions about changes to services and funding in the joint interest of the area rather than individual agencies.

Key Features of Our Approach

Some features of this Total Place programme stand out:

- a. It is built on a history of collaboration across the participating organisations. It didn't have to start from scratch.
- b. There was, from the start, clear support from the two key political leaders, those of the City and County Councils, who have also directly participated when necessary.
- c. Financial support from the participants, in the form of the Programme Manager and other resources, on top of the central funding for outside support, was essential.

- d. The High Level Count has been used in imaginative and forensic ways. As a result, the programme has been able to reach conclusions, or set an agenda for reaching future conclusions, way beyond the DAM and ATS themes. It has analysed funding flows from the centre to delivery arms across a wide-range of issues, e.g. economic development, social housing, learning and skills, and thereby provided scope for improving efficiency and service delivery as the Total Place approach continues going forward. It has counted the cost of assessment and inspection, leading to recommendations to the centre for improvements and savings.
- e. It is seen as part of a wider Total Place initiative, involving the centre and the other Pilots. An important result of this has been the joint work with the other Pilots and centre on DAM and ATS. But another consequence has been that the programme has actively participated in opportunities for joint learning under the umbrella of Total Place, as evidenced by John Sinnott's (County Council Chief Executive) membership of the Top Officials Group.

The increase in local decision-making, being taken and sought, brings with it the need for greater willingness and capability to accept local political and financial accountability. The Public Services Board has been designed as such a body, capable of such decision-taking across the Place

4.The Count

Total Place – High Level Count proposals

Background

The approach taken to the high level count was to only count public sector expenditure that is or should be influenced by the people of Leicester and Leicestershire at a local level. To avoid double counting expenditure by the ultimate local delivery organisation was counted rather than the intermediate organisations. However, a key element was to map the route funding takes on its way to Leicester and Leicestershire local delivery organisations.

Analysis of the Results

In 2007/8 expenditure in Leicester and Leicestershire totalled just over £6bn. Local service delivery organisations (local authorities, health, education, housing, public order and safety) accounted for £4.3bn, whilst Non Departmental Public Bodies (NDPB) funded services of £1.7bn.

Five public bodies accounted for £4.2bn (70%) of public sector expenditure. These are;

- Department of Work and Pensions
- Leicestershire County Council
- Leicester City Council
- University of Leicester NHS Foundation Trust; and
- Leicestershire County and Rutland NHS PCT

The analysis of spend (by sample) showed that the cost of 'being in business' (support services and corporate management) was around 5% of gross expenditure or circa £200m for local delivery organisations. The cost of being in business ranges from 3% for the larger organisations to 11% for the smaller district councils.

An evaluation of the balance sheets of local delivery organisations was undertaken that showed that the net book value of property across Leicester and Leicestershire was £4.5bn, including £2bn of council housing. This is likely to be a considerable underestimate of the value of assets held due to the valuation methods used. There are over 1,900 buildings and separate land plots owned by local authorities, Leicestershire Constabulary and Leicestershire fire and rescue service.

A series of funding maps have been produced that show how funding moves from European and central government to local service delivery organisations. This shows a very complicated picture with funding moving through a variety of national and regional organisations before it is spent on service delivery at a local level. This complexity is expensive. The joint National Audit Office and Audit Commission report, *Delivering Efficiency: Strengthening the links in public service delivery chains* estimates that every additional layer of administration that is present within a chain, up to 20% of funding can be lost in that layer. In fact the 'service delivery chains' are much more complicated than the funding chains with many more NDPBs involved including inspectorates. It is worth noting that the following organisations have a separate Offices in Nottingham or elsewhere in the region. GOEM, EMDA, EM Strategic Health Authority, HCA, Environment Agency, Natural England, and Arts Council. In this report we have concentrated on economic development but funding maps have also been produced for Health and Social Care, Housing and Education and skills.

Case Study One – Economic Development Funding

The funding flow maps (*see below for draft – needs some amendment*) show an extremely complicated picture. This in some part reflects the nature of economic development in that it involves a number of different themes and services. For the purpose of total place education and skills and housing has been excluded.

Some of the key findings are;

- There are 14 national organisations involved in the funding. (6 government departments - DBIS, DCLG, DFT, DEFRA, DCMS, DWP and 8 non departmental public bodies (NDPBs) – Highways Agency,

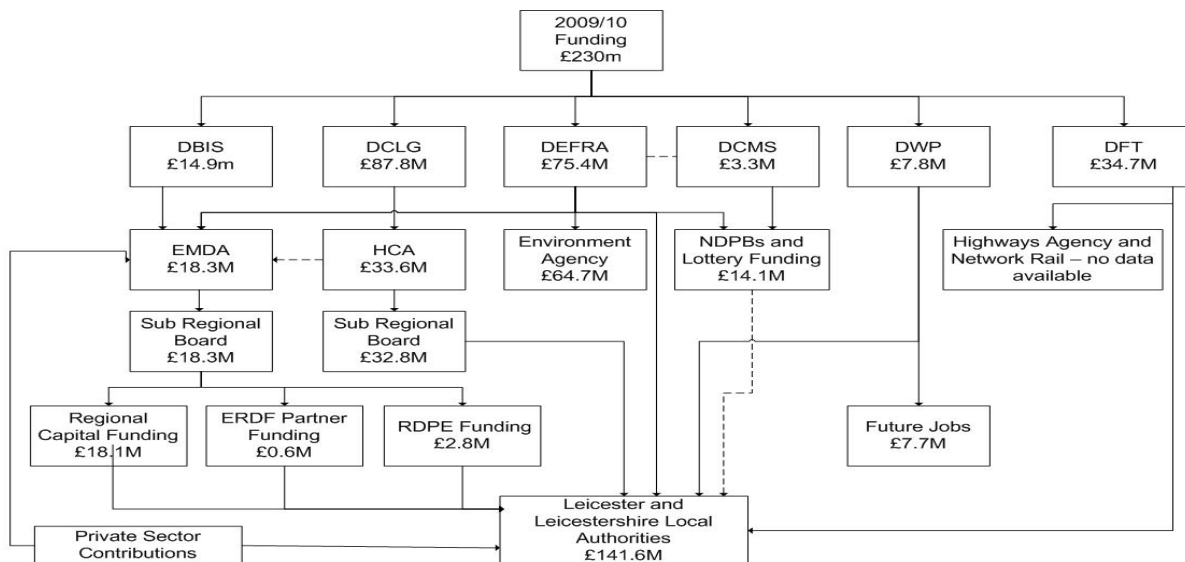
Homes and Communities Agency (HCA), Natural England, Sports England, Heritage Lottery, Arts Council, Environment Agency, UK Trade and Investment (UKTI).

- Education, employment and skills is a key economic driver and if this was also included in this counting exercise the other key NDPBs would include the Skills Funding Agency (SFA), Job Centre Plus, Higher Education Funding Council for England (HEFCE).
- There is one wholly regional organisation involved the RDA, emda. However, a number of NDPB have a regional presence through which funding is channelled, including the Homes and Communities Agency (HCA), Job Centre Plus and Skills Funding Agency (SFA). GOEM has been excluded as funding does not flow through this organisation) and also the regional offices of 5 other organisations.
- At a local level there are 10 organisations involved (County, City Unitary and 7 district local authorities and Prospect Leicestershire our Economic Development Company (EDC).
- There is a large overhead for the £230m of annual funding that is either spent or allocated to Leicester and Leicestershire. Based on the National Audit Office/Audit Commission finding that 20% is lost in each layer and given all funding goes through at least three layers the cost of delivering £230m of economic development expenditure is an additional £180m. In some respects this could be considered an underestimate as some funds flow through a lot more than three layers. For example funding could travel through Europe, Government Departments, NDPBs, regional organisations, local government and local delivery organisations. There is also the overhead generated by those organisations that are not involved in the funding such as inspectorates, GOEM etc.
- There are 39 separate funding streams also with separate appraisal, approval and performance management and governance systems.
- At a local level there are 64 separate funding streams into Leicester and Leicestershire. (this takes account of the fact that some funding streams will go to a number of different councils)
- There are 44 funding streams with a value of less than £1m
- Upper tier local authorities such as Leicester City and Leicestershire County Councils manage and make decisions on gross budgets of nearly £1bn each. At the same time decisions on all EMDA funded projects require the RDA's approval and those over £1m require EMDA board approval.

Chart X

DRAFT

Economic Development – updated funding map



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Case study Two – Local NHS and Local Government Funding

The funding flow maps indicate, on face value, a fairly streamlined approach to health and social care funding. On the health side there is less ring fencing with x separate funding streams than on the local government funding with x streams including the elements of area based grants. Even so there is a case for much greater

integration between local government and the local NHS (in particular the primary care trust). The cost of being in business (Support Services and Corporate Management) for the local NHS and local government is circa £100m.

The bigger prize in terms of service efficiencies would arise from integration from both commissioning and provider arms of the organisations. The type of integration could include the establishment of a care trust or more fuller integration of all functions and services.

Conclusion

The detailed analysis demonstrates that current public sector “delivery chains” are expensive and clearly unaffordable in the current economic climate.

At a local level, delivery organisations can work within this system and seek to work better together. However, this is clearly a sub optimal solution and one that will create “work arounds” such as pooled budgets, shared services and joint commissioning within an expensive and complicated public sector landscape. In some cases these arrangements are appropriate, however, in many other cases they are little more than a quick fix to make a complicated system work better.

It is essential that service delivery chains are rationalised. This can be completed in a way that is consistent with the current thrust of government policy, localism. To a certain extent the current state of public sector finances provides a great opportunity to embark on radical change.

It is extremely difficult to assess the likely savings from a more streamlined approach. The work from Kent set out in “Bold Steps for Radical Reform” estimated savings of £15bn to £21bn from their model. This would equate to £270m to £440m for the Leicester and Leicestershire sub region based on pro rata allocation based on population. The Leicester and Leicestershire model is different to that of Kent’s as a “thin” regional layer has been maintained. Evidence from our pilot also estimates very high cost of the government overhead for all services. For example in economic development it is estimated that it costs £180m (at a local, regional and national level) to spend £230m. This level of overhead would also be present in other service delivery chains.

The savings for the total place deep dives identified in this report are sub optimal. They are based upon as broadly keeping the current public sector landscape with all the existing organisations continuing to exist. In effect we have come up with proposals to make the system work better, but not radically change the system for our deep dive work.

Recommendations

The funding chains need simplifying. There needs to be both vertical and horizontal integration. Specifically;

National

At a national level steps should be taken to merge national non departmental public bodies back into government departments and in the process streamline the back office, policy development, performance management and corporate management costs. In the time and resources available it has not been possible to quantify the savings arising from this but they are likely to be considerable.

Regional

There is no doubt a requirement for regional co-ordination for some services and this could be delivered through the establishment of one organisation (could be based on government offices) that will operate at a regional level. This would include the part of the functions from Regional Development Agencies, Strategic Health Authorities, Regional Offices of the Homes and Communities Agency, Environment Agency, Highways Agency and Sport England.

This approach would;

- Simplify the funding/delivery chains
- Generate significant savings in terms of back office, policy, performance management and service delivery. For example the net cost of East Midlands Development Agency is £160m. Based on the NAO/Audit Commission metric circa £30m is lost in that link in the chain. The same is the case for the Strategic Health Authority with the £370m cost of this regional organisation.

- The regional organisation would more closely link to the structure of the main delivery agencies on the ground (particularly if the trend for closer integration between local government and health continues).

Local

At a local level delivery organisations need work much closer and in some instances merge to save back office costs and remove any duplication of function. To this end a Public Services Board has been established in Leicester and Leicestershire. The most important part of the work of this board is to seek to generate efficiency savings from merging back office and front line services. To achieve this a change programme has been established with a number of potential Shared Services identified.

At a local level there is also the potential to make savings from rationalising the fragmented picture of service delivery on the ground. For example is it really sensible to have our 30 social housing delivery organisations in Leicester and Leicestershire. This is more radical approach will require government action.

The other local conclusion is that all agencies need to be much more joined up in our approach to invest to save. As the deep dive into drugs and alcohol shows the costs to agencies from the problem are not necessarily the agencies that are best placed to invest in services to reduce the problem. Our approach to investment in initiatives to address the more major and complex issues such as anti social behaviour, drugs, obesity, alcohol and problem families etc needs to be much more co-ordinated. We need to consider a range of approaches including social impact bonds and establishing a local investment bank.

5. Drug and Alcohol Misuse

5.1 Introduction to the Drug and Alcohol (DAM) Theme

Overview of Alcohol Misuse across the Place

Total Place has focussed upon opportunities to improve outcomes and generate efficiencies across both drugs and alcohol. However, whilst both have a serious impact on local citizens and costs in the Place, over the past 10 years there has been a national and local focus on reducing the impact of drug misuse, resulting in the introduction of the National Drug Strategy, and the provision of a dedicated ring fenced pooled treatment budget (PTB). This has led to significant improvements in local provision for drug misuse. However, there has not been a parallel or equal focus on alcohol misuse. There are thought to be 4.7k problematic drug users in the Place compared to an estimated 35k high risk drinkers (2005 figures and likely to be now be higher), with 57% of problematic drug users receiving treatment within local drug services commissioned. There are no equivalent figures available for those in alcohol treatment services (although this is being addressed), however estimates have been quoted at around 10% of the demand.

Therefore, within the Pilot there has been a focus placed on addressing this inequity, but many of the solutions detailed apply equally to both Drug and Alcohol misusers.

Alcohol, and its impact on our society, is increasingly being highlighted as a serious problem in the media, in reports from government departments, in warnings from reputable medical bodies and health professionals, and in the concerns and experiences of local residents.

“We live in a society where alcohol is far too accessible. Where we allow post offices, petrol stations and corner shops to sell alcohol. It is not regulated enough. We need to bring back off- licences that are only open at certain times in the day and only accessible by over 18s”.

“The Government who makes billions in alcohol revenue needs to be held accountable for the costs needed to improve the current services. They throw money at binge- drinking campaigns but offer little for those suffering the horrendous and devastating impact”

(Total Place Customer Insight Oct 2009)

The past few years has seen a steady increase in the consequences of alcohol misuse, nationally and locally as evidenced in the table below:

This provides a clear picture of the increasingly damaging and costly role that alcohol plays in our Place and nationally. *(More detailed evidence of the impact of alcohol misuse can be found in appendix 1.)*

Table 1: Alcohol Misuse Findings:

- *Local estimates of the burden of ill health attributable to alcohol is 9%*
- *Alcohol related hospital ward admissions increased by 69% nationally over past 5 years - 100% in Leicester*
- *A & E admissions account for up to 70% of presentations on weekend nights and 35% of all presentations - in Leicester A & E admission increased by 54% in the past 2 years and the cost for security in A & E have doubled to 200k*
- *alcohol related crime accounts for 50% of prolific offending and in Leicester 65%*
- *08/09 – Leicester had the 8th highest rate of recorded crime, 5th highest rate of violent crime, 3rd highest rate of sexual crime in the Country*
- *33% prisoners have an alcohol misuse problem*
- *50% domestic violent incidents linked to alcohol - 65% in Leicester*
- *7,000 alcohol related road traffic accidents per year*
- *1 in 3 fatal fires cite alcohol as a key factor*
- *lost days at work due to alcohol misuse account for 17 million (national average)*

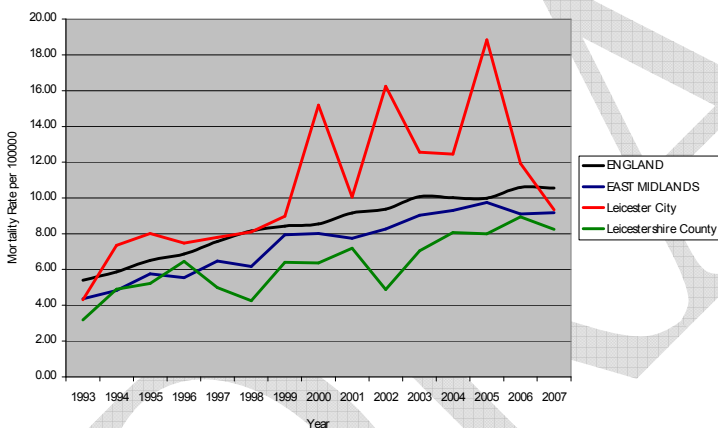
- 1.3m children in UK reported to be affected by parental misuse, 1 in 11 to be living with an adult misuser
- Over the 9 months between April-Dec 09, 215 homeless people presented themselves to a City Centre hostel identifying themselves as having an alcohol problem and requesting support

Change in Alcohol Consumption Levels and its Impact Nationally and Locally

The House of Commons Special Health Committee report in January 2010 on alcohol stated that the nation consumed 3 times the amount per head than in 1947, with evidence from the General Household survey data (2006) that nearly 1 in 3 men and 1 in 5 women drink at hazardous or harmful levels. In some areas of our Place, numbers drinking at hazardous and harmful levels exceed this national figure. The Health Committee report estimated of the total cost of the burden of alcohol misuse on our society as £55bn (compared with the £20bn cost estimated in the 2003 Prime Minister's Strategy Unit report of alcohol misuse to our society.)

Nationally, alcohol related deaths have doubled in the last two decades and liver disease is predicted to climb to 3rd cause of death (according to the World Health Organisation) leading to the first ever appointment of a 'liver disease' government tzar in 2009. This is of particular concern given that the average age of death from liver disease is 54, as well as the significant financial and social costs incurred from this health condition. Our Place in particular has an above national average cause of death due to liver disease evident in the following table:

Mortality Rate from Chronic Liver Disease including Cirrhosis: Persons, All Ages: 1995-2007



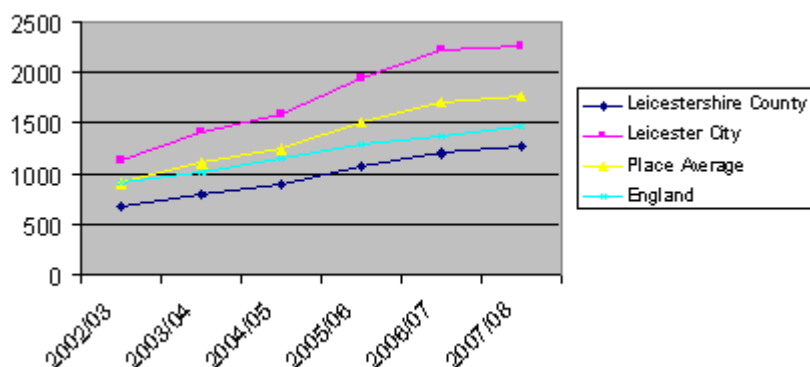
Source: National Statistics

Impact on Local Place Health Services

In 2005, estimates for the number of hazardous and harmful drinkers, (drinking above recommended levels), were 160k (18% of population) across the Place, of which 35k were high risk drinkers.

Leicester has been ranked 10th worst in the Country for alcohol related admissions with an admission rate of 2260 per 100k population against the national average of 1583. Support has been received by the Alcohol National Support Team to address this trend, with some very valuable work being undertaken by City partners. An action plan is reflected in some of the key solutions within this report. The County, whilst below the national average in admissions overall, shows a significantly higher than average increase in admissions in the past year. In 2008/9 admissions increased by 3% in the County equating to 1318 per 100,000 population.

Rate of Alcohol Related Admissions per 100,000 Population



The City also features in the Home Office list of alcohol priority areas in relation to crime and local public satisfaction surveys with a 'red' rating all of which has led to a significant increase in the availability and supply of alcohol and the consequential increase in the social and financial costs/burden incurred by the Country and in particular, our Place. This deteriorating picture has taken Place against a backdrop of key changes over the past few years most notably:

Table 2: Changes around Alcohol Regulation and Marketing in Recent Years

- the cost of a unit of alcohol in real terms has decreased significantly (Alcohol was 69% more affordable in 2007 than in 1980)
- a loosening of the licensing laws and changes in licensing hours (24 hour licenses)
- the transfer of licensing responsibility from the magistrates to local authorities
- the increase in the strength of popular alcoholic drinks and some low cost ciders (white lightening)
- the production of drinks targeted toward the taste of young people
- the removal of restrictions of the sale of alcohol in shops and supermarkets
- the use of alcohol as a competitive marketing tool to attract customers (often being used as a 'loss leader' and heavily discounted in supermarkets).

Cultural Influences on Alcohol Misuse

Culturally, and as a consequence of the above changes, there has been a shift in behaviour around alcohol - crossing gender, race and age - with increasing incidence of preloading, social drinking at home, women drinking hazardously and more young people drinking from an earlier age more frequently and in increasing volumes. In one survey, 24% of young people said they had done something they later regretted as a result of drinking.

One of the significant changes in the past 60 years has been in the drinking habits of young people, including students with binge drinking a more prevalent and 'normalised' part of student culture. An organisation "Carnage UK" who promote nightclub events for students - agreed that "students are being immersed into a culture which is focussed around the culture of alcohol. The culture may need to change; the offering of cheap drinks promotions and alcohol-led events may need to be addressed".

Public Confidence in Handling Misuse

Public perception and confidence of local citizens around the handling of alcohol misuse (crime, street drinking, disorder and anti social behaviour) is low. Local citizens increasingly experience the negative consequences of alcohol misuse in a new phenomena - 'passive drinking'. This is new terminology linked to alcohol around the 'passive effects' on society as a consequence of individual's drinking. The Royal College of Physicians claimed

that “the passive effects of alcohol misuse are catastrophic – rape, sexual assault, domestic and other violence, drunk driving and street disorder – alcohol affects thousands more innocent victims than passive smoking”.

The 2008 local Place survey (2008) highlighted the proportion of respondents who stated that “people being drunk or rowdy in public places was a ‘big problem’ in their area”, as 22% in the County and 33% in the City, reflecting citizens’ strong feelings around alcohol misuse.

As a result of all the above factors, alcohol is now a key cross cutting issue for our Place, and a clear priority for all public organisations.

Duplication and Overlap within the Place

Analysis undertaken during the Total Place Pilot provides examples of duplication in the current approach to dealing with the consequences of DAM and particularly around alcohol misuse. Examples would be that the Police find they are dealing with the same people from a policing/crime perspective as the local A & E; community workers and voluntary services will be interacting with service users who are also being seen in GP surgeries, treatment services or other public services across the Place.

Each interaction with a substance misuser tends to be organisationally focused, and unless there is a specific referral to a treatment pathway, tends to focus on the presenting issues (anti-social behaviour, a fall, a car accident, a fight, domestic violence, health problem) as opposed to the underlying cause *i.e. a misuse problem*. Whilst every organisation experiences and recognises the increasing problems and demand for its services as a consequence of substance misuse, no single organisation has the remit or resources to respond to all the constituent parts and address the root cause.

Furthermore, despite the establishment of partnership forums, there appears to be limited data sharing between partner organisations around substance misuse, particularly alcohol, to inform decision making or joint working to address the shared problems caused by substance misuse.

In summary, there is often a silo approach to dealing with the presenting symptoms that does little to address the root problem in a joined up effective way that reduces future demand on these key front-line services, and equally important, improves the lives of citizens and substance misusers.

5.2 The Financial Cost of Substance Misuse - Drug and Alcohol 'Count'

A key element of the Pilot's work has been in defining the whole costs of alcohol & drug misuse to the Place. National figures available from the latest government report (*House of Commons Health Committee Review 2010*) cite total costs of alcohol misuse as £55bn a year of which £7.9bn has been specifically attributed to crime and health costs. The overall costs include costs of benefits, income lost through sickness as well as social, health, education and crime costs. (Appendix 2). Available data from Home Office reports on the total costs of drug misuse cite a total cost of £15bn a year.

At the local level, estimates of the ‘true’ public service costs of alcohol are in the region of £89m, taking both crime and health costs into account.

However, a review of all the budgets allocated to substance misuse across the Place for the 'count' element of Total Place show that local **dedicated budgets** allocated to substance misuse are only £18m – with the proportion allocated specifically to alcohol approx £4.9m as seen in the following table:

Table 3: Direct Drug and Alcohol Expenditure In Place 2009/10

<u>Drugs</u>	<u>Alcohol</u>	<u>Total Expenditure</u>
£13.4m	£4.9m	£18.3m
73%	27%	100%

Treatment Provision and Current Capacity

The £4.9m allocated specifically to alcohol misuse is then divided across policing, licensing and treatment provision with approximately £3.3m dedicated to health: prevention and treatment. This compares with £9.8m spent on drug treatment in the same period.

There is national evidence that investment in drug treatment saves £9.50 in public services for every £1 invested in treatment and £5 for every £1 invested in alcohol treatment.

Despite this, treatment provision for alcohol misuse is sparse, estimated at 10% of demand, and amongst the lowest in the Country. The money that is invested is focused on 'dependent drinkers', with limited provision at either the preventative or early intervention stage. There is a disparity between the relatively small investment in treatment, when compared to the amount of cost expended and incurred on the problem 'reactively' in the acute sector of public services - £89m and leads to questions about a possible correlation between the low levels of investment in alcohol treatment in the Place and the poor rating of City in national tables (worst 10 for both alcohol related crime and hospital admissions in the Country). The level of current investment clearly does not enable the full range of preventative and treatment interventions and services to be commissioned, to robustly address the increasing problems experienced across the Place.

Conclusion

Given the problem is both complex and significant to our Place as it stands today, the recent year on year increases seen in the demand for services is of grave concern. Further increases in substance misuse consequences will have a serious impact on our Place, particularly in a time of likely budget cuts. This incessant demand is stretching already strained resources and in many areas there are unmet needs that are contributing to the overall problem and impact of substance misuse. Individual organisations attempts to deal with these problems at a local level, appears hampered by the scale and growth of the problem, the available resources, the lack of treatment services to refer to, as well as the difficulties given organisational functional remits in tackling the root causes of the problem.

Customer Insight

A key element of the Total Place Pilot was for the working group to look at this complex issue of DAM through the eyes of local citizens, service users and practitioners working in the field as well as the business community, and reflect their views, needs and wishes in proposals. A comprehensive range of insight was undertaken within the Total Place timescales – some as a result of the Pilot, much already planned. An overview of all the insight undertaken for the Pilot can be found in appendix 3.

Examples of customer insight findings that informed solutions were:

'Education around drink should start at 11 or 13, there's no point doing it at 16-17 when habits/behaviours have already formed'

"Aftercare needed. One to one sessions"

"[Lack of] Alcohol Treatment on release from prison."

"[Need to provide] more help for the relatives and families affected"

"[treatment is] not integrated into other services"

Enquiry Visits Across the Place

The Pilot particularly benefited from observational insight carried out by three groups who undertook separate 'enquiry visits' in the Place night time economy. Two of these were from groups of councillors, one City Councillors, the other from the County who are attending a leadership course at Warwick Business School. The final group were from GOEM. The small groups visited either Leicester or Loughborough city/town centres, went on the beat with police constables and also visiting the police custody suite, the local authorities CCTV facilities, the health services A&E/ Walk in centre, and local night clubs.

Observations and suggestions that were made after the visit included:

' National law - change pricing and opening hours of off-licences'

' Instead of using A&E and the custody suite, have a holding area for "drying out" '

' Make charges to individuals for sorting out their drunkenness'

'Involve universities and schools in alcohol awareness campaigns'

'Education in schools'
'Tougher stances on licenses'

Councillor Andy Bayford, chairman of Leicester City Council's health scrutiny committee, was among a group of councillors who spent a Saturday night at Leicester Royal Infirmary in October to witness the problems caused by alcoholics and binge drinkers. He said: *"The scale of the problem shocked us all, so minimum pricing is something I'd back.... This would affect supermarkets the most because they sell alcohol at incredibly low prices, often as loss-leaders."*

The final group from GOEM were requested to undertake the study by the Pilot as 'visitors' and not government representatives. The visit was conducted by two people with backgrounds in community safety and alcohol harm reduction. Observations noted in the report included various acts of anti-social behaviour, drunkenness and violence, as well as noting cheap drinks promotions in the various licensed premises (including supermarkets) examples are:

- 'witnessed glass smashed on the floor by a young woman'
- 'Granby Street group of very rowdy, drunk young men (*one shouted something incoherent at us*) several staggering people noticed, and noise levels raised'
- 'Confrontational incident out side one of the pubs noted on CCTV'
- 'Police Officer issuing Sect 27 notice which then resulted in an arrest observed on CCTV'
- 'Liquid / Envy, offer – Friday: all drinks all night £1.60'; 'Glasshouse, Belvoir Street, 2-4-1 drinks offer'
- 'Tesco Express Belgrave Gate, 8 cans of San Miguel for £6 - No 'Know Your Limits' information re risks of drinking above Government Guidelines'
- 'Tesco Express, Granby Street, one pint cans of Carlsberg at £1.00 per can, again, no 'Know Your Limits' information re risks of drinking above Government Guidelines'

5.3 Emerging Solutions Model

The focus afforded to Total Place by leaders and senior officers has led to agreement that if our Place is to effectively tackle and reduce the social and financial costs of drug and alcohol misuse in a sustainable and long term way, solutions need to take a different approach and focus on reducing the demand on stretched, limited and expensive services. It is clear that only a transformational approach looking cross organisationally across the 'Place', will deliver the improvements required to address the costly complex problems substance misuse brings to our locality.

The following solution model is based on these principles.

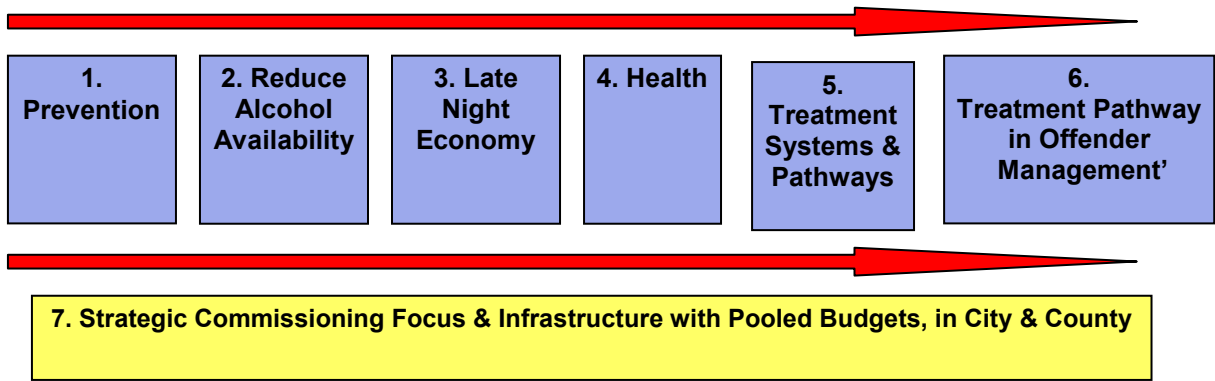
Objectives of a Solutions Model

The Pilot established the following objectives in seeking solutions to the problems within our Place:

1. Reduce misuse and its impact on our Place
2. Reduce the costs of misuse
3. Improve outcomes for service users
4. Reduce inefficiencies in handling misuse

Table 4: Proposed Solution Model for Drugs and Alcohol

The following diagram sets out the key areas that play a part in tackling the issues of drugs and alcohol that the Place faces. Work focussing on these components has identified a series of key actions for the Place and for government that will have a substantial benefit on those impacted by misuse and help the Place meet some of the financial pressures it faces.



Whilst many of the new initiatives within the solution model framework relate to drugs and alcohol as a whole, some are specific to alcohol misuse. Where this is the case it is clearly stated.

Analysis undertaken by the Pilot has resulted in a Place solution model at varying stages of concept, analysis and completeness. Key actions are detailed below with a more comprehensive list of all actions provided in appendix 4. The solution is underpinned by 7 key components, with significant interdependencies between each of the components. Within each component sits a range of key actions specifically focused on a long term, sustainable approach to reducing the root problems. The components incorporate proposals for both local and national changes to deliver the improvements required.

Solution Component 1 – Strategic Place Focus on the Prevention of Substance Misuse

We will instigate a strong Place focus and culture on **preventing** the negative problems caused by substance misuse. The key focus of this component will be on targeting key groups of people at risk of misuse, both adults and young people, with information and advice on alcohol and drugs and their harms.

As part of the wider Total Place Pilot, we have agreed a Place approach to social marketing campaigns for cross cutting organisational themes (*summary report can be found in appendix 5.*) This approach will be tested on the drugs and alcohol theme through the following initiative due to commence in Spring 2010.

Develop a Normative Marketing Campaign to Target High Risk Groups

We will Pilot a normative marketing campaign in selected universities and educational establishments across the Place to measure outcomes related to changes in consumption and substance misuse behaviour. This approach has seen positive outcomes in other Countries using a normative marketing campaign ranging from 23% reduction in consumption of alcohol to 40% in some studies.

It is proposed that this approach is reinforced by a national normative campaign to reach all young people and begin to change the current culture prevalent, particularly around alcohol use.

The Place would welcome a co-design approach with government in developing this proposal further.

Support is requested of government to regulate the current marketing activities of the Drinks industry to prevent the specific targeting of young people and children as is currently the case. The industry are self regulated which presents a clear conflict of interests commercially. Without this intervention, any normative campaigns introduced locally or nationally will be competing with highly sophisticated and expensive marketing campaigns that will result in conflicting messages to the young people we are collectively trying to protect.

Mandatory Substance Misuse Component within New PSHE - Compulsory Alcohol Element

It is proposed that there is a national directive for substance misuse to become a key component within the new mandatory PSHE component due to be introduced to the national curriculum from September 2011. This was agreed by the House of Commons following recommendations in Sir Alasdair MacDonald's independent review on the current provisions for Personal, Social, Health and Economic education.

The Pilot recommend a mandatory element on substance misuse harms - particularly alcohol which currently has low prominence. Promoting normative behaviours and incorporating the negative experiences of young people who have suffered serious consequences from substance misuse.

"We endorse the approach of PSHE and Citizenship Advisory Service (PCAS) to improving schools approach to addressing alcohol misuse by modelling good practice in delivering alcohol education and dealing with incidents. This approach needs to include all contributors to alcohol education in schools e.g.

school nurses and the Youth Service. We would also urge you to consider how this approach can be further developed to assist schools to engage with parents around the issues of parental and young people's alcohol use" (Feedback to Leicester City from Alcohol Harm Reduction National Support Team 12.12.08)

Locally, the Place will champion a 'mandatory' requirement for all schools in the Place to introduce this module to the PSHE curriculum from 2011 and workforce training prior to this implementation date.

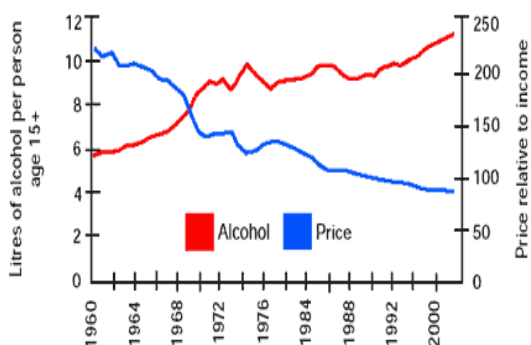
The specific benefits would be a reduction in the number of under age drinking, reduction in substance misuse crime and anti-social behaviour, a reduction in hospital and A & E admissions and in the number of teenage pregnancies and sexual disease and an improvement in public confidence and safety across the Place.

Solution Component 2 – Reduce the Availability of Alcohol

Significant research and analysis has been undertaken on this component by the Pilot, and it is proposed as **the single most influential recommendation** on reducing alcohol misuse and the range of problems evidenced in this report.

There is considerable evidence and support for the inter dependency between the price of alcohol and its consumption, and a plethora of credible research, evidence, reports and professional opinion (*including some from the licensing trade*), that the introduction of a minimum price would significantly reduce current consumption levels and address the tide of the costly consequences outlined earlier. Sheffield University were commissioned by the government department to undertake research with clear results showing the relationship between price and consumption as highlighted in the graph below:

Table 5: Sheffield University Research on Price Vs Consumption

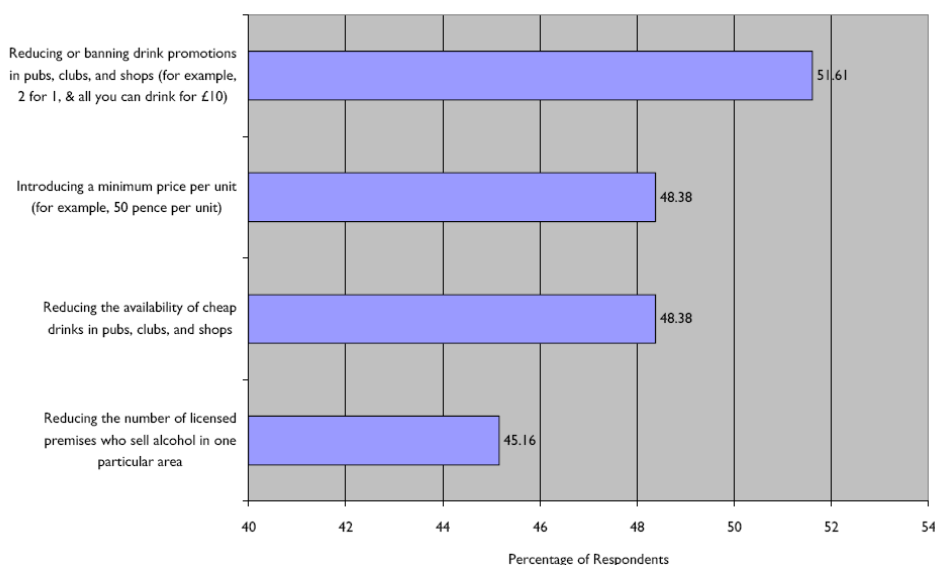


The graph shows a clear increase in consumption per person as the price of alcohol has reduced in real terms over time.

Further, the 2010 House of Commons Health Review endorsed the views of several national and local 'experts' with a clear request for the introduction of a minimum price for alcohol, concluding that it would have a significant impact on reducing the national costs of misuse.

At a local service user event in December 2009, almost half of the respondents stated that increasing the unit price of alcohol would reduce the availability of alcohol and in turn reduce excess drinking in Leicester, as illustrated in the graph below:

Reduction in the Availability of Alcohol to Reduce Levels of Excess Drinking in the Leicester Area



Request for the Introduction of a Minimum Price Per Unit

The Pilot concurs with the House of Commons Review request for the introduction of a minimum price per unit of alcohol of 40 - 50p. Research indicates this would not unduly affect the majority of the population, particularly not those who drink in licensed premises, where a unit is often considerably higher than any recommended minimum unit price. The specific groups this would impact upon would be binge drinkers, who purchase low cost alcohol from supermarkets and shops, and also dependant drinkers who tend to favour very high strength low cost alcohol.

Request For National Restrictions on Supermarket/Retailers Loss Leading of Alcohol

The recent trend of loss leading alcohol by major supermarkets as a competitive marketing tool has had a significant impact on consumption and associated harms of misuse. The support of government is sought to impose or agree with supermarkets and shops (*and licensed premises where necessary*), a restriction on the promotion of low cost loss leading alcohol, particularly where shoppers are encouraged to purchase significantly high volumes of alcohol to take advantage of a promotion *i.e. buy 2, get 1 free etc.*

Request for National Ban or Increase in Price for High Strength Low Cost Alcohol

National support is further requested to ban or increase the price of very high strength drinks popular with young people and dependent drinkers as it allows them to consume very high units of alcohol at very low cost. *i.e. a 2litre bottle of White Lightning for just over £3 contains 16units*

Solution component 3 – Robust Approach to Licensing & Policing to Improve the Night Time Economy (NTE)

Take a Robust Approach to Policing in the NTE

The Place will implement measures to take a much stronger and robust approach to policing the NTE to reduce alcohol related crime and other negative outcomes of alcohol misuse.

The problems of substance misuse and the impact of 'passive drinking' plays out particularly in the local NTE with criminal damage, anti-social behaviour and violent crime. There appears to be real opportunities for a joint approach to tackling specific problems faced in the NTE, to achieve a significant and sustainable solution to the current problems that has reflected the City negatively in Home Office and Health Department Ratings. An action plan is being developed that will include responses to observations and recommendations from the observational walkabouts undertaken by councillors and GOEM (*detailed earlier*).

Seek to Implement the Cardiff Model in the City

We will look to implement the Cardiff Model in Leicester. The model, developed in Cardiff to tackle alcohol misuse, has a good evidence base and won a 2009 Home Office award for crime reduction and community safety initiatives.

The Cardiff Model 'The Cardiff System' addresses alcohol related crime and disorder in the NTE by taking account of data from police and health service sources, and categorises premises according to objective evidence. This provides a management and performance indicator tool, agreed by all parties including the Licensees Forum, who play a key role in reducing crime and disorder.¹ Any potential problematic licensed premises and hot-spots are monitored and SMART action plans set up to address reoccurring crime, disorder and anti-social behaviour. This has been found to create effective partnership working between the licensee's, the police and A&E, helping to reduce the problem of alcohol related harm which was straining A&E resources in Cardiff.

Evidence Base:

The model reported a significant and sustained effect in reducing alcohol related incidents leading to reported violence being reduced by 40% between 02 - 06 (*period of implementation and evaluation*)
This initiative has been recognised nationally as an effective example of early intervention delivered by crime reduction partners working together

The Place will strengthen its licensing approach across the Place

Taking a more robust, focussed and consistent approach, particularly to NTE licensed premises.

In some cases, licensing decisions are being made in a vacuum without full information from other parts of the system or Place. The Place will in future take a much firmer approach to licensees adopting poor practice and to reviews and revocations of licenses where appropriate. To support this approach the Place will ensure the provision of support, guidance and training for panel members and magistrates handling appeals, together with the provision of improved data to inform licensing panel's decision making

Request for National Strengthening of Licensing Laws

To underpin and provide a foundation for improvements in the Place approach to licensing, the Pilot requests that government review it's policy around the licensing laws, to fully assess the consequences on communities from the increased problems caused by alcohol misuse. Specifically, **the Pilot requests national support to strengthen the local licensing approach by the following:**

- **addition of 'public health' as a criteria for licensing panels** to use in making decisions in awarding licenses, as well as grounds for revocation
- **mandatory code of practice to include Challenge 21**
- **stronger penalties for premises selling to drunk people and underage sales**
- **stronger sanctions and accountability for license holders** and owners in situations of underage drinking and sales to those 'over the limit'.

National Support to Enforce 'Over the Limit Sales'

In particular, national support is sought to enforce 'over the limit' sales, introducing penalties that have 'teeth' for the owner/license holder when illegal sales are made. This action would very quickly be reflected in a reduction of sales to those clearly over the limit, who are a key group contributing to the problems, costs and lack of public confidence in the Place. The Place proposal is to seek freedoms from Whitehall to run a Pilot to test the application of these changes and evaluate the results. A co-design approach with Whitehall would be welcome in establishing such a Pilot.

Solution component 4 – Pilot a Multi-agency Approach to Alcohol Misusers in A & E and Hospital Wards

The Place will pilot an alternative multi-agency service for repeat intoxicated patients who present with minor injuries and cause a disturbance or nuisance in A & E, and also dependent misusers admitted onto the wards. The model, if approved will be an integrated multi-agency approach working with police, social services, mental

¹<http://www.crimereduction.homeoffice.gov.uk/tilley/2009%20Winner%20Traffic%20Light%20System%20-%20Wales.pdf>

health & other health services, the third sector and other key partners to implement effective pathways for dependent drinkers, that address the root causes of alcohol misuse and reduce repeat visits to hospital. It will be an extension of the Cardiff model using data and intelligence to support dependant or binge drinkers into appropriate treatment pathways. Within the local plans to redesign the local A & E unit, a suitable venue will be explored.

Development of an effective protocol for a multi-agency approach will be developed to ensure this model has strong links to the Cardiff model outlined in solution component 3.

Key to this approach will be the investment in a team of alcohol liaison workers who are nurses, especially trained to deal with alcohol misusers without the need for admittance to a ward (which can be costly). They will deal with the presenting injuries, help the patient to sober up so they can be released safely, plus provide advice/support and brief interventions either at the time or on an outpatient follow up visit. These nurses would also undertake work with dependant drinkers on wards to support their entry into appropriate treatment services, make referrals where appropriate to other services to address specific needs *i.e. housing, homelessness, GP, benefits, social services etc.*

Evidence shows interventions carried out by an alcohol liaison nurse are effective in preventing repeat admissions to hospital, saving c£70k per year in hospital costs alone for every alcohol liaison worker employed working with dependant drinkers, who are an identified high cost health group and often services users of other public agencies.

Introduction of CCTV recording of patients could be considered to be used for a number of purposes. *i.e.* as part of self awareness in training and education, visual evidence for the criminal justice system and for targeting repeat offenders in order to reduce disorder in public places.

Alcohol Liaison Team Cost Benefit

The cost of recruiting a single alcohol liaison nurse working with dependant drinkers has been evidenced by government to have a higher than twofold cost benefit *i.e. local cost of a specialist nurse at £44k will realise a minimum net benefit of £100k per nurse working at tier 2 and 3 levels for alcohol treatment.*

A cost model prepared for this initiative (in appendix 9.5) shows the cost of recruiting a team of 4 specialist nurses to work across the 3 hospitals in the Place will have a cost benefit of £1.1m over a 5 year period, with payback in year 2 of employment.

One specialist nurse is in post already, the Place will look to recruit the rest of the team in 2010/11 however feedback from the Alcohol Harm Reduction National Support Team suggested increasing the post capacity:

"We would encourage you to continue to evaluate the UHL Alcohol Liaison Worker post's impact on reducing alcohol related hospital admissions and consider a business case to increase its function and capacity across all hospital sites on an invest to save basis.... We endorse your plan to appoint a Community Alcohol Liaison Specialist Worker to provide additional capacity to accept referrals from the Hospital Liaison Worker. We recommend that the role and function of this post needs to be clearly defined to maximise the effect on the reduction of alcohol-related hospital admissions" (Feedback to Leicester City from Alcohol Harm Reduction National Support Team 12.12.08)

Benefits

In addition to predicted reductions in A & E attendances and ward admissions for alcohol related factors, this initiative is likely to have a positive impact on alcohol related crimes, as well as improve public confidence and satisfaction levels.

Solution component 5 – Develop a Coherent Alcohol Treatment System

According to the 2010 House of Commons Health Committee review, the scale of the burden of alcohol on the health service is such that a small reduction in the number of people misusing alcohol could save the NHS large sums of money. The review claims that the NHS remains poor at dealing with alcohol-related problems. Clinicians are poor at detecting alcohol abuse and urgently need to do better, but this will only be done effectively if there are specialist services which patients can be referred to.

A national Audit Office report in 2008 found that many PCTs had no strategy for alcohol, no idea of local needs or of their spending on services. Commissioning alcohol services remains a low priority for PCTs despite the long-term returns it could produce. The Dept Health established in 2004 that an average of £197 was spent on each dependent drinker, compared to £1744 for each dependent drug user. Much higher priority is given to drug treatment than alcohol treatment.

It has been outlined earlier that current provision for alcohol treatment services represents about 10% of the Place need and that far less money is spent on alcohol treatment when compared to drug treatment.. The last regional Alcohol Needs Assessment Research Project (ANARP) report in 2004 shows the level of support expressed as a ratio to need. It showed that the East Midlands has the lowest number of treatment services out of all the regions (at approximately 20 services). Evidence shows that for every £1 spent on alcohol treatment £5 is saved on public service costs

"There is a need to design a whole integrated treatment system of Tiers 1-4 which reflects the needs assessment and the evidence base. A commissioning plan then needs to be developed to put this model in place, including clear specifications across all the Tiers and relevant settings" (Feedback to Leicester City from Alcohol Harm Reduction National Support Team 12.12.08)

Developing a coherent alcohol treatment system for the Place, using a tiered approach in line with best practice.

Invest in Brief Treatment Interventions

It is reported that alcohol has a 'big effect on a GP's workload' and treating the effects of alcohol misuse in the range of medical problem it presents in a 'routine part of a GP's clinical work'. Despite this extra workload there

has historically been no provision nationally or locally, for the routine screening and management of alcohol misuse in primary care.

“There appears to be limited availability of identification and brief advice in Leicester City. There is a need to develop a comprehensive Tier 1 identification and brief advice service across a whole range of agencies supported by appropriate tools and training” (Feedback to Leicester City from Alcohol Harm Reduction National Support Team 12.12.08)

Evidence demonstrates that for every 8 brief interventions (*advice & awareness of the harms of alcohol misuse*) 1 person will immediately reduce their consumption to safe levels. A key local solution is to incorporate brief screening and intervention into as many primary and other appropriate professional's routine jobs as possible. Specifically:

- **Invest in a Place Substance Misuse training programme** for key professionals working with target groups of misusers i.e. GP's, prison staff, probation, job centre plus staff and other practitioners who come into contact in their job with members of the public.
- **Incorporate brief intervention training into front-line facing young people's work force** in a phased approach, utilising existing established training and development frameworks.

Invest in Alcohol Treatment Services

Currently there is minimal provision for treatment services across the Place and significant demand reported by partners, particularly for open access community services. The National Support Team (NST) working within the Place to reduce alcohol admissions have recommended an urgent review of alcohol advice centre access as recent statistics suggest 79% of service users were turned away from the few services across the Place due to capacity restrictions.

Investment in building capacity in this sector will play an important role in the appropriate assessment and referral and provision of brief interventions with misusers who may go on to have a serious dependency. An initial investment of £200k is proposed to augment current capacity.

Solution Component 6 - Invest in a Treatment Pathway for Offenders with an Alcohol Dependency

“Alcohol misuse is the greatest risk factor for violent re-offending, including particularly domestic violence”².

It is clear that to reduce the local crime figures will require specific interventions to treat the root problem of alcohol misuse across the Place. As evidenced earlier, there is currently minimal provision for alcohol treatment within the community and a virtual absence of alcohol treatment in prison. The only exception to this is where an offender has a drug problem in addition to their alcohol problem (dual diagnosis), although provision here can also be patchy and postcode dependent.

There is **no** direct route into community treatment currently for offenders released from prison. Furthermore, fixed penalty notices for alcohol related crime and disorder, antisocial behaviour and harm are rarely linked to any compulsory or statutory intervention tackling alcohol harms and dependency.

We will establish a treatment pathway for offenders and build on the existing arrest referral Pilot, conditional cautioning and alcohol treatment requirement initiatives across the Place to include:

- Commissioning of brief interventions for binge drinkers who receive fixed penalty notices as part of an extended conditional cautioning scheme.
- Commissioning of an alcohol service for offenders (*in line with the Treatment Models advocated by the Institute of Criminal Policy Research*)

² Phillip Howard Ministry of Justice 2009.

National support is requested to extend the remit of CARAT workers (*practitioners providing treatment in prisons for drug misusers*) to include the provision of treatment for alcohol misusers, to reduce the risks of reoffending when they leave prison.

Cost/Saving Model

Predicted savings: over a 5 year investment period there is a cost saving of £2.1m.

Estimated costs : building capacity for treatment of offenders is £200k p.a. and £1m over a 5 year investment period.

The savings are based upon current estimated costs of alcohol related crime to the Place of £25.2m and achieving a 10% reduction in alcohol related crimes on an incremental basis 2010 to 2015.

Benefits

- Prevention of relapse upon leaving prison - and associated re-offending
- Improved access to treatment leading to fewer offences, improved health and social integration.
- Reduced crime, violent crime and fear of crime.
- Improvements in the night time economy, safer Place to live and less anti-social behaviour.
- Specifically improves National Indicator performance figures relating to Ni 18, Ni 20, Ni 39 and Ni 27.

Solution Component 7- Strategic Commissioning Focus & Infrastructure with Pooled Budgets, in City & County

Establish High Level Strategic Commissioning Board(s)

Strategic commissioning is a critical component to the successful delivery of the solutions outlined within this report.

Currently, there are separate commissioning arrangements in place for drug and alcohol treatment. There also appear to be significant opportunities to improve engagement from agencies whose services are integral to the recovery of misusers, within a 'whole system approach' *i.e. housing, education, training and employment* and between community and custody for offenders with a misuse problem. National guidance calls for the formation of a tripartite commissioning process between PCTs, Drug and Alcohol Teams and prisons. Locally, this has not yet been fully developed.

Furthermore, many partners work to individual organisational commissioning arrangements with different planning and commissioning framework timetables, leading to inefficiencies. The alcohol National Support Team (NST) noted in their review of the City (Dec 2008), that

"the delivery and commissioning systems for alcohol seem to run in parallel through the Safer Leicester Partnership and PCT respectively.... We recommend you review your organisational arrangements to ensure a seamless structure with identified leads.....as well as review the skills required for the commissioning process for an integrated treatment system for alcohol."

More strategic joined up commissioning would provide a platform for more efficient use of resources and effective delivery at every stage of the commissioning process, delivering improved outcomes at less cost in line with Total Place principles.

The Systems Change Pilot (*a national pilot to join up drug treatment services across the prison establishment, community services and social reintegration with the Place selected as one of 7 Pilots across England*) has also recommended a strategic and joined up approach to commissioning led by a Strategic Board.

The establishment of strategic boards for City and County respectively, led by senior officers, will ensure solutions outlined for the Total Place Pilot and the Systems Change Pilot are delivered effectively, facilitate alignment across City and County structures and ensure there is joint commitment, ownership and accountability by all commissioning agencies with a responsibility for drugs and/or alcohol across the Place.

Funding for Drug & Alcohol Misuse

A number of separate grants and budgets are received from central government. The Pooled Treatment Budget is a Dept. of Health allocation for the treatment of adult drug misuse. The Drug Interventions Programme is

Home Office funding allocated for the treatment of drug using offenders. Both of these budgets are ring-fenced purely for the use of drug treatment, (*except in circumstances of poly use where a drug misuse also has an alcohol misuse dependency*).

This is not the case for alcohol misuse, where commissioning is far less advanced than for drugs, and where there are very disparate services and significant gaps in capacity. There are no dedicated government funds allocated to the treatment of alcohol misuse and the commissioning of alcohol services is reliant on individual Pacts allocation of funds within their overall priorities. As a result of this there is currently a misalignment between access and capacity between drug and alcohol services in the Place, resulting in the National Alcohol Support Team's recommendation for

"..an urgent review of the Alcohol Advice Centre Access arrangements given thatup to 79% of service users are turned away due to restrictions in access sessions...means that most people seeking entry into alcohol treatment can't be seen through this route".....

Whilst the Pilot welcomes the ring-fence for misuse, the inflexibility to commission both alcohol and drug treatment determined by local needs assessment places restrictions on addressing the local priorities, disincentives the pooling of budgets by partners and results in the current inequity of treatment services between drugs and alcohol. At the delivery end, this causes difficulties with inequity in service provision often being provided by the same organisation.

The Pilot seeks national support for a widening of the current ring-fence around the PTB and DIP drug treatment funds to include alcohol, to enable strategic Commissioning board (s) to allocate resources to misuse based upon needs analysis achievement of optimum outcomes for the Place. A separate paper on the benefits of a widened ring fence will be submitted to Whitehall separately as requested by colleagues at the Dept. Health. have been co-working with. This funding would be pooled with all other drug or alcohol funds to created a total pooled budget to commission both drug and alcohol treatment services for.

The Place have committed to a redesign and re-commissioning of drug treatment services across the entire drug treatment system, .in response to the needs of service users and to achieve 'better for less' and achieve efficiency savings. The City and County have been tasked to meet efficiency targets of 15% and 3% respectively for 2010/11 in PTB to respond to a cut in their respective allocation of drug funds from the Dept of Health. This is in addition to earlier achievements made in the past 2 years. The table below highlights the impact of this saving in 2010/11 delivering in excess of £1/2 m savings on a current budget of £5.9m.

Costing table to inserted.

5.4 Summary of Savings Opportunity

The solution model will shift the balance of expenditure and focus on preventative and earlier intervention parts of the cost system. Currently, the approach focuses on the treatment of symptom, not the root causes.

The below table highlights the cost benefit of some of the key initiatives outlined within the solution component of this report. The majority of the additional costs will be met from within existing resources by reprioritisation of resources to address this important Place issue however, there will be a requirement for additional investment in treatment to realise savings. It is difficult to quantify specific savings realisable from every individual component of the solution model proposed for example, the introduction of a new statutory element within the PSHE is likely to reduce future consumption by young people but there is no specific evidence to correlate to specific savings. This is an inherent difficulty in cost justifications around preventative and early intervention initiatives.

However, there is significant confidence and evidence to support savings realisable from an investment in early treatment and targeted treatment to offenders with a misuse problem.

The table below outlines expected savings from the implementation of the solution model where it has been possible to undertake an evidenced based cost analysis. The savings are likely to be higher with the implementation of all the actions and solutions outlined within appendices xx.

Table X: Specific Initiatives proposed with Cost/Saving Model

Solution Component	Cost of Initiative p.a.	Cost of Initiative over 5 years	Savings Over 5 years
	£	£	£
Preventative Strategy for Substance Misuse	Pilot costs from within existing resources	Tbc following Pilot	
Reduce Availability of Alcohol	Within existing resources	Within existing resources	
Improve Late Night Economy (<i>Policing, Licensing & Cardiff model initiatives</i>)	Tbc	Tbc	
Pilot Multi-agency A & E and dependent drinkers model	200k (and capital cost tbc)	1m*	
Develop Alcohol Treatment System	200k	1m	
Deliver Offender Management Initiatives	200k	1m	
High Level Strategic Commissioning	Within existing resources	Within existing resources	
	£600k revenue Police & Capital investment tbc	Tbc	Minimum £8.3m

*excludes initial capital costs for alternative venue if required. Provision of £500k

** government department figures – for every £1 invested in alcohol treatment £5 is saved on public costs (of which £3 are health costs)

The opportunity is to save a minimum of £8.3m over a 5 year period through the implementation of local changes outlined earlier, funded via an invest to save approach. There is a real opportunity to achieve significantly higher savings on the current Place costs of £89.3m with the combined implementation of local initiatives and the national changes requested by the Pilot *in particular the introduction of minimum pricing, restrictions on advertising to young people, restrictions of loss leading sales and sales to drunks*, for example, a Reduction of alcohol misuse by 5% p.a. on current costs would save an estimated £4.5 m p.a.

However, based upon the trends for the past 5 years, costs have increased year on year for health, although remained fairly constant for crime. If the Place does nothing, the true local costs of alcohol misuse are likely to continue to increase and exceed £100m within a few years.

Outcomes/Benefits

Below are the benefits expected from implementation of the solutions model outlined. This solution addresses the majority of national indicators set for the Place in addition to further indicators we would seek to improve.

Conclusion

The Total Place solution outlined will reduce:

- Ni 15 Serious violent crime rate
- Ni 16 Serious acquisitive crime rate
- Ni 17 Perceptions of anti-social behaviour
- Ni 18 Adult re-offending rates for those under probation supervision
- Ni 19 Rate of proven re-offending by young offenders
- Ni 20 Assault with injury crime rate
- Ni 30 Re-offending rate of prolific and priority offenders
- Ni 32 Repeat incidents of domestic violence
- Ni 39 Alcohol harm related hospital admissions
- Ni 41 Perceptions of drunk and rowdy behaviour
- Ni 47 People killed or seriously injured in road traffic accidents
- Ni 112 Under 18 conception rate
- Ni 115 Substance misuse by young people
- Ni 120 All-age cause mortality rate
- the numbers of drinking at harmful and hazardous levels
- the number of young people drinking at early ages and the volumes when they drink
- alcohol related crime and reoffending
- A&E attendances
- alcohol sales to young people
- duplication and bureaucracy in systems responding to drugs and alcohol
- negative behaviours and public nuisances on the street

and improve:

- Ni 21 Dealing with local concerns about anti-social behaviour and crime by the local council and police
- Ni 27 Understanding local concerns about anti-social behaviour and crime by the local council and police
- public confidence and safety
- Health and wellbeing across the Place
- Healthier lifestyles and choices for young people away from binge drinking

6. Access to Services

6.1 Introduction

The primary purpose of this section of the document sets out key agreed actions for the future delivery of access to partner services in Leicester/Leicestershire and represents the culmination of partnership work over the last 5 months. The report will also set out the current access to service arrangements and identify the key barriers, both local and national, that will need to be overcome.

6.2 Approach

The approach taken within the Access to Services theme has been a simple one. Initial focus was on producing a coherent, holistic vision for customer services within Leicestershire. A series of detailed workshops were then convened, that focused on how the vision statements could be translated into practical changes to how customer service is delivered. These workshops were based on understanding customer journeys and identified how multi-agency service delivery could be simplified.

6.3 Existing Customer Service Provision in Leicestershire

This is a mixed picture in Leicestershire. Whilst there are a number of partnerships providing joined up access to services, there is clearly much opportunity for improvement. For example, the table below sets out the current customer service offering in Leicestershire and the costs associated with the delivery of information, advice and guidance on services provided.

Channel	No.	Annual Use	Staff (fte)	Annual Cost	Examples
Face to Face public service points	450	400,000* visits	350	£8m	54 Libraries 37 children centres 66 Walk-in centres/Health Centres 7 District Offices 111GP surgeries 132 Pharmacies 6 Citizen Advice Bureaux 5 Job Centre Plus points 6 Connexions offices 7 other voluntary sector points 6 <i>Connect</i> Service Shops 18 Police front enquiry offices
Customer Call/ Service Centres	65	3.25m calls	470	£11m	For all partner organisations resulting in over 500 separate telephone numbers listed
Websites	75	54m hits	40	£1.5m	Including over 50 separate micro-sites

The *Connect* solution

The existing one-stop shop solution in Leicestershire, *Connect*, 6 existing *Connect* Service Shops (County Hall reception and certain District Council Offices) and the 65 *Connect* help points (49 are in libraries, 11 are in rural Post Offices, 3 are in Parish Offices, 1 in a school and 1 in a church) operating in the County.

The *Connect* service shops are staffed during office hours who are able through use of the connect website, to offer advise and support on a wide range of County Council and Partner services. The help-points are branded, dedicated computers that provide internet access through the *Connect* website for customers to self serve.

A detailed review of the *Connect* approach has been conducted as part of this work and has concluded that significant improvement to this solution can be achieved.

6.4 Evidence Base

The evidence to support the need for a new partnership approach to providing customer service is compelling. This conclusion is drawn from a number of separate exercises conducted as part of the Total Place Pilot, where participants were asked to comment on the existing situation and to give their views on possible new operating models. These events are listed below with a summary of the conclusions:-

Exercise	Participants	Key Conclusions
Place Survey in 2008	8530 residents	<ul style="list-style-type: none"> • Generally low satisfaction with public services • Access to local services (hospitals council offices) seen as difficult
Presentations to Youth Councils in Leicestershire	50 young people during events in Melton, North West Leicestershire and Hinckley. Also CYCLe, the County Youth Council at which 60-70 young people from across the County attended.	<ul style="list-style-type: none"> • Lack of awareness of services provided and by whom • Acceptance of proposed controlled, appropriate customer data sharing • Poor interaction between websites • Need for child friendly environments • Conscientious advocate is critical to multi-agency navigation • The need to cluster services around key issues e.g. Health, education, ASB • Happy with use well designed telephony menu systems • The concept of education of public service provision in schools • Focus on the issue of confidentiality
Telephone survey	Over 700 responses from residents of the City and all districts within the County	<ul style="list-style-type: none"> • 63% have contacted a Leicestershire partner in the last 12 months. • 93% said they would use the internet for information and transactional activity, if available. • 68% said they would support a single telephone number for all public services in Leicestershire • Only 18% disagreed with the concept of delivery like services from a single location • 39% disagreed with the concept of sharing customer data between partners.
Focus groups	Over 40 individuals involved in sessions held in Melton and Coalville representing:- Travelling community Health sector Elderly People with learning difficulties	<p>Key conclusions were that existing solution is confusing, and unapproachable. Recommendations focused on:-</p> <ul style="list-style-type: none"> • extended use of Libraries, and Community Centres plus visiting 'surgeries' for rural areas without libraries. • acceptance of the role of an online solution • acceptance of data sharing between partners to improve service provision and design. • Single number and single branding for all public services (freephone) • Single leaflet for all services • Continued role of voluntary sector critical • Discomfort with use of telephony menu systems
Review of Hard to Reach communities in Leicestershire	30 separate interviews of individuals from priority neighbourhoods in Leicestershire	<ul style="list-style-type: none"> • Sense of frustration at being passed around • Not feeling everyone is on the same side • The need for agencies to 'come closer' in terms of consistency of service, simplification of offering and standard of customer service

6.5 Key Agreed Actions

Customer Services Vision and Governance for Leicestershire

The following overarching statement and a series of detailed access channel (telephone, web, face to face) statements have been developed by the Access to Services Working Party.

Overarching Vision for the Access to Services Project

“Work together to improve the customer experience in terms of speed, accuracy and comprehensiveness of response, based on a range of customer intelligence, for those seeking information on or requesting service provided by public organisations in Leicestershire in a way that reflects local needs resulting in positive customer satisfaction and confidence in public services and provide value for money and cashable savings”.

Key Action 1: Establish a single customer service strategy for Leicestershire, Leicester and Rutland which reflects and responds to local circumstances

Key Action 2: Review all existing customer service governance arrangements and consideration of a single service solution for the provision of customer service in Leicestershire

This work will include the development and agreement of customer service standards and a single customer service charter that all partners adopt. This will introduce consistency for the customer and allow performance of customer service to be measured and comparative conclusions drawn. The Policing Pledge and the County Council's Customer Service charter as well as other established standards will act as starting points for this. A communication and marketing approach will also be developed as part of this strategy. It is recommended that this strategy covers all those partners involved in this Pilot, but also includes Leicester City and Rutland.

The review of existing customer service arrangements across all partners and all channels to date has identified a significant cost and resource allocated to the management of customer service. This includes the acknowledgement that there is duplication and therefore an opportunity to make savings, in alignment with the introduction of operating models for all access channels set out in this document.

Subject to the completion of the review, such a solution would be consistent with recommendations for the future management of consultation and engagement, research and information and the partnership strategic change programme.

Predicted Savings: £0.4m to £0.5m/ per annum

This is based on the assumption that a savings of 15% can be achieved through the implementation of a single services solution. An estimation of annual customer service management costs across the partnership is £2.5m and is at this stage based on a management to customer service provider ratio of 1:15. In Leicestershire there are in excess of 800 staff providing customer service.

Benefits/Outcomes

If the conclusion of the management review were to recommend the establishment of a single service responsible for the management of all customer service activity the benefits would include:-

- Simplification of customer access. Measured through improved customer satisfaction and levels of access and speed/content of responses (??)
- Consistency of customer service delivery across all partners that aligns to the Leicestershire public services concept.
- Simplification of customer data sharing issues
- Simplified links to customer insight, research and intelligence activity
- Simplified management of service data and a shared knowledge base solution

Design Principles and the role of the *Circles of Need*[®] concept

Design Principles

The following summarise the principles that the redesign of the partnership access solution will apply. They are consistent with the customer services vision for Leicestershire.

- Principle 1: Sharing of Service and Customer Data
- Principle 2: Customer Journey mapping
- Principle 3: Continuous consultation and engagement with users during access redesign
- Principle 4: Ensure flexibility of design to meet local customer needs
- Principle 5: Retain access channel choice but promote self service
- Principle 6: Focus on clusters of services based on customer need, not organisational delivery.

<i>Cluster</i>	<i>Primary Provider</i>	<i>Rationale</i>
Anti-social Behaviour	Police, County Council, District Council, Probation Service, Voluntary Sector, Parish/Town Councils	Linked to the work being undertaken in the aftermath of the Pilkington case. Initial focus for the work with Aperia (<i>Circles of Need</i> [®] concept)
Health and Social Care	PCT, County Council	Ensure Personalisation agenda reflects the Total Place approach
Access to education /training/skills & employment.	Job centre Plus (DWP), Connexions, Citizens advice, County Council (Adult Learning Service, Library Services), L/L Learning Partnership	Linkage across public and voluntary sector. Addresses key issue for vulnerable adults Significant possibilities of asset disposal

The *Circles of Need*[®] concept

The *Circles of Need*[®] concept is a method of analysing processes and multi-agency services based on whole systems thinking. Its introduction in Leicestershire will ensure that the needs of the customer are central to the design of the new operating models for all access channels (online, telephony, face to face and outreach). It will help identify where a customer need cuts across a range of service providers and therefore where partners need to share service and customer information to meet the needs of the customer. This form of analysis will be new to Leicestershire and will become central to the transformational change of customer service.

The *Circles of Need*[®] concept will also assist in the design of a new partnership wide knowledge base referred to in the Information Management partnership strategy. This will enhance the customer experience when contacting a partner organisation as well as underpinning improvements to the partnership online presence. The initial focus for this work will be victims of anti-social behaviour.

Telephony Customer Service centres in Leicestershire

As part of the Total Place programme a review of all telephony based customer service centres was undertaken. It is clear from this review that there is considerable duplication in the provision of call centres. There is inconsistency in standards, opening hours, out of hours service, technology and quality of customer experience. The comments made at the various consultation exercises undertaken as part of this programme reinforce these points including the telephone survey that indicated the nearly 70% supported the concept of a single number and the clustering of services around key service themes.

Key Action 3: Consolidate telephone call centres managed in Leicestershire to reduce the total number from 65 to 25 by autumn 2011

Key Action 4: Develop a telephone numbering strategy that will see a significant reduction in advertised numbers based on the clustering of key multi-agency services

Based on the analysis completed to date, whilst it is not possible to define which telephone centres can be combined, it is accepted that the scope for significant rationalisation exists. Therefore a further period of analysis is necessary to finalise detailed proposals for rationalisation.

The vision for Leicestershire is to reduce the number of service centres down to a minimum or optimum number that reflects the savings potential without there being degradation in customer service experience. Therefore this key action is a stepping stone to achieving this ultimate goal. The concept of a virtual service centre solution will also be employed as an incremental stage in this development.

The telephone numbering strategy will be based on customer insight, customer journey mapping and is likely to result in a significant overhaul of existing published numbers, with a new approach based around service needs as opposed to organisational and departmental titles.

The long term proposal will consider the implications of the new non emergency healthcare number (111), due to be Piloted in the East Midlands and will consider the possible introduction of the single non-emergency number (101), a former Home Office project aimed to address enquires that related, in the main, to antisocial behaviour.

The access to services theme has not at this stage considered the relationship with the City Council and with partners providing public service within the City. However, any further considerations will need to take these organisations into account as a area wide numbering strategy that adopts 101 and 111 would be significantly weakened and possibly become non-viable without the inclusion of services in the City. The potential savings as a result would also be increased.

The telephony approach and numbering strategy will explore and maximise the use of new technology, in terms of understand the role of mobile technology advancement, automated telephony and the use of SMS. This requirement was clearly identified in much of the focus group work and particularly the youth council sessions. The role of teletext and the DirectGov TV channel has also been identified as a valuable source of information and will be considered during the development of this strategy.

Savings Prediction: £1.0m to £2m per annum from 2011

The current cost of providing telephony based customer service in Leicestershire is approximately £11m per annum. This is based on data provided by partner organisations and is in the main staffing and management costs as well as property related costs. A reduction of 15% in cost is considered deliverable at this stage.

Benefits/Outcomes

By reducing the number of customer service centres in Leicestershire, it will

- reduce the cost of providing telephony customer service in The Place
- improve the consistency of the service in terms standards of customer service, opening hours as well as consistency in emergency and out of hours service
- Improve the understanding of services provided by partner agencies, with the support of a multi-agency service centre.
- Simplification for the public through the significant reduction in publicised telephone numbers.
- Predicted cost savings achieved.
- Increased public satisfaction when contacting public service organisations

Online Strategy

The over-arching online strategy is to improve the customer experience in terms of access to information and services provided or commissioned by the public sector within Leicestershire. In particular this means taking a customer-centric view of information and services, presenting these in ways that are meaningful to the customer and which do not require the customer to understand the details of organisational responsibilities and boundaries. Customers will be involved in testing customer journeys, ensuring that search results are accurate and that content meets with customer requirements. Through the consultation work completed to date, there is a clear desire of customers to use online services. The telephone survey indicated over 93% would use the internet to deal with public service issues, if available.

Once customers visit the on-line channel, the experience should be positive enough to keep them in that channel, for their current and also for future tasks and activities. We will therefore have common standards for managing and updating our online presence, and provide customers with a level of expectation for their experience.

The mapping of cross-organisational customer journeys will also be necessary for both the telephone and face to face channels, and will be linked to work on The Circles of Need®.

Key Action 5: The introduction of Leicestershire Public Services' portals aligned to customer journeys

Key Action 6: We will take a customer focussed and efficient approach to online service delivery, joining up content and services across partner websites to meet customer needs, and working towards end to end online fulfilment in a way that is convenient for the customer.

Key Action 7: Introduction of a Leicestershire public services search function to be used in all public services websites

Key Action 8: Adoption of common language, information architecture and presentation approach (style), focussing on the main partner websites, as opposed to micro-sites.

Savings Prediction: £1.25m/ per annum.

It is not possible to be specific about the savings that can be generated through the use of an enhanced web channel as opposed to contact by telephone or by face to face at this stage. However, this figure is based on achieving a 25% shift to the use of online (from face to face and telephony) and for this to be achieved by 2012. The costs of providing customer service per channel in the public sector are based on national research.

Benefits/Outcomes

- Channel Shift of 25% is achieved
- The predicted cost savings achieved.
- Increased satisfaction on the use of online
- The Place better able to meet the demands of and the opportunities of new technology (Semantic web

Face to Face Customer Service

The conclusions drawn from the asset review conducted as part of the Total Place exercise has identified an existing arrangement that is complicated for the customer and expensive for the provider. Therefore significant opportunity exists both for customer service improvement and savings. Whilst the current arrangements provide choice for the customer, this often leads to confusion and uncertainty as to the best location to get the best advice. It also results in a customer visiting a number of separate sites to resolve their issue. This view was reinforced during all of the evidence gathering events. Again the telephone survey indicated that only 18% disagreed with the concept of delivering like services from a single location.

Therefore a comprehensive all-partner all-asset review is required that will clearly identify where duplication and confusion exists. At this stage, without such a review it is difficult to make any firm recommendations on the consolidation of existing assets.

A strong collaborative and integrated approach to asset management not only offers economies of scale, and direct cashable savings through the release of assets and reduction in running costs, but also offers the potential for improvement to the quality of service provided through collaborative working, and to help increased cohesion between the related services delivered by different agencies, rather than the fragmented delivery arrangements at present.

This approach to the review of Asset Management has started in Leicestershire through the establishment of a Joint Asset team, representing all key partners and the development of a joint asset map, where for the first time assets owned or used by partners are recorded on the same database.

The establishment of a joint asset challenge will be based on an agreed strategy and design principles. These principles will include the following key issues:-

Branding. Definition of how a shared space will be presented, promoted and marketed. The space (size of building), location and population size/density will help to determine the service mix and service depth for face-

to-face customer services - using commercial delivery models such as Tesco Express, Tesco Supermarket and Tesco Superstore.

Space utilisation. Define the need to maximise the use of space across the partners recognising the role flexible and mobile working plays in the design of shared space.

Security. Define the protocols of data and property security in publically accessible shared spaces.

Clustered service provision. Consistent with the overarching design principles, shared face to face access will be based on customer need and the concept of clusters of services recognising that with the broad range of services that the partnerships provide. It is recognised that certain face to face requirements are not compatible with other service needs, for example people reporting sensitive crimes or persons reporting on bail etc that occurs at the 18 Police enquiry offices around the County.

Legal Agreements and SLAs. Define standard partnership agreements that will underpin the sharing of assets. Agreements relating to the new Melton Borough Council offices will act as good examples of this.

Asset Management. Through initial discussion on asset management the possibility of creating a single asset management function has emerged, the savings of which could be significant. These are not included in this report, but the savings and benefits will be examined as part of the asset management strategy development.

Key Action 9: Establish a partnership asset management strategy that includes statements of design principles.

Key Action 10: Conduct an area wide all partner all asset challenge exercise that includes the consideration of commercial property.

Key Action 11: Consideration of public/private arrangements for the delivery of public services

Key Action 12: Extend the role and scope of the *Multi Access Centres* in County Libraries

Key Action 13: "First Contact Leicestershire" for people aged 60 and over is adopted across the county by April 2010. The project is then expanded to all adults and young people across Leicestershire by April 2011.

Outreach

Work completed through a Hard to Reach project identified many communities and individuals have the need but not the ability to request service. A report title 'Knock Knock, Who's there?' accurately depicts the issue that many communities find service provides hard to reach, not the other way round. Therefore a more holistic, effective outreach approach will add significant improvement to these people's lives and ultimately result in the reduction in demand for all our services, through effective early intervention.

There is also an important role in the use of mobile technology to support outreach activity that again longer term linked to the Circle of Needs design concept can introduce increased efficiency in the field.

The County Council's Adult Social Care has successfully launched it's *First Contact* project, which provides access to services to those citizens aged 60 and over who need support. This project operates on out reach worker who visits clients but then helps carryout a 'health check' and with the client's permission refers the concerns to other relevant public bodies to address the issue promptly. This Pilot will look towards extending across Leicestershire and taking on aboard other vulnerable groups who have difficulties in accessing public services.

Within Leicester and Leicestershire there are a number of Multi Access Centres (MACs). They are part of the Government agenda to address worklessness, improve skills and the local economy. The recommendation is to see this programme be extended.

Predicted Savings: £1.0m to £1.5m per annum.

This figure at this stage is based purely on staffing reductions (15%) but will be refined to become based on more detailed assumptions of asset sharing and disposal which would be subject to the completion of the asset challenge work. This exercise will also identify possible capital receipts resulting from the disposal of assets.

The extension of the *First Contact* Concept will generate savings to The Place, both in terms of a reduction in demand for services arising from effective early intervention and from the reductions in cost arising from the introduction of a simplified, joint assessment approach. These are not included in this figure.

6.6 Summary of Savings prediction in Access to Services

Summary

The estimated gross savings to the Place at this stage, recognising the significant amount of further analysis and validation work still to do is potentially £3.75m to £5.25m per annum. In addition, there will be capital receipts through the disposal of assets, which are, at this stage not quantified. These predicted costs are over and above savings already committed by individual organisations in the Place.

In order to achieve this it will be necessary invest, the current estimate being £3m and £5m, over the next 3 years.

This proposed commitment of resources reflects the acceptance that this investment in the delivery of these recommendations will lead to significant ongoing savings to Leicestershire Partners that will help meet the demanding cost reductions all partners are facing.

Following the completion of the reviews identified in this report it will be possible to set the areas that require investment in order for these recommendations to be delivered. The asset challenge review will also identify capital savings that could be re-invested into the programme.

Area of required investment

Redundancy. The costs of redundancy is likely to be significant, with the possibility of redundancies in excess of 100 members of staff (based at this stage on a reduction of 15% of the 800 staff currently delivering customer service)

IT (hardware and software). This will include costs for additional licences and for software required to support the integration of systems operated by different organisations. It is not proposed at this stage to procure new single software system for The Place.

Capital investment for buildings. The proposal to provide multiple agency service from single locations will result in the need for alterations to existing buildings, and possibly the construction of new buildings. Whilst this cost is likely to be high, it is assumed that the cost of capital receipts arising from the sale of property can be reinvested for this purpose, where these have not already been included in individual Medium Term Financial/Capital Strategies.

Costs met by Organisations

In order to deliver the recommendations set out in the report, it is proposed that an implementation team, seconded from all agencies, is established. It is also proposed that the cost of seconded these resources are met by the partner organisations.

Area	Annual gross Saving	Achieved through...
Reduced customer service management costs	£0.5m	Deletion of duplicate roles within partner organisations
Reduced number of customer service centres in Leicestershire	£1m to £2m	Rationalised staffing and management costs
Asset disposal creating capital funding and reducing revenue costs (Staffing costs only)	£1 to £1.5m	Partnership wide asset challenge informed by customer insight
Increased use of online services reducing management and staffing costs of other channels	£1.25m	Better presented information and consistent functionality online across partner websites.
Reduction in demand of services provided	Not included in the current calculation	Successful early intervention approach as a result of joined up outreach activity
Rationalisation of technology solutions across partners including network, CRM and web technology	Not included in the current calculation	Agreement to a strategic IT approach and the introduction of an Enterprise Architect function for The Place.
Gross Saving, subject to further analysis (excluding investment required to achieve these savings)	£3.75m to £5.25m	Expenditure including project staff (Management, BAs developers), Training, redundancy costs, IT (hardware and software),

6.7 Barriers to Solution delivery in Access to Services

Barriers	Local/ National
<p>Funding sources. Certain organisations are funded on the basis of the number of people they serve. A centralised solution would therefore impact on the level of funding they receive. i.e drug treatment funding is based upon numbers in treatment.</p>	National
<p>Current KPIs force organisations to think and operate as individual bodies. Therefore the move towards a more collaborative, Total Place approach may damage organisations abilities to meet these. i.e drive to meet these could impact organisations willingness or ability to wholly commit to a Total Place ethos approach.</p>	National
<p>Unique ID. Absence of a single ID introduces difficulties in data sharing and restrictions to online opportunities. Extension to campaign <i>Tell us once</i>.</p>	National
<p>Cultural resistance to change will make the delivery of the recommendations difficult. Sustainable change will require national incentives and drivers and locally strong leadership and performance management.</p>	Local
<p>Willingness of partners to accept inconsistent savings across partners and for some potentially increase in costs.</p>	Local
<p>Ability to dispose of assets quickly and achieve optimal value</p>	Local
<p>Alignment of local solutions with national initiatives/approaches could inhibit the definition and delivery of a local solution. Misalignment of organisation's performance framework and reporting regime. i.e health commissioning vs. D&A commissioning cycles.</p>	Local

7. Cross Cutting Improvements

The Total Place Pilot has provided impetus to measures to improve our effectiveness in supporting change through better placed based better arrangements for:

- Customer Insight
- Research and Intelligence
- Information Sharing
- Consultation and Engagement
- Social marketing
- Co-ordinating funding for the VCS
- ICT Infrastructure
- Managing performance

Customer Insight

We carried out both primary and secondary studies to provide the insight, research and evidence to support the programme. Customer insight has been gained from locally collected information available from public service organisations in the sub-region who gather data for reporting performance. Insight has also been provided by datasets that is generally available such as the results from Leicestershire 2008 Place Survey and data from the North West Public Health Observatory (NWPHO) on alcohol. Further insight has been added from nationally published research such as findings from the Joseph Rowntree Foundation (JRF) publications. Primary research is summarised in the Table below

Table X:

Type	Number of Respondents and how conducted
Leicestershire DAAT Survey & Leicestershire Business Survey	Telephone survey 998 businesses contacted across the place
Leicestershire DAAT Community Consultations	Online survey – 35 usable responses
Leicester City DAAT Service Users Christmas Event	32 alcohol and drugs users (both ex and currently in treatment) Self completion paper questionnaire
Leicester City DAAT – Community Consultations on Alcohol Treatment Services	60 online and paper based survey
Leicestershire Youth Councils	50 young people during events held in Melton, North West Leicestershire, Hinckley & Bosworth and County wide (CYCLE)
Focus Groups	Over 50 individuals in focus groups in Melton and North West Leicestershire
Hard to Reach Communities in Leicestershire	30 separate interviews with residents in the Priority Neighbourhood Areas of Leicestershire

Increasing Research and Intelligence Capacity

Total Place has emphasised the need for more efficient and effective research and intelligence resources to provide effective customer insight and other evidence to inform major change. A review of current arrangements was commissioned because of:

- the increasing need for evidence-based decision-making;
- the need for evidence to consider future scenarios in addition to providing a robust understanding of what has happened in the past;
- the importance of taking greater account of customer and citizen views in compiling the evidence base; and
- the benefits of R&I arrangements being partnership based in line with the joining up of strategic planning, policy making, service design and service delivery.

The Review was commissioned to build on and improve existing good partnership collaboration on research and intelligence activities, but recognising that the thematic coverage of this collaboration is patchy (strong in relation to the economy and community safety, for example, but less strong or non-existent in other areas) and acknowledging that the overall co-ordination of partnership research activity, and the most effective and efficient deployment of research resources and capacity; remains some distance from being achieved.

The Review was organised in three parts:

- Phase 1 - a review of existing research partnership arrangements. The recommendations of this phase have been implemented, and have involved the launch of a new Strategic Research Partnership with a refreshed (and higher level) membership, and a clear remit to co-ordinate the production and dissemination of high quality and robust evidence needed to underpin the activities of Local Strategic Partnerships, the sub-regional Leadership Board, and other theme partnerships and agencies. The SRP, chaired by a Chief Superintendent from the Leicestershire Constabulary, is developing a partnership research programme and has established sub-groups dealing with Consultation, Customer Insight, the Economy, Community Safety, and Housing, Planning & Infrastructure.
- Phase 2 - a review of customer insight good practice within the sub-region and beyond. The consultant's report of the findings of Phase 2 was received in January 2010 and includes recommendations on how partners can develop a more robust Customer Insight approach and
- Phase 3 - a consideration of the best arrangements to resource and deploy R&I staff to deliver an effective and co-ordinated research and intelligence (including customer insight) programme. The consultant's report on Phase 3 is expected to be received soon.

The findings and recommendations of Phase 3 will particularly inform whether, how and when to establish single R&I service – through the partnership efficiency change programme. More detailed work in relation to this will involve the quantification of benefits and savings. The current timescale is to seek to agree and implement new arrangements to become operational from 1st April 2011.

Through the SRP and the work of individual partner agencies the R&I community in the sub-region is participating in (or seeking to participate in) a number of pilots and initiatives which will help bring about improved R&I arrangements. For instance a CLG-funded Timely Information for Citizens project is being delivered at the County Council, and a bid for £150k funding has recently been submitted by the SRP to CLG's Customer-led Transformation programme.

Information sharing

If organisations are to work effectively in partnership, they must have a good capacity and capability for sharing information. The Total Place pilot has identified a number of drivers to increase the sharing of information:

- To improve the sharing of soft and hard intelligence and customer insight, supporting customer service and early intervention. This requires efficient sharing of high quality information about service use, without extensive rework of data.
- To increase and improve online service delivery, for customer service, early intervention and efficiency. This requires a significant increase in online information and advice about services, and also the ability to create customer accounts online.
- Arrangements for operational referrals for service requests between agencies, and a need for consistent arrangements for safely exchanging information about vulnerable people.
- Information, advice and referrals for mediated access to services through streamlined / shared telephone and face to face access channels.
- Robust evidence, with transparent data quality standards, to support decision making on service development.

As well as these specific information requirements, there are other more general requirements that arise from the Total Place work:

- Communication and awareness with staff and customers around information sharing.
- Fast, efficient and safe exchange of information.
- A reduction in time spent negotiating access to information.
- A practical approach to solutions for information sharing.

Good information flows support the efficient and effective delivery of services. Conversely, if there are barriers to information exchange, service development and delivery will be slow and cumbersome. Good information management is therefore a key facilitator to many of the Total Place proposals across both pilot themes and also the themes in the Partnership Change Programme.

There are a range of barriers to sharing information, and the evidence for this is set out in **appendix XX**. The key national changes we think are required are:

- A national point of responsibility and contact for all information issues for agencies who operate or provide guidance at the local level.
- Communication: consistent and unified communications about information sharing.
- Greater cohesion of information professions.
- Consolidation of policy advice and guidance on information sharing, focussing on strategic, practical improvement.
- Development of a customer ID.
- Simplification of the Data Protection Act, emphasising sharing.
- Extension of any specialist requirements – such as Caldicott - to become part of the overall framework.
- More flexible arrangements for National Agencies to engage in local governance

Place Consultation and Engagement

As part of the Total Place work, a detailed review of all consultation and engagement activity undertaken in the County was undertaken. A summary of the findings is shown in appendix ZZZ. However it is clear that there is considerable confusion to the customer as a result of the overlapping and duplication of engagement activity in the County, much of which being managed independently by individual partner organisations. There was also evidence that the value some of these activities were adding is either limited or is not being measured. In addition issues of data sharing often arise where partners wish to learn from others agencies/events.

There is some successful partnership engagement activity ongoing such as the Community Forums, but the overwhelming sense of the review is that there is significant duplication of management within partner organisations with many organisations having their own engagement teams focused in the main on delivering activities relevant to their own organisations we will therefore aim to establish a single engagement service for all partners by Autumn 2011 as part of set partnership Change Programme.

The new single service would be managed by one of the existing partners who assume responsibility for administering and running engagement events on behalf of the partnership, under an independent branding. At this stage there is no indication of a lead partner. It is clear that a detailed SLA that established clear

performance indicators for the new service would be required savings of £150k/per annum from 2011 as predicted. The approximate annual current cost of providing consultation and engagement activity in Leicestershire is £920k. This cost relates to staff and management costs within organisations, the cost of consultancy support and the cost of running the events.

The presentation to the public of a Leicestershire Public Services engagement service would simplify the activity and allow cross cutting multi-agency issues to be properly understood and debated. In addition, it will remove the issue of sharing intelligence resulting from these exercises. Marketing of a series of events throughout the year would also provide clarity for the public.

Measurable outcomes include

1. Increased attendance at events or through online activity
2. Improvement to feedback at events
3. Predicted savings achieved.

Influencing Behaviour through Social Marketing

The proposals for using social marketing to reduce misuse is reported above and in **Appendix XXX**. A new group has been established to advise on the use of these techniques in other areas of activity.

The Voluntary and Community Sector

The local Voluntary and Community Sector (VCS) has access to sources of funding that are unavailable to the public or private sectors. This funding can be used to innovate or supplement public service delivery and therefore has the potential to support the local Total Place priorities. The way this funding is distributed nationally, however, prevents strategic funding of local priorities and risks ineffectiveness and duplication.

A more detailed report is included in the Appendices to this report

ICT Infrastructure

ICT has the potential to either be a major enabler of transformational change or a considerable barrier. Developing new ways of information sharing and service delivery across the Place will only be possible with an integrated ICT infrastructure. The vision is of a single resilient, cost-effective and scalable public service ICT platform used by all agencies which maximises responsiveness and minimises cost. This will require the convergence of partner ICT strategies through increased sharing and standardisation with the ultimate goal of universal public and third sector ICT interoperability. The pace at which this change can be delivered will largely be constrained by three things – the willingness of partners to adopt common approaches, the availability of capital funding for new systems investment, and the adoption of standards nationally which facilitate greater joining-up at a local level. It is clear that a single ICT strategy for the Place will enable significant improvements to customer service, and significant savings to the Place.

Building a firm foundation for future change is likely to start with the development of a “public sector network” for the Place – to facilitate local information sharing and service delivery. Considerable savings in telecommunications costs are likely to be made by partners, particularly where points of service delivery can be physically co-located.

The first phase of such a development could involve the delivery of a logically separate, secure network for each partner across a shared physical network i.e. continuing to maintain discrete partner networks which share common telecommunications equipment and services. Once this has been achieved, these logical networks can be interconnected as business needs require and suitable information sharing protocols allow.

The Leicester City and Leicestershire County Councils have already agreed in principle to explore the development of a single, externally managed network to deliver the currently separate requirements of corporate and schools networks in each authority. This joint procurement will be approached with future

expansion in mind, to enable other partners to benefit from the new arrangements as and when their circumstances allow.

Discussions have already taken place between partners and the Department for Work and Pensions to clarify the role of Government Connect in supporting a local public sector network. There is clear synergy between the national interconnection approach being enabled through Government Connect and the greater integration of communications at a local level. This will allow the number of point-to-point connections to national and regional services to be reduced, with the local “public sector network” acting as the bridge to national networks.

Next steps are to

- Establish a Heads of ICT Board that provides governance to the development of the ICT strategy and its implementation
- Conduct a mapping exercise to develop a comprehensive picture of current network facilities across The Place. Further iterations to include other key ICT aspects including core front and back office systems
- Identify gaps and opportunities for converging ICT strategies and agree a joint vision for the future ICT infrastructure.
- Develop an action plan, which will include the establishment of an Enterprise Architecture function for The Place.

Reducing the Inspection Burden

In Summer 2009, research by Deloitte, commissioned by Leicestershire, suggested that the cost of reporting the National Indicator set (NIs), statutory returns and other performance measures across the Leicestershire Together and One Leicester partnerships was £3.66m pa. The cost of responding to inspection regimes was estimated to be a further £3.57m pa. The total cost to the partnerships alone in the area in meeting reporting requirements was therefore some £7.13m p.a.

The 188 indicators within the NIs are the only set of indicators in relation to which the Government claims that local areas and LSPs are performance managed. However, the Leicestershire Together and One Leicester partners are required to report on approximately 932 further indicators/measures or much fuller statutory returns on top of the NIs. Given that a range of agencies often have to report separately on the same indicators this amounts to circa 3,000 returns. And this doesn't include returns by other public sector partners or quangos in the area. There will also be related costs for government departments in having to receive and analyse these returns.

Examples of other performance management frameworks are the NHS Vital Signs Indicators, the Analysis of Policing and Community Safety (APACS) Indicators, the Adult Social Care Performance Assessment Framework and the Children's Services OFSTED indicator profiles. All of these frameworks overlap with the NIs, with some indicators included in both sets, with the overall effect that partnerships are not focused on a single view of performance and set of performance measures.

Moreover, different frameworks also involve different reporting timescales, comparator groups and data definitions adding further complexity and confusion to developing an agreed view of local priorities. The number of separate performance reporting systems including the national Data Hub, Places Analytical Tool, Audit Commission one place website, Floor Targets Interactive system, ESD toolkit, National Adult Social Care Intelligence Service (NASCIS), quanta police/community safety system and OFSTED Performance Data - and probably others - emphasise this complexity and lack of a joined up approach which is clearly unhelpful in seeking Total Place approaches.

In overview, the NIs are currently not well balanced either between agencies or between outcome themes in terms of the coverage of the various indicators. In some themed areas there are a disproportionately large number of indicators while in others there are too few to accurately reflect performance. The NIs would benefit from the replacement of some of the current process-based measures with measures which genuinely focus on the achievement of outcomes and from the addition of indicators to provide a more comprehensive view of the performance of the public sector as a whole.

Note that Leicestershire's initial proposals in relation to the NIs would not, in themselves, reduce the burden of inspection on LAs. Indeed, in isolation, they would result in a net increase in the NIs. But our broader point is that these proposals would so improve the NIs as to enable the Government to see them as the single,

comprehensive indicator set for areas for performance management purposes which would support a Total Place approach. This would enable the other existing performance frameworks, such as Vital Signs, APACS, PAF and OFSTED indicators to be dispensed with making the system simpler and more efficient and promoting effective joint working across agencies in localities.

Total Capital

Leicester & Leicestershire are also pilots for Total Capital. Proposals for simplifying funding streams and ensuring coherent decisions are made within the sub region have been submitted alongside this Total Place report.

8. Implementing Total Place

8.1 Conclusions and Scalability from the Total Place Approach

The Total place approach has generated a drive and momentum in a subject area that has traditionally either not been fully explained and / or viewed as impossible due to differing performance management frameworks, cultures and other factors. However it has also brought new people and organisations to the table such as representatives from Whitehall Departments, the Business community, Citizens Advice, Voluntary Action LeicesterShire and the DWP and with it, fresh ideas. It has also resulted in subjects being looked at very differently, with an entire focus on customer need allowing difficult conversations about boundaries and organisational responsibilities in a safe environment. The result is the development of concepts that traditionally would have been 'off-limits' or in the 'too hard category'. It is important that this drive, momentum and collaboration is sustained during the implementation phases if the potential benefits outlined are to be fully realised.

The approach has also highlighted a number of effective partnership initiatives that are already being delivered or are in development. Total Place is able to accelerate their delivery, to extend their scope or at the least to help understand better the context in which they are delivered. For example

- linking the new place leadership programme commissioned to focus around Total Place D&A theme for several modules
- the addition of alcohol specific questions in the business survey
- the public satisfaction survey and the drug treatment redesign surveys
- city plans to improve alcohol treatment services
- systems change pilot extended to be place not solely city
- the review of the Connect service shop approach has been accelerated and conclusions drawn more quickly
- accelerating the delivery of a partnership outreach programme supporting the over 60s, *First Contact*;
- reshaping the County Council's internal customer service transformation programme, *Customer First* to one that now considers the role of partners in providing access to services.

Total Place also challenges the traditional organisational silo thinking and forces, positively, all transformational change to adopt whole systems thinking, with a primary focus on customer need not organisational delivery.

In order for Total Place to be sustainable and successful in terms of achievement of benefits outlined in this report and improved outcomes at a lower cost, there are some critical dependencies. These include:-

- robust but flexible governance across all organisations being in place
- development of a Total Place framework including analysis, development, implementation, delivery and evaluation model for the current total place themes and the supporting of new themes added in the future.

Sustainability also relies on addressing the issue of cultural differences between and within organisations. For example, consistent high standards of customer service are achieved when all those in an organisational demonstrate commitment to the customer, not just 'front-facing' colleagues. It is therefore critical that a positive attitude towards the customer and towards working in partnership are reflected in consistent organisational values and reinforced through consistent recruitment, training and performance management.

Equally critical a sustained Total Place model relies on the understanding and commitment of Government Departments. It is evident from the definition of the national barriers contained in this report, that a local commitment to a radical new approach is not deliverable if such a change isn't mirrored in Whitehall.

Finally, despite a planned, incremental delivery and evidence base, all the solutions will require a 'leap of faith' that requires all key stakeholders, government, local partners and consumers to accept the risks. This applies during implementation and operation. Therefore it is necessary that the stakeholders demonstrate a solidarity and flexibility to meet the challenges that the new model will inevitably create. The Total Place approach recognises this.

8.1 Summary of Total Place Key Risks

The following table sets out the high level risks identified during the development of the recommendations in both themes. More detailed risk profiles will be developed as part of the development of detailed business cases for each recommendation.

Risk	Impact	Rating	Mitigation
Identified national barriers are not addressed	This will prevent certain recommendations from being delivered/delayed and/or reduce the outcome.	B2	Clearly specify the national barriers, their impact and timescale for lifting. Continue dialogue with Government depts during implementation.
Investment required to deliver the recommendations can not be found	This will prevent certain recommendations from being delivered/delayed or reduce the outcome.	B2	Limit investment required and look to share cost across the partnership. Seek external funding where possible.
Resistance to change within organisations	Delay to implementation and the emergence of contrary solutions	B2	Clear communication within organisations in advance of and during implementation.
Full savings predictions can not be realised	Additional saving project will be required	B3	Apply close scrutiny to cost models and apply 'optimism bias' where appropriate. Ensure baseline cost model is accurate.
Costs of implementation exceed initial predictions	Integrity of the business case will be challenged and cost / benefits changes.	B3	Apply close scrutiny to cost models and apply 'optimism bias' where appropriate. Include contingency in all cost models.
Key Partners withdraw support for solutions or not active in implementation	This will prevent certain recommendations from being delivered/ delayed and/or reduce the outcome.	A2	Convert 'in-principle' support to 'in-practise' support through continued dialogue and the presentation of evidence of outcomes and savings.
Stakeholder/ public support for recommendations is lost	Reconsideration of recommendations	B3	Continuous consultation and engagement during design, implementation and operation.
Effective governance not established and visible	Poor and or slow decision making impacting on solution delivery	B4	Design governance structure for various levels beneath the PSB
Lack of clarity of the Pilots critical success factors	solution/savings not meeting the expectations of Government, Sponsors or Exec Board	B3	Define the success criteria for Total Place Consult Government with support of advisor & JS on expectations & outcomes sought
National Support for proposals not forthcoming.	Limiting the ability to achieve Pilot objectives and outcomes	A2	<ul style="list-style-type: none"> • Emphasise benefits of any national proposals/changes • Build evidence base for proposals • Develop relationships with policy makers at Whitehall

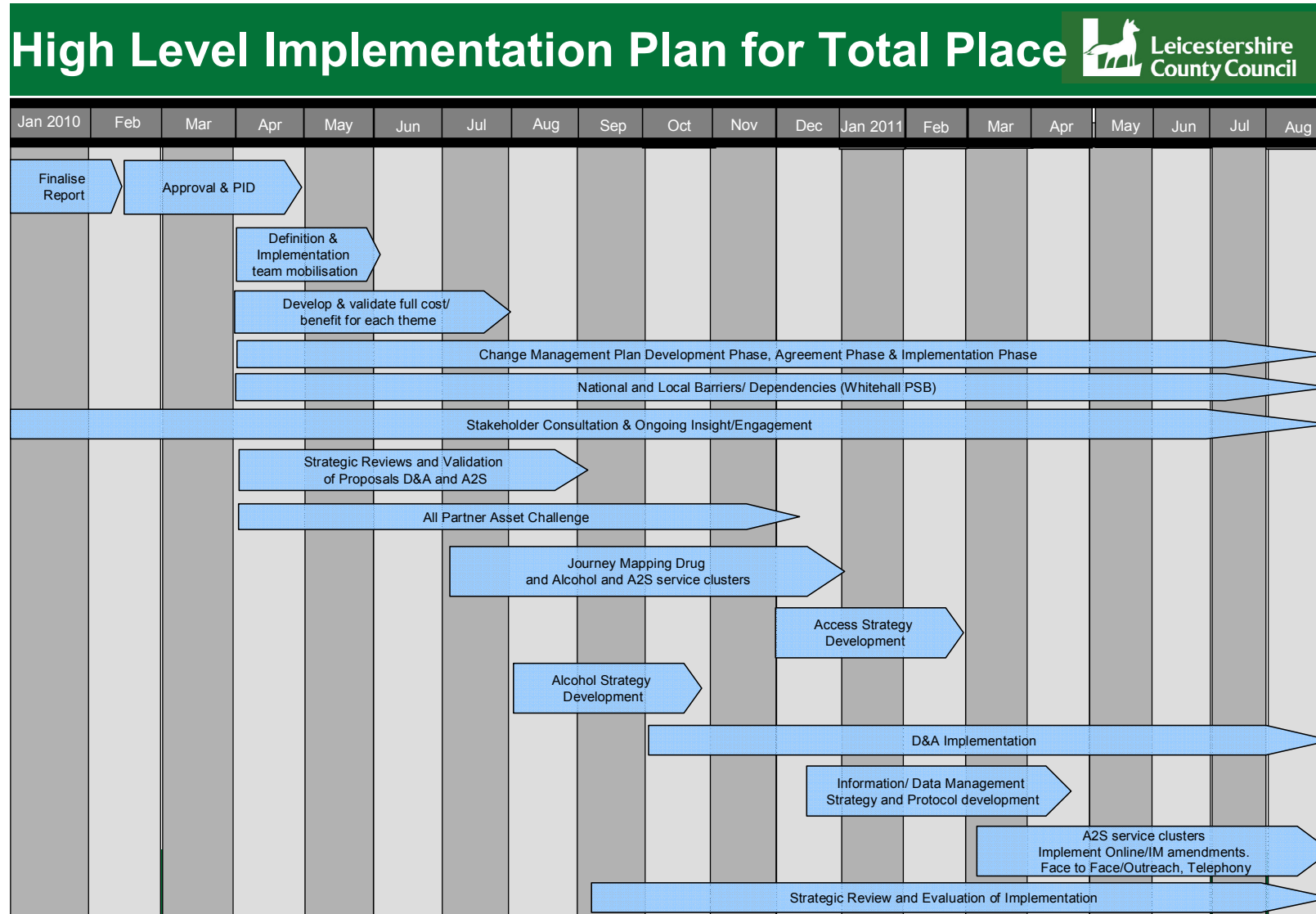
8.2 Summary of Total Place Assumptions

It is important to note that the short timescales of this Total Place Pilot has not enabled full evaluation of existing process within individual organisations or of all the proposal outlined here it has also not been possible to comprehensively consult with all stakeholders on all proposals. This should be considered when viewing proposals.

The following list sets out the assumptions recorded during the definition of recommendations for both themes in the Pilot.

No.	Assumption
1	The national and local barriers identified in the report are addressed and overcome
2	The national and local 'asks' and case for change is agreed and implemented
3	Proposals savings and benefits outlined in Pilot are achievable and within timescales
4	Active governance in Place with strong leadership top down
5	Necessary partnership resources for implementation agreed and available
6	Effective partner and Place protocol is in Place for decision making that is timely and owned by all partners
7	Champion for each theme appointed at exec and organisations level to lead implementation/ change and resolve conflict locally.
8	Government champion for each theme appointed to lead change at Whitehall and continue to design for agreed initiatives
9	Partner's commitment to the recommendations is retained throughout implementation and in operation.
10	Commitment to this approach is retained if there is a change in government in Spring 2010
11	Local cross-party political support is retained
12	The dependencies to and from other strategic and organisational change programmes are adequately managed by the partnership wide change programme
13	A multi-agency implementation team can be established without the need for backfill costs

8.3 High Level Implementation Plan for Total Place



8.4 Summary of National Barriers to the Place

The following table summarises the key barriers identified during the development of the solutions in both the Drugs and Alcohol and Access to Services themes. The following table summaries at a high level those areas where national barriers have been identified. As stated in relevant chapters the significance of these issues and their impact on the delivery of the proposals is compelling. More detailed requirements including recommended actions are included in the specific theme sections and in the appendices.

Barrier	Issue
Performance Management	Inconsistency of performance regimes, the focus of targets as outputs not outcomes and the burden of inspection directly impacts on service delivery
Legislation	Current legislation prevents effective local action and data sharing
Budgetary	The restrictions to flexible application of funding will restrict the delivery of an holistic solution for the Place
Cultural	Reliance on government promoting national social marketing and data sharing between all organisations

8.5 Requirement for an EIA

It is recognised that there is a fundamental need to complete detailed Equality Impact Assessments in both themes and that this introduces substantial challenge to all the recommendations set out in this report. Had further time been available, detailed EIAs would have been included in this report.

9. Appendix:

9.1 APPENDIX A: Acknowledgements

The Total Place Programme Team

- Mags Walsh - Programme Manager and Project Lead for Drugs and Alcohol
- Simon Lawrence - Project Lead for Access to Services
- Harry Mistry - Research Manager
- Kelly-Anne Moran - Project Support Officer
- Steve Nicklen - Consultancy Advisor

Would like to acknowledge the following organisations, partners and individuals for their invaluable contributions and specialist knowledge throughout the various stages of this report and programme:

Organisations:

• Leicestershire County Council	• Leicestershire County PCT
• Leicester City Council	• UHL NHS Trust
• Leicestershire District and Borough Councils	• Leicester Leicestershire and Rutland Partnership PCT
• Leicestershire Constabulary	• Connexions
• Leicestershire Fire and Rescue Service	• Leicester Partnership Trust
• Job Centre Plus	• Leicester Learning Partnership
• Voluntary Action Leicester	• Strategic Citizens Advice Bureaux
• Government Office East Midlands	• Chamber of Commerce
• Leicester Probation Service	• Department of Work and Pensions
• Leicester City PCT	• Leicester Licensing Committees
• Other Drug and Alcohol Total Place Pilots (Birmingham, Gateshead, Sunderland and South Tyneside)	• Other Access to Services Total Place Pilots (Central Bedfordshire, Luton and Kent)
• Leicester Strategic Partnership	• Leicestershire Together

Drugs and Alcohol Project Team:

• Alan Gordon-Smith	• Ann Habens	• Bernadette Wharton	• Debra Cunningham
• Graham Coe	• Helen Seth	• John Turner	• Joanne Atkinson
• Ian Coulton	• Kate Galoppi	• Marina Duckmanton	• Mark Aspey
• Mark Hall	• Mark Thomas	• Martyn Ball	• Michelle Skinner
• Phil Hawkins	• Paul Percival	• Toby Day	• Toni Soni
• Trevor Worsfold			

Access to Services Project Team

• Steve Atkinson	• C/Supt Chris Rollings	• Glenn Brown	• Michelle Skinner
• Roderick O'Connor	• Cheryl Davenport	• Lynn Aisbett	

Count Project

• Chris Tambini	• Richard George	• Pratih Parmar	
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And a final thank you for the contributions from:

Deloitte Consultancy, Leadership In Partnership Programme, The Public Services Board, Professor John Bennington, Sue Holden, Alyson Taylor, Leicester Research Partnership, Sue Cavill

9.2 APPENDIX B: House of Commons 'cost' of alcohol to society breakdown

Extract from page 34 of the House of Commons Health Committee
Alcohol - Volume 1

Published on 8th January 2010 by authority of the House of Commons, London Stationary Office Limited

Estimated annual costs of alcohol-related harm in England

The National Social Marketing Centre estimated that the total annual societal cost of alcohol misuse in England to be £55.1 billion including:

- £21 billion cost to individuals and families/households (eg loss of income, informal care costs)
- £2.8 billion cost to public health services/care services
- £2.1 billion cost to other public services (eg criminal justice system costs, education and social services costs)
- £7.3 billion cost to employers (eg absenteeism)
- £21.9 billion in human costs (DALYs).

The 2004 PMSU report estimated the overall annual cost of alcohol-related harm in England to be £20 billion including:

- Up to £1.7 billion for the healthcare service
- Up to £7.3 billion from alcohol-related crime and public disorder (£3.5 billion to services as a consequence of alcohol-related crime, £1.7–2.1 billion to services in anticipation of alcohol-related crime, £1.8 billion to the criminal justice system, £0.5 billion from drink-driving)
- Up to £6.4 billion from loss of productivity and profitability in the workplace (£1.2–1.8 from alcohol-related absenteeism, £2.3–2.5 billion from alcohol-related deaths, £1.7–2.1 billion from lost working days).

9.3 APPENDIX C: Table of all D&A insight

Type	Number of Respondents and how conducted
Leicestershire DAAT Survey & Leicestershire Business Survey	Telephone survey 998 businesses contacted across the place
Leicestershire DAAT Community Consultations	Online survey – 35 usable responses
Leicester City DAAT Service Users Christmas Event	32 alcohol and drugs users (both ex and currently in treatment) Self completion paper questionnaire
Leicester City DAAT – Community Consultations on Alcohol Treatment Services	60 online and paper based survey
Leicestershire Youth Councils	50 young people during events held in Melton, North West Leicestershire, Hinckley & Bosworth and County wide (CYCLE)
Focus Groups	Over 50 individuals in focus groups in Melton and North West Leicestershire
Hard to Reach Communities in Leicestershire	30 separate interviews with residents in the Priority Neighbourhood Areas of Leicestershire

9.3.1 APPENDIX C: Summary Report on Place approach to social marketing

Total Place, alcohol and social marketing – a suggested framework in Leicester and Leicestershire

1. Introduction

- 1.1 The Total Place Board invited NHS Leicestershire County and Rutland to lead a steering group 'to pilot a "place" social marketing campaign concept, focussing on alcohol messages'. This report describes the approach that was taken, the resulting recommendations, the lessons learned, and the suggested next steps.

2. Approach

- 2.1.1 It was agreed that a steering group would be formed from representatives of the various agencies participating in the Total Place project. Board members nominated people from their organisations for the group. The short timescales meant that there was not time for more than two meetings, and these were held by conference call. The short timescale also meant that not all agencies could field a representative for the meetings, but they were kept informed through notes and phone calls.
- 2.2 The steering group carried out a review of activity already taking place. The following were noted:
 - 2.2.1 A project nominated as an official Total Place pilot, looking at promoting 'normative behaviour' with regard to drinking in young people. This was originally put together by the Leicester City Drugs and Alcohol Team (DAAT), which includes all the key local agencies, but as part of Total Place it has been extended to the county Drugs and Alcohol Team as well. (Further detail about this is available in the rest of the Total Place alcohol submission Doc XXXX)
 - 2.2.2 A social marketing project planned by NHS Leicester City public health and communications teams, targeting local groups with problem levels of drinking, and particularly those likely to be admitted to hospital
 - 2.2.3 Work being carried out in North West Leicestershire where young people will be targeted with alcohol messages as part of wider community safety messages at North West Leicestershire Youth Council's 'Safe' event, on 17 February 2010. This will be based at Stephenson College at 1-4pm.
 - 2.2.4 The county council has a bluetooth kit which community safety partnerships use to send out safe-drinking messages
 - 2.2.5 The police and NWL Partnership in Safer Communities have a facebook site which they used at last year's festival and will be developed further for this year's festival
 - 2.2.6 In North West Leicestershire the police have led test purchasing and proxy purchasing programmes
 - 2.2.7 As part of the work already being done, a great deal of information about alcohol and drug use is available which should be shared by all agencies when developing approaches to alcohol misuse
 - 2.2.8 In addition to work on alcohol, the Leicestershire Teenage Pregnancy Partnership has commissioned some insight work for a possible social marketing project, supported regionally
- 2.3.1 Following the review, the steering group discussed how this information could inform the development of a framework for social marketing in a Total Place context. They agreed that the framework should take into consideration the groups that already exist around key areas such as alcohol and drugs, and should use these as bases for any campaigns. They also agreed that the framework should avoid bureaucracy as much as possible and take into account organisations' needs to be seen to be doing things as individual organisations (for audit etc) as well as partners. They noted that there is regional support for health related social marketing from the NHS Strategic Health Authority.

3. Immediate actions around the Total Place alcohol project

- 3.1 Monitor how well the pilot social marketing project works, and use the lessons learned to inform any future campaigns
- 3.2 Agencies to consider the social marketing being done by NHS Leicester City on alcohol and whether this could be rolled out more widely
- 3.3 Agencies to share on an ongoing basis any opportunities for extending the social marketing projects by 'piggy backing' on events, publicity etc.

4. The Overall Suggested Framework

Taking into consideration how the initial work on alcohol has gone, the suggested development of a framework for Total Place social marketing in Leicester and Leicestershire is as follows:

- 4.1 Set up a system by which the Total Place agencies can regularly share information about social marketing proposals in any area (not just alcohol). It is suggested that this takes the form of a regular conference call with nominated representatives of each agency. These can be selected on the basis of overall social marketing expertise, or specialisms in a particular area which might be a priority for the community eg obesity
- 4.2 Include in the system regular monitoring of future campaigns by government departments, so that local campaigns can build on national messages wherever possible
- 4.2 Aligned to this system, set up a web area (which could be hosted by any of the agencies) where social marketing information, minutes of meetings, and any proposals and information about forthcoming national campaigns can be shared
- 4.3 Agree with the leaders of the Total Place initiative an alert mechanism whereby the social marketing group will be informed of priorities so they can focus on them (eg the alcohol priority)
- 4.4 Put together a directory of interagency groups that already exist around key potential social marketing areas (eg alcohol, drugs, obesity, road safety etc etc)
- 4.5 Agree a mechanism whereby once a social marketing initiative is underway, all agencies will help with appropriate publicity eg via websites, memberships, joint media releases etc
- 4.6 Agree that if one agency or group is piloting an initiative, other agencies will acknowledge their leadership in taking forward any extension of the initiative (eg if a city project is extended into the county). This will have the twofold advantage of ensuring that there is always clarity about who leads a project, and ensuring that individual organisations from time to time have the acknowledgement of their leadership, as well as all benefiting from working in partnership.
- 4.7 Agree that where possible all agencies will contribute towards projects in which they are actively involved, but also acknowledge that not all agencies will be able to contribute to every project, and that different agencies will have different resources at different times
- 4.8 Agree a mechanism whereby if one agency is given a relatively small sum of money as part of a larger grant around an area of concern (eg alcohol, obesity etc) they inform the other agencies and work together to combine these small amounts into a larger sum which can be used to commission a more substantial piece of work, instead of many fragmented pieces of work

5. Next steps

It is acknowledged that because of short timescales we are only at the very beginning of this work. However, we have already seen how productive such joint working can be in the development of the pilot project, and in the sharing of other information which agencies will be able to factor into their planning on alcohol social marketing. Next steps are therefore as follows:

- 5.1 All agencies to agree to the suggested framework. Agreement should be reached as soon as possible, and preferably before this report is submitted
- 5.2 Initial lead agency to be appointed to take forward setting up the framework (it is suggested that NHS Leicestershire County and Rutland should extend their original lead role for a time limited period). A timeframe should be set for this – the suggestion is that the framework should be in place by the end of June 2010
- 5.3 All agencies in Total Place to agree that in principle they will try to support agreed joint social marketing projects, including financial support. The proposed way of working will inevitably mean savings because agencies will be able to pool their extensive communications networks, their research, and their budgets, to make a real impact. Agreement should be reached as soon as possible, and preferably before this report is submitted

6. Lessons learned from this piece of work

The lessons learned from this piece of work were:

- 6.1 Good dedicated administrative support is vital – important time was lost at the beginning of the project because the project lead did not have the names of nominated people for the group
- 6.2 Meetings do not need to be face to face. The group found conference calls very productive and they are clearly a better way of working in terms of saving time and money by not needing to travel
- 6.3 Good communications are key to success – communicating what different groups are doing immediately opened up potential opportunities for those involved
- 6.4 Research is often already available and should be shared – the specific projects that are already underway have access to important research which all agencies could use going forward
- 6.5 Any solution with regard to joint social marketing should be as light on bureaucracy as possible – hence the suggestion of the hub where information can be shared and agencies can come together in a variety of ways around different projects, depending on their relative importance
- 6.6 It is important to have a named leader. Partnership working where everyone is equal still needs one person to pull together specific pieces of activity. It need not always be the same person or agency, but there needs to be strong leadership, with clarity about who is leading. The solution with regard to social marketing will be that there is an overall leader for the ‘social marketing hub’ and that individual projects will have leaders who are obvious either because they have initiated the project, or because the group agrees to them leading
- 6.7 There are already a number of good interagency groups working together effectively eg the Leicester City DAAT, various Local Area Agreement groups etc, and these should be acknowledged and their work built upon

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9.4 APPENDIX D: Summary of proposals and costs

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9.5 APPENDIX E: Cost model for additional alcohol liaison workers

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9.6 APPENDIX F: DAM Barriers Summary

Barrier	Impact of Barrier	Recommended Solution/ Action	Impact of Solution/ Action
A) Performance			
<ul style="list-style-type: none"> Different performance management frameworks set by Governmental Departments. (Frameworks focussed more on quantity and through-put and not always on outcomes.) 	<ul style="list-style-type: none"> Different PI's and objectives stimulate organisations to address drugs and alcohol in different ways which hinders joined up working. PI's are predominantly process led and targets are related to the funding levels which do not focus on outcomes/ effectiveness. PI's create an unnecessary competitive behaviour between organisations 	<ul style="list-style-type: none"> Implement a common performance management framework centred around Drugs and Alcohol that encompasses all organisations involved. Reduce focus upon treatment of alcohol and provide greater emphasis on preventative and intervention. Review and amendment of PIs and their definitions aligned to the current socio-economic impacts of Drugs and Alcohol. 	<ul style="list-style-type: none"> Common drivers, objectives and purpose to address Drugs and Alcohol collectively Organisations collectively are held to account over their impact upon Drugs and Alcohol Redefined PIs will support decision-making effectively. Alignment of performance drivers across service providers increasing the overall effectiveness of the service.
<ul style="list-style-type: none"> ED 4 hour target for specific patients who are heavily inebriated where it is difficult to ascertain injury and treat appropriately 	<ul style="list-style-type: none"> Patients admitted to A&E due to alcohol harm cannot often be treated within the allocated time frame as they need to 'sober up' before we can treat them and gain understanding of their injury. 	<ul style="list-style-type: none"> An outcome based measure of performance not a process measure for this type of admission. 	<ul style="list-style-type: none"> Allows A&Es to provide quality care for these patients without being penalised.
B) Legislation			
<ul style="list-style-type: none"> Enforcement powers, roles and responsibly defined at a national level do not provide sufficient flexibility at a local level (Relating particularly to the prosecution of large national alcohol vendors e.g. supermarket chains) 	<ul style="list-style-type: none"> Situations currently exist where trading standards are unable to enforce the law as they do not have the appropriate statutory power and influence therefore the police are required to enforce the law in situations where trading standards could effectively provide enforcement. Multiple licensing frameworks with differing roles and responsibilities can create inconsistencies in enforcement and unnecessary bureaucracy. 	<ul style="list-style-type: none"> Standardise terms/conditions and as appropriate blanket conditions across targeted geographic areas. Introduce a Place panel approach to licensing. Ensure that 3 year licensing plans are consistent and joined up between partner agencies 	<ul style="list-style-type: none"> More effective enforcement of legal frameworks and improved flexibility to introduce and enforce specific local initiatives.
<ul style="list-style-type: none"> The law allows offenders to receive a fixed penalty notice but does not link this directly 	<ul style="list-style-type: none"> Individuals who do require an enforced approach to treating their alcohol misuse will generally continue 	<ul style="list-style-type: none"> The commissioning of short alcohol education brief interventions for binge drinkers who currently receive fixed penalty 	<ul style="list-style-type: none"> Increased preventative and intervention activities within the local area.

Barrier	Impact of Barrier	Recommended Solution/ Action	Impact of Solution/ Action
<i>to any interventions.</i>	their pattern of behaviour. More resources have been focussed upon Drugs than Alcohol which reduces the ability for services to deliver alcohol prevention and intervention in measures to the same extent as for Drugs.	notices as part of an extended conditional cautioning scheme. Where offenders would be required to attend these courses and pay for their attendance and on completion would receive a caution rather than being prosecuted	<ul style="list-style-type: none"> Continuous and close management between Drugs and Alcohol misuse.
<ul style="list-style-type: none"> Information sharing between organisations restricted. Require local data sharing protocol agreed and established 	<ul style="list-style-type: none"> Cannot make links to history or to refer to other activities they have engaged with 	<ul style="list-style-type: none"> Provide a mechanism in which data can be shared across public services such as a customer record. 	<ul style="list-style-type: none"> Will work more effectively with partner organisations Reduce duplication in multi-agency approach.
C) Budgetary			
<ul style="list-style-type: none"> The pooled- treatment budget which is ring fenced by the Department of Health is solely for drug treatment, not alcohol. 	<ul style="list-style-type: none"> There are no such arrangements for alcohol, with the budget for alcohol provision being locally driven. Nationally there are different levels of investment in alcohol treatment. 	<ul style="list-style-type: none"> Widen the ring fence from the Adult Pooled Treatment Budget and DIP budgets so that they can be used for drug and alcohol treatment. Shorten the delivery chain in relation to funding. Creation of a pooled alcohol budget which is in line with the PTB for drugs. 	<ul style="list-style-type: none"> Removing ring-fencing and increasing the focus upon Alcohol may (unless monitored closely) impact the effectiveness of drug related services.
<ul style="list-style-type: none"> Funding for Drug and Alcohol misuse is managed separately at National level 	<ul style="list-style-type: none"> It forces different and divergent planning cycles, more importance and priority is given to Drugs than Alcohol related services. This also makes it difficult to joint up and maximise funding and activities across Drugs and Alcohol. 	<ul style="list-style-type: none"> Simplify funding arrangements from many to few funding streams Create greater visibility and accessibility of funding streams available. Allow greater flexibility in the use/application of funding streams at a local level. 	<ul style="list-style-type: none"> Allows easier planning and encourages joint up working Encourages local willingness to work together and actually bring resources to the table to enable joint working
<ul style="list-style-type: none"> Receiving different amounts of money at different times of the year from different areas which are all coming from Government 	<ul style="list-style-type: none"> Leads to short term planning and not being able to keep tabs on real income stream. Money is lost when passes between different links in the chain. 	<ul style="list-style-type: none"> Shorten the delivery chain in relation to funding 	<ul style="list-style-type: none"> To ensure we quickly receive the allocated money that Government intended for us To ensure that the timescales of world class commissioning (PCT), and strategic commissioning (LA) to be concurrent.
D) Cultural			
<ul style="list-style-type: none"> Cultural perceptions/norms 	<ul style="list-style-type: none"> Accepted norms are not being challenged, and are perpetuating the current challenges. Mixed messages 	<ul style="list-style-type: none"> Decrease prevalence of direct and indirect advertising of alcohol, especially in setting where young people go (National) 	<ul style="list-style-type: none"> This will reduce the prevalence of alcohol in people's lives and

Barrier	Impact of Barrier	Recommended Solution/ Action	Impact of Solution/ Action
	can create inconsistent approaches to service delivery.	<ul style="list-style-type: none"> • Create a national social marketing campaign using 'normative approach' • Review and modify the pricing structure for alcohol sales (both at point of manufacture and sale to the consumer.) • Further educational provision is required to address the prevention agenda to reduce the number of young people entering the system. • Revised taxation regime with additional revenues reinvested in treatment and prevention services. 	

Barriers	Local/ National
Funding sources. Certain organisations are funded on the basis of the number of people they serve. A centralised solution would therefore impact on the level of funding they receive. i.e drug treatment funding is based upon numbers in treatment.	National
Current KPIs force organisations to think and operate as individual bodies. Therefore the move towards a more collaborative, Total Place approach may damage organisations abilities to meet these. i.e drive to meet these could impact organisations willingness or ability to wholly commit to a Total Place ethos approach.	National
Unique ID. Absence of a single ID introduces difficulties in data sharing and restrictions to online opportunities. Extension to campaign <i>Tell us once</i> .	National
Cultural resistance to change will make the delivery of the recommendations difficult. Sustainable change will require national incentives and drivers and locally strong leadership and performance management.	Local
Willingness of partners to accept inconsistent savings across partners and for some potentially increase in costs.	Local
Ability to dispose of assets quickly and achieve optimal value	Local

Alignment of local solutions with national initiatives/approaches could inhibit the definition and delivery of a local solution. Misalignment of organisation's performance framework and reporting regime. i.e health commissioning vs. D&A commissioning cycles.	Local
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