

Leicester  
City Council

**WARDS AFFECTED**  
All Wards

## **FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:**

**Overview & Scrutiny Management Board  
Cabinet**

**24<sup>th</sup> Sept ember 2009  
5<sup>th</sup> October 2009**

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### **Total Place Report**

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#### **Report of the Strategic Director, Adults and Communities**

#### **1. Purpose of Report**

- 1.1 To inform SMB, Leicester Partnership Executive, and Elected members about the Total Place Programme, and the projects of service redesign, and systems change.

#### **2. Summary**

- 2.1 Leicester and Leicestershire together are on of the 13 pilots chosen to be part of the Total Place Programme. This is a nationally funded and supported, locally designed and implemented, programme, aimed at improving service outcomes and achieving efficiencies, through innovative partnership working across organizational boundaries. The theme for Leicester has been agreed as drugs and alcohol. Total Place can provide the umbrella for a number of major projects already underway for drugs and alcohol, these being service redesign and systems change.

#### **3. Recommendations (or OPTIONS)**

- 3.1 1. Members are asked to note the developments for Total Place.  
2. Members are asked to note the stakeholder engagement exercise.

#### **4. Report**

- 4.1 Leicester and Leicestershire were one of 13 project areas identified in the Budget for the Total Place programme. Initial information is attached at Appendix 1. The project should:
- examine opportunities for cross-organisational solutions to service improvements and efficiency savings;
  - involve counting/mapping all public expenditure flowing through the place;
  - enable understanding the relationship between centrally/locally directed resources and the impact on outcomes,

- enable the way joint working helps or hinders achieving improved outcomes to be examined,
- focus on a theme of particular local importance,
- report interim findings by October 2009, and
- report final findings & recommendations by 19<sup>th</sup> February 2010

4.2 The Programme sponsors are the Chief Executives of Leicester City and County councils, Police and PCTS. Two options for the focus of the Programme were discussed;

- A wide and shallow approach which would allow the range of existing and planned improvement initiatives to be assessed for best value. overlap and gaps and a prioritised partnership improvement programme agreed;
- A narrow to deep approach which would examine a specific outcome in detail, identify improvements and seek to learn wider lessons.

4.3 It was agreed to take the latter approach using drugs and alcohol outcomes as this was felt to be a gap in the current programme of improvement measures. The counting of total expenditure part of the project would look at the overall position with improvement initiatives to some extent.

4.4 It was agreed by the Executive Programme Board on 10th August that the scope of the pilot would be extended to include an 'Access to Services'. The scope of this project is yet to be agreed.

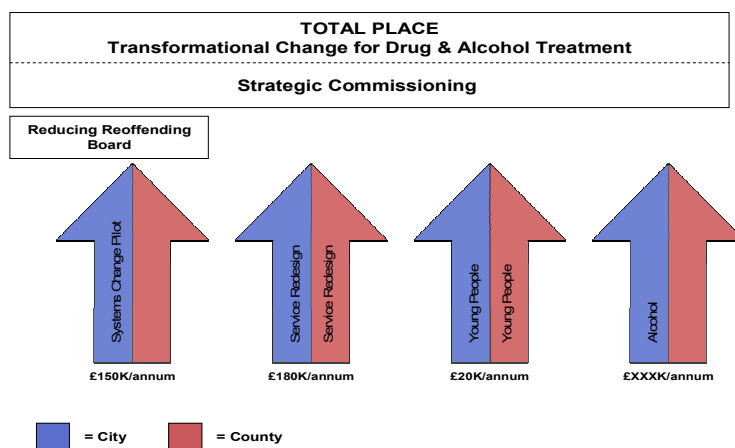
4.5 The following governance arrangements have been established and approved;

- A 'public service board' comprising City and County Councils, both Primary Care Trusts (PCT's), University Hospitals Leicester (UHL), Leicestershire Partnerships Trust (LPT) and Leicestershire Police will oversee the programme
- An Executive Programme Board comprising senior officers from the above organizations
- The 'counting' element will be overseen by the Joint Finance Officers Group working with Deloitte (under their framework contract with the Councils)
- The project team for the 'drugs and alcohol misuse' element includes representatives from all partner organizations
- A project team for 'Access to Services' is being assembled
- Mags Walsh, Leicestershire County Council, has been appointed as overall Programme manager
- Steve Nicklen is the consultant advisor who is providing programme assurance, guidance from the Leadership Centre and sharing learning from the other Total Place pilots.

4.6 Mags Walsh is currently finalising a Programme Plan to be approved at the Executive Programme Board on 24<sup>th</sup> August. To provide a source of innovation for the work, it has been agreed to provide support to the Total Place Programme from the participants in the recently-launched Leadership In Partnership Programme (LIPP), These are a group of officers, selected from across all the local public sector organisations operating in Leicester and Leicestershire, whose leadership skills are being developed by Professor John Benington and his colleagues at the Warwick Business School'.

## 5.0 Existing Commitments

5.1 There are a number of initiatives already underway within the drugs and alcohol field, managed by the Drug and Alcohol Action Team, within the safer and stronger division. Total place provides the opportunity for senior ownership of these initiatives, and a platform for lessons learnt to be widely disseminated. Total place can further strengthen the initiatives by introducing additional flexibilities, and adding innovation. The diagram below demonstrates how the projects being managed by the drug and alcohol action team contribute to the Total Place initiative, resulting in transformational change for drug and alcohol treatment.



## 5.2 Service Redesign

5.3 Service redesign is an 18 month project which is redesigning the current drug treatment system that is commissioned in the City. The overall aim of the project is to develop a treatment system that will be best placed to deliver better outcomes for users, contribute to reductions in associated crime and anti-social behaviour, and provide value for money.

5.4 The key drivers for this project are 'Our health, our care, our say', 'Putting people first', and the Darzi review of the NHS. This is further underpinned by constraint in resources, with a significant reduction in the pooled treatment budget (DoH) for Leicester creating the added impetus to achieve value for money.

5.5 The current drug treatment system in Leicester is supported by a total budget in the region of £5.5 million. Numbers in treatment have increased on a yearly basis since 2005/06 and waiting times have been reduced. However there remain difficulties with the current system which the service redesign project will address. These include:

- Insufficient service capacity to deliver future demand
- Underdeveloped engagement of GPs and lack of primary care drug treatment provision
- Fragmentation and lack of integration/consistency in the current model
- Over reliance on opiate based specialist services
- Lack of accessibility and availability of services
- Under representation of diverse communities within treatment services

- Under representation of women in services
- Under representation of crack cocaine and other stimulant users
- Absence of a focus on through care and aftercare outcomes i.e. housing, employment etc.
- No robust mechanism to ensure that service users, parents and carers are involved in the design of the current system.

- 5.6 Service redesign will also focus on the needs of young people, in terms of prevention and the design of services for young people with alcohol and drug related problems. There are existing projects that target 'at risk young people' in order to identify emerging drug and alcohol needs and reduce risks and vulnerabilities. Some groups of young people, for instance those already in contact with the Youth Offending Service, are well covered in this respect.
- 5.7 The challenge is to ensure that prevention is sufficiently well-targeted and available 'up-stream' for all 'at risk young people', whilst ensuring that good drug and alcohol education (which is outside the scope of service redesign) is available to all. There will be a need to consider redirecting resources from 'individual' based targeted prevention to a 'family' based approach, through for example the extension of parenting programmes.
- 5.8 Specialist Young People's treatment services will also need redesigning in the light of the changing trends in drug and alcohol use, where Cannabis and Alcohol rather than Class A drugs prevail. Targets in relation to waiting times and discharges are currently being met, but concerns remain about low referral rates.
- 5.9 Through market mapping, and a wide consultation exercise a new model of service delivery for adults and young people will be worked up. This will be signed off by the Safer Leicester Partnership and translated into service specifications for tendering purposes, in line with EU and corporate procurement regulations. New services will be in place by 01<sup>st</sup> January 2011.
- 5.10 An intensive stakeholder engagement exercise is planned September – October 2009. This inclusive process will ensure that all views are considered in the development of the model for drug and alcohol treatment.

## 6.0 Systems Change Pilot (SCP)

- 6.1 In addition to service redesign the DAAT is managing a National pilot, 'systems change'. As 1 of only 7 partnerships nationally to have successfully bid for pilot status, Leicester is in a position to develop new and innovative approaches to drug treatment within criminal justice.
- 6.2 This 2 year project for Leicester is focusing on the criminal justice system, with the vision being ***to create a fully integrated end to end drug treatment system that encompasses 4 key domains:***
1. dependent drug use
  2. criminal behaviour
  3. risk behaviour

4. health and social functioning

6.3 The overall aim of the project is to improve outcomes for substance misusing offenders, and the community by:

1. improving the quality and effectiveness of prison drug treatment
2. reducing the attrition at entry and exit of treatment
3. improve access to through care (housing, education, employment)
4. Specifically improving the outcomes for non statutory offenders.

6.4 The pilot status gives the partnership more freedom and flexibility to explore innovative approaches to problem drug use. This includes the introduction of appropriate funding flexibilities, and the option to align / pool budgets to support the commissioning of an integrated system of care for offenders. Whilst the project is focusing on the criminal justice system, it is critical that a 2 tier system is not developed, and therefore the project plan will ensure that the social inclusion / reintegration agenda will be integrated with the wider treatment system.

## **7. FINANCIAL, LEGAL AND OTHER IMPLICATIONS**

### **7.1. Financial Implications**

There are no direct financial implications arising from this report. Any new initiatives should be funded within existing funding streams, (Rod Pearson, Head of Finance, Adults and Housing).

### **7.2 Legal Implications**

At this stage there are no additional legal implications, (Peter Nicholls, Director of Legal Services).

### **8. Other Implications**

OTHER IMPLICATIONS	YES/NO	Paragraph Within Supporting information	References
Equal Opportunities	<b>Yes</b>	<b>Throughout</b>	
Policy	<b>No</b>		
Sustainable and Environmental	<b>No</b>		
Crime and Disorder	<b>Yes</b>	<b>Throughout</b>	
Human Rights Act	<b>No</b>		
Elderly/People on Low Income	<b>No</b>		

## **9. Background Papers – Local Government Act 1972**

Information sheet –Total place (appendix1)

## **10. Consultations**

**11. Report Author**

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<b>Key Decision</b>	Yes
<b>Reason</b>	Is significant in terms of its effect on communities living or working in an area comprising more than one ward
<b>Appeared in Forward Plan</b>	Yes
<b>Executive or Council Decision</b>	Executive (Cabinet)