7 Embedding health in a vision of 'Total Place'

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In a 'whole area' approach to public services, at the heart of the 'Total Place' initiative is a drive for improved efficiency and effectiveness in the face of reduced public sector funds and increased demand for services. 'Total Place' forms part of Sir Michael Bichard's Operational Efficiency Programme (HM Treasury 2009) looking at the scope for efficiency savings in the public sector with a focus on partnership working. Bichard describes how this whole area approach "is about giving local providers the incentive to work together in new ways for the benefit of their clients and citizens – and the opportunity to tell Government how it could behave differently to make this kind of collaborative action more likely" (Leadership Centre for Local Government, 2009). Thirteen pilot programmes backed by £5 million funding will map flows of public spending in local areas under thematic priorities that range from children's health and well-being to services for older people and include minimising re-offending, tackling alcohol and drug abuse, road safety, safer, stronger, healthier neighbourhoods and housing and regeneration. The pilots will bring together agencies to identify where public money can be spent more efficiently and effectively to improve local services, with a view to identifying lessons that can be applied more widely (IDeA 2009).

The process of Total Place consists of 3 interwoven strands: 'counting', 'culture' and 'customer needs'. Commencing initially with a high level count of all public expenditure going into the locality, the counting process also includes a more focused 'deep dive' into a specific theme. Birmingham, for example, has identified £7.5 billion of public sector funding coming into the area and the spend in Central Bedfordshire and Luton equates to £6,853 per person. The 'culture process' looks at the way existing cultures, the way we do things at the moment, actually help or hinders the process, while the insights of the 'customer needs' strand helps pilot areas better understand their citizens' needs and identify opportunities for collaboration between agencies on service redesign and use of resources.

Collaboration is a key requirement of Total Place, with the public, voluntary and business sectors working together to address specific issues within a locality, identifying and eliminating duplication and delivering interventions to reduce long- term service costs. Such collaboration also offers opportunities for achieving better health improvement outcomes, including addressing health inequalities. Many of the pilots specifically refer to health improvement objectives, such as Croydon's focus on children's health and Leicestershire and Leicester City's on drugs and alcohol. By following the flow of money across service providers, Bradford has identified the complexity of provision for young people leaving care and is introducing a single point of access for care leavers, where they can have both their practical and psychological support needs met quickly in one place. In designing a more effective approach to services they are both introducing efficiencies and providing an integrated pathway for each young person.

Other pilot themes have the potential to impact further upstream on the social determinants, or the 'causes of the causes' of poor health: on housing; on improving work and skills; on crime and anti-social behaviour; on building safer, stronger neighbourhoods and on the 'lived in' environment. Beyond the Total Place pilots are an increasing number of Parallel Places, areas progressing with similar methodology and applying it to specific issues within their locality. Some are funded by regional improvement and efficiency partnerships (RIEPs), others are self funding. All have increased flexibility to determine the themes they want to look at in depth, the scale of the work they wish to undertake and the way in which they want to progress it. Suffolk was a pre-Total Place collaboration, and rather than starting from an analysis of the public sector spend, focused initially on building a foundation for effective relationships and trust between partners. The development of parallel places could be seen as a natural progression for partnership working between agencies. Through the application of 'Total Place' methodology they can seize the opportunity to place health improvement outcomes alongside efficiency and effectiveness gains and to give greater recognition across partners of both the business and the social case for health improvement.

The extent to which Total Place will address health inequalities has yet to be seen. While we might expect its focus and style of collaborative working to lead to health improvement outcomes, evidence of past experience of collaborative working suggests this may not follow. Smith et al (2009) report on a systematic review of partnership working for health improvement and caution that the

contribution of partnership working to improving health is far from clear. The authors assert that persistent policy support for the concept is largely faith based. Wanless (2004) referred to an absence of evidence on the effectiveness of multi-sectoral partnership working and called for an evaluation of the way in which the NHS and local authorities were required to work in partnership to achieve public health outcomes.

Marks (2007), reporting on LSPs, identifies a range of process issues and tensions that impact on what she refers to as the 'doing' of partnerships and asserts that 'such tensions undermine the capacity to work across the LSP and maximise its impact on narrowing the health gap' (p145). Process barriers are also acknowledged by other authors including for example Hamer and Smithies (2002) and Perkins (2009) who identify tensions in agreeing joint priorities, targets and performance management; working across boundaries; governance and accountability; community involvement; member involvement ;and how to use flexibilities such as pooled budgets, joint posts and integrated services. These difficulties and tensions suggest that we cannot make assumptions about the health benefits of the Total Place initiative, but will have to make a conscious and explicit commitment and effort to achieve them.

Smith, (2009), reporting on a round table event hosted by the Guardian noted the need for a different way of working and a cultural change within the public sector and its approach to partnership working. Commenting on the lessons learnt so far, Croydon, one of the pilot areas, indicates that a change of culture may be taking place: it reports a shift of thinking from top-down implementation to bottom-up ideas generation. And it reports a wider recognition of the need to shift from late stage intervention to invest in upstream preventative measures to tackle health, crime and disorder, and worklessness. The discussion however also noted difficulties in identifying the efficiency value of early interventions; and highlighted other challenges to collaborative working including the barriers created by professional boundaries, the complexities of empowering citizens, and the perennial issue of joint accountability and aligning funding. If 'organisational gaming' and the question of which agency will lose and which will gain still exists, then Total Place might not be so different after all. If these issues can be avoided - and the economic imperative may just be the catalyst for doing so - then Total Place could offer real opportunity for addressing the social determinants of health.

References

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