Halton, St Helens & Warrington DAAT Services

Phase One – Summary of Key Findings v2.2

April/May 2010

Mott MacDonald

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Content

1. Executive Summary

1.1 Background

As laid out in the strategy, Tackling Drugs Changing Lives (Home Office, 2008) drug misuse has a far reaching and wide ranging impact across multiple aspects of society. To provide an effective response to the issues raised by such a diverse problem, a coordinated multi-agency and multi-disciplinary response is crucial (National Drugs Strategy, 2008).

The purpose of the project is to develop modern, flexible and integrated alcohol and substance misuse treatment services across Halton, St Helens and Warrington that have social inclusion at the core.

At present, each borough – St Helens, Halton and Warrington - engages *multiple* service providers to deliver *multiple* contracts. From the work undertaken by Mott MacDonald, this current approach to managing and commissioning drugs services has an impact on delivering outputs and outcomes at each local level:

- There are twenty contracts across all three boroughs. Although the contracts vary in value, the management of each contract requires significant time and energy from an administrative and commissioning perspective. This could be reduced if a collaborative approach was adopted – a single hub commissioning the same service provider (where appropriate) across two or more areas.

- It is a possibility that service users will receive support from a variety of suppliers which, in turn, could reduce the likelihood of them successfully completing a full course of treatment and becoming free of their drug dependency. From anecdotal evidence a single contract is not a viable option (senior stakeholders across all three boroughs) however it may be possible to reduce the number of smaller contracts if a larger provider was sought – providing a greater number of service options.

- It is very difficult to track individuals throughout the whole system and obtain meaningful information to help evaluate which elements of the system work effectively and which do not.

- Achieving value for money is a challenge for each borough - suppliers are dealing with lower numbers of users than in some of the larger areas in the North West and as a result they are unable to offer economies of scale. Service Providers are also often limited to delivery of small portions of the operational process and will, therefore be unable to offer economies of flow. A collaborative approach could offer greater economies of scale

through the increase in contract size (no of service users). Efficiency savings could also be realised in reducing the number of back office staff in moving to a single commissioning hub arrangement.

1.2 Options for change

In order to make progress, three options have been identified:

- **Minimal collaboration**: services are commissioned as they are at present with regular sessions held with all three boroughs to share good practice, new learning and identify trends and seek to develop common strategies.

- **Partial collaboration**: two or more of the boroughs collaborate to contract with suppliers in several operational areas. Commissioning is also *managed* on a two or more borough collaborative basis from a single commissioning hub.

- **Full collaboration**: all three boroughs collaborate to *contract* with one or more suppliers in all operational areas. Commissioning is also *managed* on a three borough collaborative basis from a single commissioning hub.

The preferred option for moving forward is to progress with Option Two – Partial Collaboration (senior stakeholders session, February 2010)

This option will allow the boroughs to develop a stronger commissioning position improving social inclusion across the three boroughs as well as realising a significant proportion of efficiencies.

Halton and St Helens will collaborate, from a single hub, on the commissioning of a significant number of current and future contracts. Warrington will not operate from the single hub but will continue to share good practice and learning. They will collaborate on a small number of future contracts in Tier Four services.

2. Introduction

2.1 Strategic Context

The 2008-2018 drug focused strategy 'Tackling Drugs Changing Lives' (Home Office, 2008), sets out the aims of improving outcomes for service users - delivering new approaches to drug treatment and social reintegration.

By enhancing the likelihood of service users making the step from treatment into full time employment, learning or training, the strategy aims to reduce the harm that drug use causes society, communities, individuals and their families.

As laid out in the strategy, drug misuse has a far reaching and wide ranging impact across multiple aspects of society. To provide an effective response to the issues raised by such a diverse problem, a coordinated multi-agency and multi-disciplinary response is crucial (National Drugs Strategy, 2008).

The National 2008 Drug Strategy highlights that:

In England, Class A drug use generates an estimated £15.4 billion in crime and health costs each year, of which 99% is accounted for by problem drug users.

Between a third and a half of acquisitive crime is estimated to be drug related.

2.2 Contribution to Strategic Objectives

The national drugs strategy, NHS models of care and the supporting Public Service Agreements (**PSA**) - 25 ***Reduce the harm caused by alcohol and drugs*** **and** ***14 Increase the number of children and young people on the path to success*** **-** indicate that an integrated approach is needed to effectively tackle drugs misuse. As stated in section 2.1 in order to deliver real outcomes, there should be a significant increase in the number of service users leaving treatment in a managed way, either drug free or with continuing support that enables them to live independently.

2.3 The strategic implications at a local level

There is significant commonality of target population and wider communities across St Helens, Halton and Warrington. Substance misuse services are, however, presently delivered and commissioned in different ways; this can result in inconsistency and inefficiency in

provision. Feedback from all three areas suggests that treatment services for substance misuse are mature but in need of modernisation and integration with the wider strategic agenda - set out in respective Sustainable Communities Plans and Local Area Agreements. Key areas of concern include a lack of focus on factors underpinning social inclusion: offending, parental status, education and training and routes out of recovery.

2.4 Key objectives of this engagement

As set out in the original Project Initiation Document *Alcohol and Substance Misuse Treatment Services, St Helens, Halton and Warrington, March 2009*, the objectives of this engagement aim to deliver a comprehensive range of alcohol and substance misuse services that:

- Deliver improvements in service users' physical and psychological health;
- Respond effectively to service users with a dual diagnosis (alcohol and substance misuse);
- Contribute towards service users engagement in employment, education or training;
- Take account of the parenting and family context of service users and allow for the provision of treatment within a range of appropriate settings including Children's Centres;
- Use the Common Assessment Framework (CAF) to ensure that child safeguarding concerns are considered as an integral part of treatment provision;
- Address offending and allow for the transfer of treatment (substance misuse) into the Drugs Intervention Programme (DIP) whenever appropriate following case review;
- Link with the Supporting People agenda and contributes towards reduced homelessness amongst those with chaotic lifestyles;
- Reduce overdose risks;
- Contribute towards harm reduction including the risk of blood borne viruses;
- Focus on the progression of service users from core treatment to shared care and on to become drug free (recovery);
- Link with prevention interventions delivered by public health and other universal services;
- Link with custodial settings to ensure that substance misuse issues are addressed within resettlement planning;
- Provides sufficient management information to enable effective planning and commissioning;
- Can differentiate service provision should this be necessary to ensure diversity and ethnicity issues are addressed;

- Comply with National Institute of Clinical Excellence guidance and the UK guidelines on clinical management (2007); and
- Are delivered by a competent and committed workforce and supported by an ongoing programme of workforce development;
- Are delivered by providers who share our values about treatment and recovery; and
- Are cost effective and provide value for money.

2.5 Purpose of this Document

The boroughs of Halton, St Helens and Warrington have commissioned Mott MacDonald to recommend options for meeting the objectives stated in section 2.4: enhancing the provision and management of Drugs Services on a collaborative basis.

The purpose of this document is to:

- Review the current Drugs Services commissioning arrangements.
- Identify options for future commissioning arrangements.
- Provide evidence to enable the partnership to reach a decision on how to move forward.

This report will not discuss the future of alcohol related services. A full discussion of the reasons underpinning this can be found in Section Three.

3. Our Approach

3.1 Key stages

This assignment consisted of seven key stages of work:

1. Initial senior stakeholder one to one sessions to understand the context of this engagement and gather qualitative data
2. Literature review to understand the national context for the engagement
3. Further one to one (face to face, telephone and email) contact with senior stakeholders to collect quantitative data (Appendix A)
4. Analysis of data to establish if there were any key themes from qualitative and quantitative data
5. Presentation of draft findings to senior stakeholders
6. Mott MacDonald internal workshop to develop options and carry out high level options appraisal and costing exercise
7. Validation and further exploration session with key stakeholders

3.2 Out of scope

Although initially set out to be part of this assignment, alcohol services will not be discussed. The project team found it difficult to access alcohol service related data, comparable across all three boroughs.

Mott MacDonald suggests that although alcohol related services are not considered in this piece of work, they should follow a similar, if slightly longer, timescale that could feed into the structure recommended as part of this assignment. This should be followed up as a priority by senior stakeholders in the short term.

3.3 Stakeholders

The key groups of stakeholders involved in this assignment are:

- **The service users**, particularly Problematic Drug Users (PDUs) who, by the very nature of the services, are involved in this system at a very vulnerable time. A complicated system of support can place demands on an individual's persistence and ability to navigate through a system when they already have complex needs. The end results can result in less effective support and users returning to earlier stages of treatment to repeat the

process. This engagement does not consult directly with service users but calls upon other consultation methods to gain their feedback and insight.

- **Halton, St Helens and Warrington** boroughs have, as stated in the previous section, identified a need to achieve better value for the money spent on the Drugs Services. Whilst some contracts have only recently been signed, there is a will to explore collaborative commissioning arrangements to improve the management of the contracts and reduce back-office costs. Key senior strategic stakeholders from each borough form a crucial part of this assignment – providing quantitative and qualitative data as well as setting the direction and pace for this work.

- **The providers of drugs services** who deal with the service users and provide the treatment and support services as directed and funded by the boroughs. This engagement does not consult directly with service providers but uses local and national data to assess the current relationship between commissioner and provider.

- **The National Treatment Agency** provided us with a useful strategic overview as well as more detailed quantitative data at a regional level – performance of drugs service providers and total contracted value of comparable services across the North West e.g. Liverpool £x million, Wigan £y million

- **John Moores University,** who provide a significant amount of data analysis for each borough, gave us an overview of what data is available and its purpose.

4. Drugs Services – Our Findings

4.1 Current Position

Funding

Funding for treatment services is provided, in the main, by the Pooled Treatment Budget (PTB) which is ring-fenced for this purpose. Alongside this, additional local funding is provided by the Primary Care Trusts and Local Authorities to deal with the wider needs of service users. The Pooled Treatment Budget allocations for the PDU numbers in the above table are stated on page 18. As a consequence of the range of funding streams that support treatment services, it is difficult to make direct comparisons although there are undoubtedly cost variations between the three districts and across service modalities.

Appendix B provides the details of investment into the Substance Misuse services across the three Borough Councils. Commissioning services on a more consolidated basis across a number of participating districts would provide the opportunity for efficiencies to be achieved by bringing costs per service user closer to the mean.

Costs

All three boroughs are concerned with the level of spend on Drugs Services verses the outcomes they currently achieve. There are 2045 Problematic Drug Users (PDUs) who currently receive treatment from the DAT services across the three boroughs at an estimated cost of almost £7million per year.

The table below illustrates the number of service users in effective treatment in each borough:

	Halton	Warrington	St Helens	Total
No of service users in effective treatment	494	613	938	2045

The total expenditure is presently split across 20 different contracts and 16 different suppliers. This sub-division of the funds spent results in each contract being of a relatively low monetary value and potentially of less interest to the bigger, better performing and more accomplished suppliers in the market (NTA market assessment, 2009).

The costs associated with managing the back office or infrastructure elements of the contract (direct staff costs, IT costs, staff development etc) were difficult to identify – each DAAT with a varying structure. The figures below illustrate the current costs to each of the boroughs (NTA 2008/09):

- Halton - £574,793
- St Helens – £ 277,389
- Warrington - £205,000

Performance

There appears to be two key reasons behind the difficulty in measuring the performance of current contracts or to find accurate information on how many people progress beyond treatment and into employment, training or education or indeed re-enter the treatment system at a later juncture *(key stakeholder interviews October 2009):*

- The voluntary nature of treatment
- The NTA's performance management framework which focuses on a range of output measures, including treatment accessibility and retention.

The table below illustrates the number of planned exits from each organisation during 2008/09:

Organisation	No of PDUs	Planned Exits	Other Exits	% of all exits that are planned	Planned exits as a proportion of all PDUs
Halton	494	58	130	31	12%
St Helens	938	116	226	34	12%
Warrington	613	97	153	39	16%

From this table we can see that less than one in six PDUs in Warrington exit the system through a planned exit. In Halton and St Helens, that number in less than one in eight.

In the absence of data on service users progressing into Employment, Education or Training, this information highlights that, as in all boroughs, only a third (approximately) of exits are

planned, it is likely that less than 33% of service users leaving treatment are integrating effectively into society.

From our research, national targets have been found to drive policies of *containment* (substitute prescribing involving primarily methadone) as opposed to promoting individuals into long term employment, education or training.

As stated above, this tendency is then reflected at the local level where there is a lack of data available on how many planned exists progress to employment, education or training. Anecdotal evidence suggested that the pressure of metrics – the need for local drugs service providers to meet targets around the number of users leaving the system - appears to have a significant impact on the way in which services are commissioned and delivered.

Management and Leadership

There was evidence across many areas of significant variations in governance arrangements, levels of commissioning experience in the back office and supplier relationships. In many circumstances, these were inefficient, in effective and strained. This appeared to result in:

- Value for money not being achieved across all services.
- Services not always delivering the outcomes required to address local priorities

4.2 Current Contract Structure

Figure 1 illustrates the current contractual structure across the three boroughs. The following key points should be noted:

- The Frontier needle disposal and exchange service is the only common service provision across the three boroughs.
- Although Footsteps, Arch and the Halton and St Helens PCT work with two boroughs each, they all work under separate contractual agreements.
- In Warrington, there are two separate contracts provided by one provider, CRI (Pathways 2 Recovery).
- All other Tier 1 to 4 services are provided by individual contracts with separate service providers and to varying degrees i.e. there is no common approach to meeting the National Treatment Agency objectives. Likewise there is, currently, limited evidence of good practice being shared between boroughs or organisations.
- Each borough has its own commissioning management processes and staff.

In summary, although the size of contract is variable, each agreement requires contractual management – administration, monitoring, and evaluation - which currently is a significant expense for all three boroughs.

Where possible, the size of each sphere in Figure One represents the contractual size (£). Exact figures were not available for some contracts and estimates (based on conversations with staff) have been used.

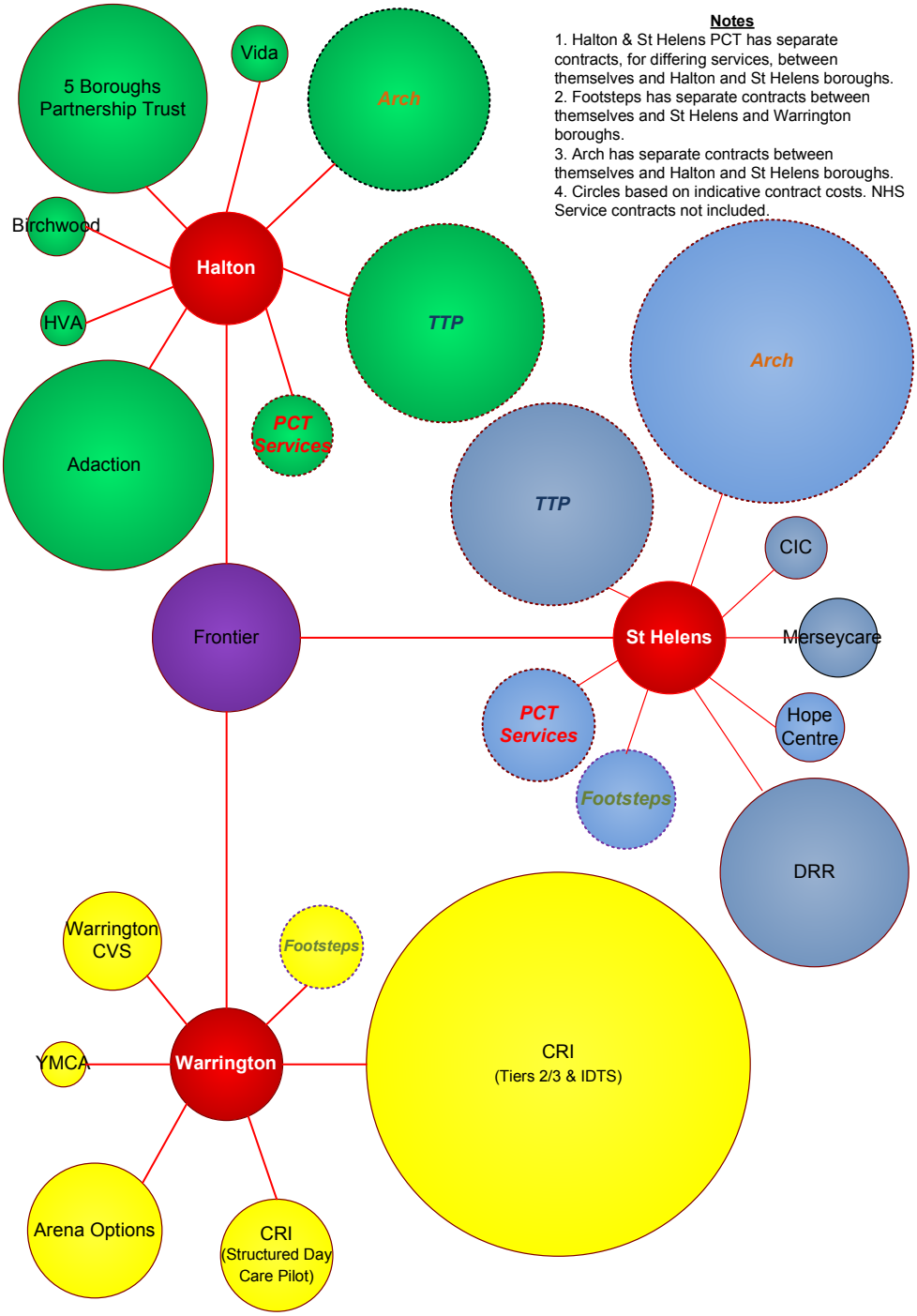

Figure 1: This diagram represents the contracts held by each DAT and their relative value.

4.3 Existing Contractual Arrangements

This overview highlights the different approaches undertaken by each borough and how it fits into the National Four Tier framework.

Each approach has its own benefits and drawbacks and, as such, there is also likely to be some valuable lessons and examples of good practice that could be shared across the boroughs.

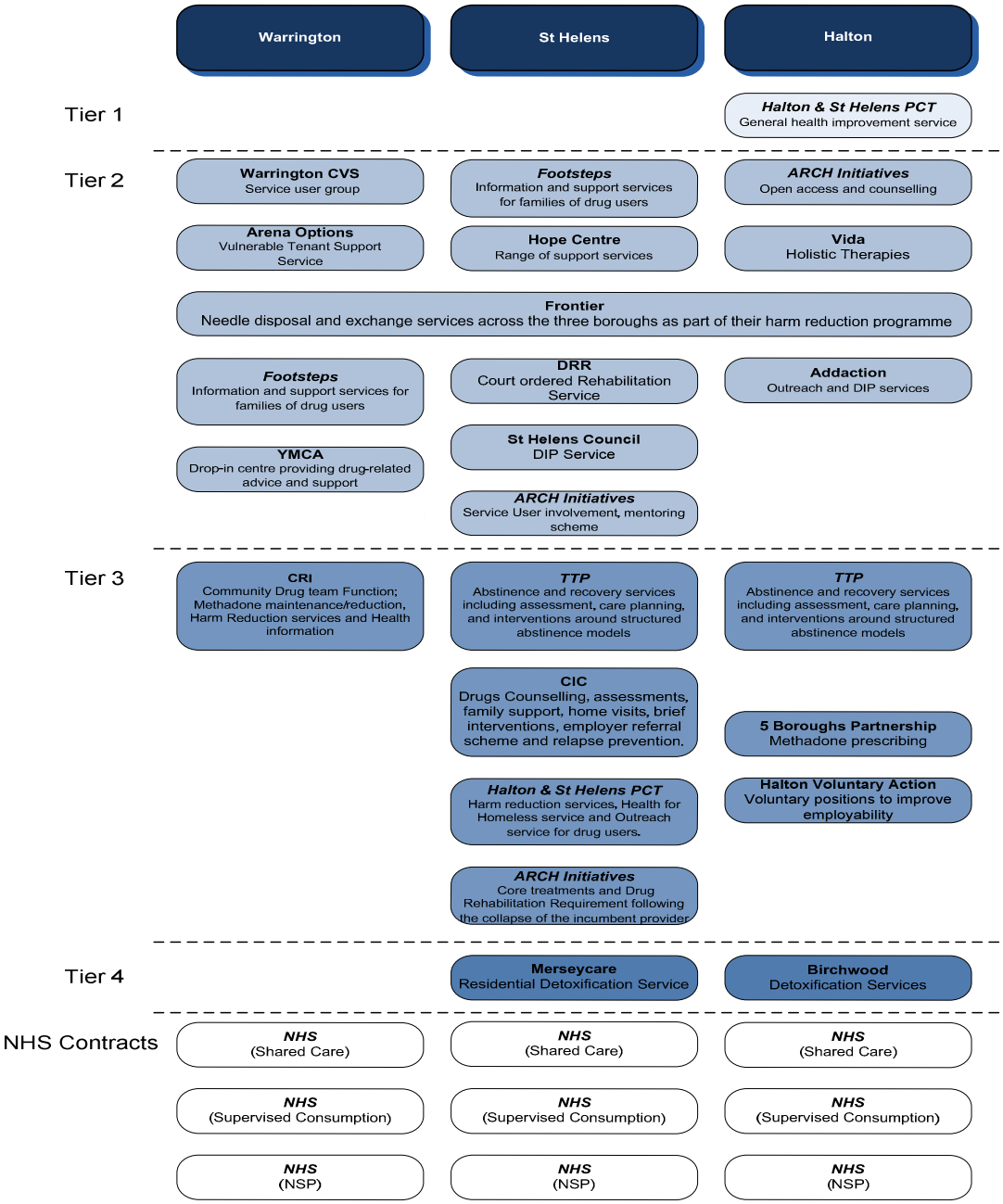

Figure 2: This Diagram illustrates the level of provision in each area. Here we have illustrated what types of services each DAT commissions and illustrated, in approximate terms, what tiers these services fall into.

5. Benefits

5.1 Benefits Overview

From the research undertaken across the three boroughs, it would appear that there is a need to enhance effectiveness and efficiency in the way in which services are managed and commissioned.

It would appear that there are potential benefits for each organisation to be realised through developing **collaborative commissioning**:

5.2 Economies of Scale

- **The economies of scale** generated from working across several boroughs could allow suppliers to **reduce unit costs** and enable the larger number of PDUs in the treatment system to be treated at a reduced cost. This is illustrated in section 4.1 where it is apparent that, by using an indicative cost per service user, the greater the number of service users, the lower the cost. Suppliers of services would, potentially, offer improved economies of scale and a greater ability to innovate if the contract size is increased.

5.3 An Enhanced Approach to Commissioning

- The three boroughs, in collaboration, are more of a force to be reckoned with - their pooled funds will generate a contract of sufficient value to attract the highest calibre and most accomplished suppliers in the market. This is based upon evidence provided by the NTA who suggest that drugs service providers with the strongest track record in delivering positive outcomes, generally work with larger contracts (£).

According to the NTA the three best performing drugs service providers are the three largest; Addaction, CRI and Turning Point.

86 % of participants in Addaction's *Break the Cycle* Programme have improved their financial situation through work, volunteering or further education.

Stockton Harm Minimisation Programme, provided by CRI, was voted the best in the country by NTA. The NTA also branded its innovative Integrated Drug Treatment Service in Hounslow a 'Shining Star'. CRI's Street Services Team have also helped to reduce rough sleeping by 75% in some areas.

5.4 Opportunity to improve the efficiency of commissioning

Opportunity to improve the efficiency of commissioning management through the creation of a new single commissioning hub - using good practice from across each borough and developing the organisational design, role description and governance that is fit for purpose.

5.5 Effective Outcome Management

More effective ways of managing the outcomes for service users through the improved commissioning undertaken on a collaborative basis – taking good practice from each area to more effectively manage what success looks like.

5.6 A reduced number of contracts

A reduced number of contracts will improve economies of flow, reducing waste and reducing the administrative effort required to manage a large number of contracts.

5.7 Increased Control

Increased control over the cost of purchasing services and identifying what is being purchased – in collaboration, each borough will have to carefully plan and define their purchasing priorities.

5.8 Reduction in Back Office Costs

Reduction in back office cost of managing multiple contracts in each area with a reduction in unit cost for administration and management per contract.

5.9 Improved control – information management

Improved control over information management and sharing of data across agencies – understanding the areas where information will drive better decision making and not simply reacting to government's request for data returns (John Moores University, 2009)

6. Options

6.1 Options

In order to realise a number of the benefits listed above we have identified three options.

6.1.1 Option 1 – Minimum Collaboration (as is)

This option has been identified whereby no changes are made to the commissioning of DAT services. Efforts to improve the system are via regular sessions held with all three boroughs to share good practice, new learning, identify trends and seek to develop common strategies.

6.1.2 Option 2 – Partial Collaboration

The Partial Collaboration option has been identified as when two, or more, boroughs seek to collaborate to contract with common service providers in one, or more, operational areas. This option seeks to obtain economies of scale in discrete service provision segments e.g. counselling, out reach or prescription services. As highlighted in the benefits, a reduction in the number of contracts could maximise the economies of flow, reducing administrative and management effort.

Commissioning of these services could be undertaken on a collaborative basis with two or more boroughs from a single commissioning hub. This arrangement could be expanded upon on an incremental basis (e.g. more contracts could be added to the arrangement and additional boroughs could collaborate within the single commissioning hub).

6.1.3 Option 3 – Full Collaboration

This final option is where all three boroughs collaborate to contract with one, or more, suppliers across all operational areas in order to obtain an integrated approach and yield economies of scale.

Commissioning would also be managed on a collaborative basis from a single commissioning hub.

This option has further sub-options:

- Multiple contracts managed by one organisation i.e. service delivery is spread across two, or more, joint contracts that are managed through a single commissioning hub.

- Single contract managed by one organisation i.e. all DAT services for the three boroughs are provided under a single contract that is managed by a single commissioning hub – with the reduction in management and administration effort as previously described.

6.2 Options Appraisal

The matrix below illustrates to what extent (high, medium and low) the benefits identified can be realised for each of the three high level options.

Benefits	1.Minimal Collaboration	2. Partial Collaboration	3. Full Collaboration
Reduction in cost per PDU – economies of scale from working across several boroughs allowing suppliers to reduce unit costs.	**Low**	**Medium**	**High**
Improved commissioning relationship with suppliers. Three boroughs coming together are more of a force to be reckoned with.	**Low**	**Medium**	**High**
Opportunity to change behaviours through the setting up of a new single commissioning hub using the good practice from across each borough.	**Low**	**High**	**High**
More efficient ways of managing the outcomes for PDUs through the improved commissioning undertaken on a collaborative basis.	**Low**	**Medium**	**High**
Increased control over the cost of purchasing services and identifying what is being purchased.	**Low**	**Medium**	**High**
Reduction in administrative burden of managing multiple contracts in each area with associated reduction in unit cost per contract administration.	**Low**	**Medium**	**High**
Improved control over information management and sharing of data – understanding the areas where information will drive better decision making and not simply reacting to government's request for data returns.	**Low**	**Medium**	**High**
Improved governance and accountability.	**Low**	**High**	**High**

The key message from the table above is that although full collaboration is the only means of achieving full benefits realisation, partial collaboration takes the boroughs a considerable way to managing and commissioning services in a more effective and efficient manner. Contracts could be added to the single hub as and when appropriate. Full collaboration is not feasible at this point due to the varying contractual relationships already in place across the three boroughs.

6.3 Constraints

The current contractual frameworks and agreements in place across the three boroughs will be a crucial factor in making progress - several of the current contracts are variable in terms of length across each of the boroughs.

As part of the implementation plan (phase two of this assignment), a migration plan should be produced to show the current contractual structure and what it could look like in the future and how (and when) the migration will occur.

Migration from existing contracts will also need to be included in negotiations and agreements associated with any new contract(s). This should be completed, as a priority, in Phase Two.

Funding for the substance misuse treatment element of this project will be provided by the participants' Pooled Treatment Budgets. Although allocations for 2010/11 are not yet known the PTBs for 2009/10 are as follows:-

- Halton: £1,267,879
- Warrington: £1,185,101
- St.Helens: £1,772,007

As stated earlier in the report, funding for substance misuse treatment services is provided, in the main, by the Pooled Treatment Budget, which is ring-fenced for this purpose. Allocations are based on an estimate of the numbers of problematic drug users and the effectiveness of systems in retaining them in treatment. PTB funding is also supplemented by PCT funding for specialist elements including prescribing clinics and consumable materials such as syringes for harm reduction purposes. Alongside the PTB and related PCT funding, additional investment is made at local (district) level to address service users' wider needs such as accommodation, training and family support. This includes use of Area Based Grant and Supported Living Funds. However, it remains the case that more efficient and effective use of the ring-fenced PTB will be the most obvious benefit accruing from joint commissioning.

It is also acknowledged that participants are at differing stages with current substance misuse treatment provision and that alcohol services are at an earlier stage of development. In light of these contractual and structural constraints, this project will allow for an incremental and modular approach in which services and districts can integrate over time in a managed way. The overriding aim being to commission as many services as possible on an integrated basis, over the largest geographical area, which delivers best outcomes.

7. Recommended Option

7.1 Overview of recommended option

Based on the research undertaken and the indicative costs calculated, our recommendation for moving forward would be to progress with Option Two – Partial Collaboration.

This option, as illustrated in the high level options appraisal, will allow the boroughs to develop a stronger commissioning position as well as realising a significant proportion of efficiencies (reduction in headcount due to back office reorganisation as well as savings realised - through the procurement process - of future contracts).

Halton and St Helens will collaborate, from a single hub, on the commissioning of a significant number of current and future contracts. Warrington will not operate from the single hub but will continue to share good practice and learning. They will collaborate on a small number of future contracts in Tier Four services.

It is expected that the single hub will have responsibilities greater than commissioning and contract management, for example continuing to support each respective local DAAT partnership, ensuring data returns for the NTA are produced and the undertaking of local annual needs assessments and treatment planning process.

Based on the high level costs presented in section seven, there are considerable savings opportunities associated with back office collaboration. It is less straightforward to calculate the savings resulting from improved service delivery but it is anticipated that these will also be significant as a result of the benefits presented in section five.

7.2 Implementation of the recommended option

We have devised the following implementation plan to indicate how the process might progress in the short to medium term:

Three key strands to this work:

- Service design and development **(April – June 2010)**
- Managing the service – back office redesign and development of collaborative working **(April – June 2010)**
- The route to procurement – managing the entire OJEU process **(July 2010 – October 2010)**

7.3 Implementation Timetable

Service design and development

1. Development of strategy to underpin this process
2. Collection of benchmarking data in order to set up comparative indicators with (comparable) areas
3. Production of the specification - identify the services purchased by each borough

    a. Review of current contracts – what *is* working and what *is not*
    b. Challenge workshop – presenting draft specification. What do you need? Why? What outcome will it help deliver?

4. Analysis of the market – who is buying what, from whom, where and why?
5. Development of the procurement plan – setting out the route to procurement
6. Embarking upon OJEU procurement process (***this moves into phase 3)***

Simultaneously, the second strand of work can commence:

Managing the service – back office redesign and development of collaboration

1. Kick off workshop with key stakeholders – identifying way forward on management, governance, risk, organisational structure, timeline
2. Development of organisational structure
3. Validation workshop with key stakeholders
4. Role definition
5. Development of management processes to underpin new structure
6. Ongoing one to one sessions and group workshops to build trust and common ways of working

7.4 Critical Success Factors

The focus of change incurred as a result of selecting this option should be the impact on outcomes of the service to end users. The following key success criteria should form a key part of the specification for service delivery developed in Phase Two:

- An increase in the number of PDUs with planned exits (methadone free).
- An increase in the number of PDUs not using after 12/18/24 months.
- An increase in the number of PDUs moving into employment, education or training.
- A reduction in cost of services per PDU.
- A reduction in cost of commissioning management across three boroughs.

Full implementation of the objectives outlined in section 2.3

8. Risks

8.1 Risks and Mitigations

We have identified the following potential risks in developing collaborative commissioning arrangements and the mitigations;

Risk	Potential Mitigation
There is a risk, during any transition phase, that a gap could develop in the service provision to individuals or small groups of PDUs.	Careful planning and close monitoring will be required to ensure that contract and service cover is only ceased with one contract when the new service provision is in place and ready to accept new PDUs.
Some PDUs may fail to move from old service providers to new ones.	A clear communications strategy needs to be put into place prior to any transition between services to highlight new provider arrangements to all current and potential service users. Prior to any transition, current records of individuals within the existing system need to be collated and handed over to new service providers so that they are already aware of people making use of the existing services and are ready to accept them into the new service.
One borough does not anticipate any benefits in working with the other two boroughs and the size of the collaborative relationship is reduced.	Once the approach to collaboration has been agreed then engaging with other boroughs in the Greater Merseyside region could increase potential economies of scale and flow plus reduce the impact of one partner leaving the syndicate. Likewise having more boroughs join the syndicate would increase the benefits to all and reinforce the benefits of remaining as a single voice.
Drop in morale across the three boroughs – back office staff are concerned about changes to internal structures, depending on the scale of the collaborative options chosen.	The reasons for change and their impacts on individuals should be communicated as early as possible in the change process. Information updates on progress and impacts should then be regularly communicated to everyone thereafter. Clear communication lines for feedback, questions and information from staff also need to be left open to ensure that their concerns are listened to and taken into account.

Appendix A Data Collection Tool

Questions for Finance Officer

1. What is the cost of providing the entire (four tiers) of service?
2. Any missing figures – contractors or in-house provision £ data not currently held?
3. Confirm where the funding comes from
4. Cost of managing the services (back and front of house)

Questions for the Head of Service

1. What services are provided in house?
2. What is the cost of providing each of these services?
3. How do you manage/measure the success? No of people leaving the system? Outcomes measured – no re-offending, no rent arrears, full time employment etc?
4. How many service users access services?
5. Spend per service user?
6. Who manages the contracts?
7. How regularly are contracts/delivery monitored/evaluated?
8. What management information do you use?

Appendix B Substance Misuse Services Investment

The table below illustrates the National Treatment Agency data (2008/09) as submitted by each borough:

Region	Commissioning System	Workforce Development	User Involvement	Carer Involvement	Harm Reduction Strategy	Non-drug treatment specific services	Open access drug treatment services	Structured commmunity based treatment services	Residential and inpatient drug treatment services	Drug Interventions Programme	Total	% spent on infrastructure
Halton	574793	83436	49990	8000	90450	95000	330789	873231	47983	171823	2325495	31%
St Helens	40000	61930	46350	22000	0	5000	448050	1300630	96840	564390	2585190	7%
Warrington	205000	27731	23000	21238	69200	204100	214900	822700	120000	142728	1850597	15%
	819793	**173097**	**119340**	**51238**	**159650**	**304100**	**993739**	**2996561**	**264823**	**878941**	**6761282**	