

# **Nottinghamshire County Community Substance Misuse Recovery Services**

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**Nottinghamshire  
County Council**

To utilise a strategic commissioning approach to procure a new recovery and outcome focussed system by October 2014

3 objectives:

- Improve quality for service users, their families and the wider community and ensure flexible services that can respond to (changing) local needs
- Ensure equity of service across the whole county
- Ensure cost effectiveness

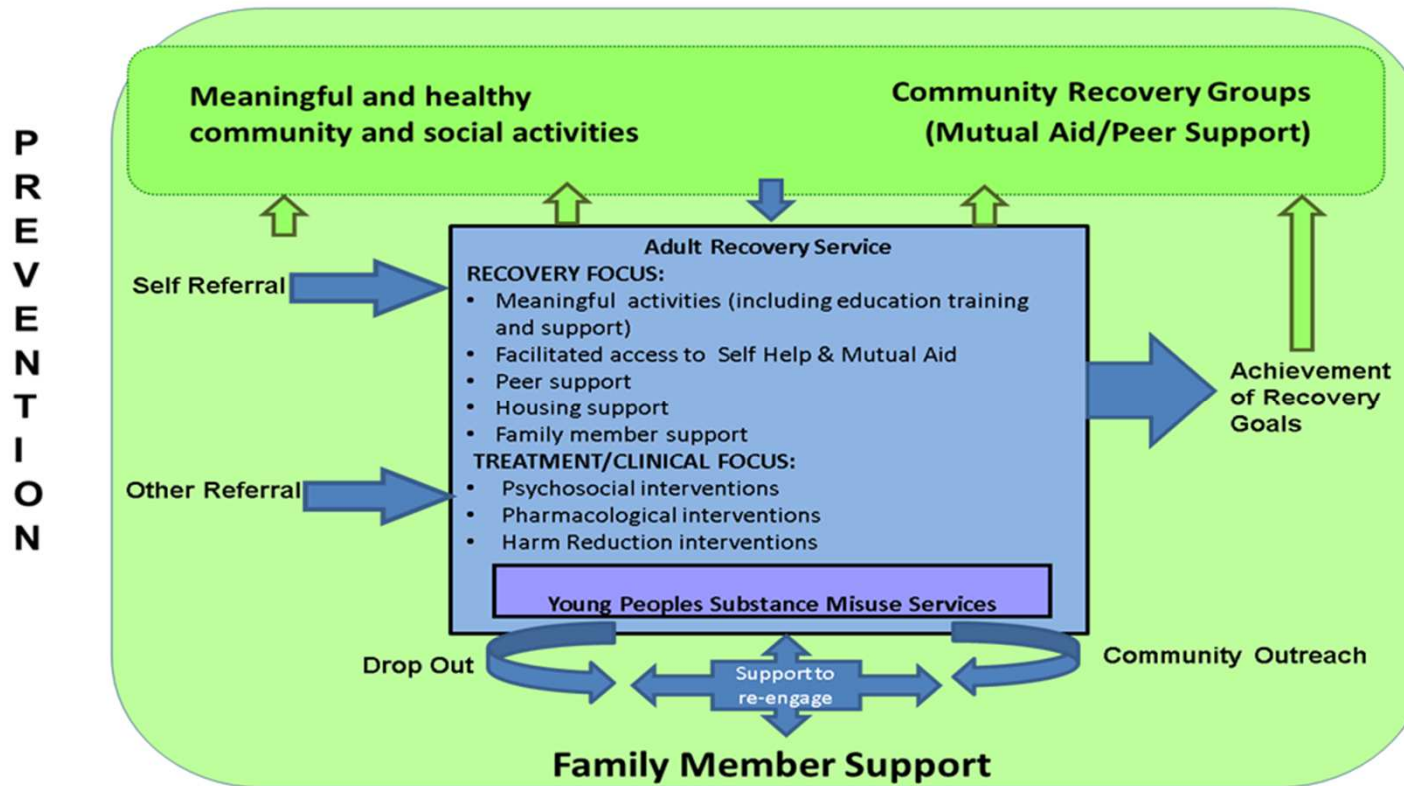
## Formal Project Management Phases of:

1. Project Design and Set Up	February 2013
2. Stakeholder Engagement (including public consultation) and Service Model Development	March 2013 to December 2013
3. Pre-Tender Preparation	December 2013 to February 2014
4. Formal Tender Process	February 2014 to May 2014
5. Award of Contract	June 2014
6. Mobilisation of New Service	July 2014 to September 2014

**Cross Cutting Themes of: Stakeholder Management and Communications / Risk and Issue Management**

# The Recovery System Model

Aspiring for a system that empowers individuals to achieve and sustain abstinence

V3.1\_6<sup>th</sup> NOV2013

# The Outcomes

- Improve mental health and wellbeing
- Increase engagement in education, employment and training
- Sustained suitable accommodation
- Successful completion for drug and alcohol treatment

# **Lessons Learned (Mobilisation Phase)**

- Managing outgoing providers
- Mobilisation period length
- Effective communications and stakeholder management



# **Shirley Riley – Regional Director**

# **Sandra Eden – Head of Operations**

CRI is a health and social care charity that works with individuals, families and communities across England and Wales affected by drugs, alcohol, crime, homelessness, domestic abuse, and anti-social behaviour.

# The New Service



1 integrated service with local specialist subcontractors

120 staff employed across Nottinghamshire

30 peers being trained to support recovery as coaches & mentors

2448 service users accessing provision

5 core delivery sites & numerous outreach venues



# Mobilisation Headlines

Implementation timeframe 2.5 months from notification to start date

Joint project management through implementation plan & shared responsibilities with council

Identified benefit of local subcontractors adapting service offer to retain local expertise

140 staff transferred to CRI from 5 different organisations, with 11 voluntary redundancies & 7 progression in management roles

2130 service users safely transferred

5 new delivery sites operational from day one

# Service Users

Group consultation, surveys and updates via outgoing providers & forums in collaboration with SUMO, Double Impact and Hetty's

Allocations to case worker within week one providing continual service

Data and file transfer of service user records identified discrepancies resulting in risk & safeguarding concern as priority & manual inputting plus full review of all service user records transferred

Prescribing data incomplete from outgoing provider resulting in 1500+ medical reviews planned within 3 weeks to safely issue prescriptions

Anticipated demographics of service users varied to actual cases transferred directly impacting on planned staff delivery profile

# Workforce

Individual meetings with outgoing providers, unions and worker reps

Group consultation with all TUPE staff promoting model, what's changing, challenges ahead and setting culture

1-1 consultation meetings offered to everyone

All staff matched to roles in new structure prior to transfer

Day one Group launch and welcome to CRI

CRI buddy system set up in each locality to support new teams

# Implementation Feedback



## What worked well

- Regular Project Board meetings and Group Consultation meetings supported in effective communication
- Regular bulletins to staff, service users and partners keeping them updated with the change and progress
- Range and scope of events with staff to enthuse and excite about transferring to CRI
- Online surveys to capture key TUPE information for large scale staff transfers
- Relationships with unions and outgoing providers



## What could have gone better

- Mobilisation of new IT system based on unfamiliarity of staff to new system and in some cases fear of technology
- Transfer of information from outgoing providers, creating increase patient safety, risk and safeguarding concerns
- New inexperienced staff not prepared for changed job roles within the new services



## What would have improved the process

- Longer implementation period to undertake key activities prior to transfer & better prepare staff
- Shared mobilisation/exit plan with outgoing providers, led by commissioners to support any individual blockages in communications
- Collation of key staff information, e.g. DBS, ID badges, payroll information and extended information from due diligence
- Simplified access to centralised resources such as FOR, Welcome packs, and other CRI paperwork.

# Service Position

## Oct 14 – Feb 15

2448 service users on caseload

316 planned exits  
(145 alcohol, 122 opiate, 49 non opiate)

# Numbers in Treatment Headlines per Locality

	OCU		Change	Non-OCU		Change	Alcohol		Change	Total		Change
	Oct	Jan		Oct	Jan		Oct	Jan		Oct	Jan	
<b>E &amp; C</b>	287	307	+7%	7	24	242%	99	144	45%	393	475	20%
<b>N</b>	408	428	+5%	5	21	320%	119	154	29%	532	603	13%
<b>S</b>	219	232	+6%	8	14	75%	63	92	46%	290	338	17%
<b>W</b>	758	777	+3%	28	62	121%	129	193	50%	915	1032	13%
<b>Total</b>	<b>1672</b>	<b>1744</b>	<b>+4%</b>	<b>43</b>	<b>121</b>	<b>181%</b>	<b>410</b>	<b>583</b>	<b>42%</b>	<b>2130</b>	<b>2448</b>	<b>15%</b>

# Shared Challenges

**Supporting wider understanding of service offer and eligibility to prevent resources being channelled elsewhere:**

Long term medical conditions

Prescribing opiates for pain management

Criminal justice responsibilities under CRC structures

**Embedding service benefits across all diverse community groups and members:**

prevention and early engagement

multi-agency solutions for complex individuals and families

developing recovery community principles

# Service Locations



**North** - Ground Floor Crown House, Worksop S80 1ET

**East and Central** - Rufford House, Sherwood Avenue, Newark NG24 1QF

**West** - Units 2/3, Sherwood Court, Mansfield NG18 1ER & Ashfield Medical Centre, King Street, Sutton In Ashfield NG17 1AT

**South** - Stapleford Care Centre, 4-16 Church Street Stapleford, NG9 8DB