



Key Area	Adult Treatment
Service	DAAT Commissioning and Planning

3 Year Strategic Overview April 2006 – March 2009

Up to 2006, Nottinghamshire County DAAT have achieved significant gains in terms of numbers of clients in treatment, reduction in waiting times and retention of all clients for a minimum of 12 weeks. The introduction of exception reporting has been very valuable in promoting a proactive response to non-attendance. We will also be working to maintain these gains and towards new targets and goals to develop further Direct Access locality based services, linking with mainstream NHS building developments. We will integrate primary care health needs into locality based clinics in partnership with Primary Care Trusts and GPs, improve effectiveness of services for stimulant users, provide an effective countywide dual diagnosis service and improve client journeys and outcomes and support full reintegration into the community with an expansion of current education, employment, welfare rights and housing support. There will also be a focus on harm reduction, including needle exchange services, blood borne virus prevention and protection, hospital liaison nurse services and homelessness. The involvement and support of users and carers has been and will continue to be, a key element in the development of our strategy.

Our information system, commissioned in 2002 is producing valuable and reliable data to meet both national and local requirements and will be further developed to meet new requirements including the integration of intensive DIP monitoring.

We are really proud of the workforce in Nottinghamshire and their achievements. In 2005 we completed workforce research, which will underpin the development of a county-wide workforce strategy. We have appointed a workforce development manager and will be working with the Regional Workforce lead, our training team, local colleges and other training providers to ensure we are moving towards the workforce qualification targets for 2008. We will also roll out the successful Project Recruit, offering employment opportunities for ex users, across the county and work with our service providers to ensure that all staff receive adequate protected learning time and support for training.

We will be working in partnership with the voluntary and community sector to develop services within the framework of the Compact Code of Good Practice.

Our diversity strategy is integrated into the delivery of all services and we have delivered training to improve the confidence and skills of all staff in monitoring gender, ethnicity, sexuality or disability and providing an appropriate service for all. We will be using the Diversity Assessment Package (DAP) to measure our effectiveness in this area.

National Framework PSA / Themes

KPI 1. Increase the number of problem drug users in treatment by 100% (1998 baseline) by 2008

KPI2. Increase year on year the proportion of problem drug users sustaining or successfully completing treatment programmes, so that effectiveness is improved

KPI3. Sustain average waiting times by modality to NTA targets

Key Priorities	Milestones		
	2006/07	2007/08	2008/09
A county wide workforce strategy and provider action plans to underpin the future developments in drug treatment services.	All providers to have action plans.	All staff to have protected learning time.	
A county wide harm reduction strategy ensuring that harm reduction is at the core of all advice, information and drug treatment.	Nominate HR champion and lead. Establish CIs and use learning.	All users and carers to access overdose training.	
A full training programme for all drug treatment staff, to include National Vocational Qualifications (NVQs), management training & continuing professional development (CPD).	All managers to have access to appropriate programmes.	All staff to have access to CPD, NVQ or equivalent.	
Integration of primary care health needs in to locality based drug treatment clinics.	PCT to provide adequate healthcare support.		
An effective county wide dual diagnosis service.	Staff in post and bases established.		
Delivery of the diversity action plan.	Implementation of DAP.	Rollout to all services.	
Implementation of Compact Code of Good practice in working with voluntary and community sector.	Improve knowledge and understanding of working with v&c sector.	Evidence full implementation of COMPACT.	
Full delivery of locality based treatment services in the conurbation of Nottingham to meet needs of all drug users including those in criminal justice system and identified by Tough Choices (Testing on Arrest).	Develop further locality clinics.	Deliver minimum 3 clinics per district.	
Effective services for stimulant users.	Increase training for all staff.	Evidence equity of provision for all users.	