

MAT STANDARDS IMPLEMENTATION PLAN

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

(Integration Authority Area)
Angus

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

Name	Position/Job Title
Gail Smith	Chief Officer, Angus Health & Social Care Partnership

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

(Summary of governance arrangements for local oversight)

Angus ADP have developed a MAT Implementation Governance Group which provides oversight and governance for the implementation of the Standards. This is a multiagency group of senior partners that are responsible for the delivery of drug and alcohol services and is chaired by Integrated Mental Health Services within Angus Health and Social Partnership. Each Standard has an identified lead and action plan and all leads report on progress to the Governance Group. The MAT Implementation Governance Group reports directly to Angus IJB and AHSCP as well as Angus ADP's Strategy Group which provides regular information relating to the implementation of the MAT Standards to the Angus Chief Officers Group (COG).

Angus ADP's subgroups receive regular feedback relating to the progression of the implementation of the standards which ensures all stakeholders across the ROSC are informed of improvements and developments that are being driven forward. Angus ADP has a Support In Recovery Subgroup which directs the work of the peer workers across all ROSC services and ensures that the views of those with lived and living experience and family/carers are considered and recovery communities are

supported. This group will be instrumental in leading on the experiential data collection and quality improvement activities around all 10 Standards that will result from the locality interviewing process.

This Implementation Plan is supported by a more detailed local project plan.

This Plan has been signed off on behalf of the delivery partners by:

Name	Position	Delivery Partner	Date signed
Gail Smith	Chief Officer	IJB	30.09.2022
Margo Williamson	Chief Executive	Angus Council	30.09.2022
Grant Archibald	Chief Executive	NHS Tayside	12.12.2022
Jillian Galloway	Head of Health and Community Care Services/Chair of AADP	Angus HSCP	30.09.2022
Peter McAuley	Senior MAT Lead	Angus HSCP	30.09.2022
Niki McNamee	Lead Officer	Angus ADP	30.09.2022

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.
April 2022 RAG status		
Actions/deliverables to implement standard 1		Timescales to complete
1.1 Test of Change (TOC) to be developed, conducted and evaluated that will enable move towards same day prescribing. Agreement made with MIST that prescribing will be offered to Arbroath patients within 7 days of initial presentation.		Complete
1.2 PDSA plan developed at MAT1 Workshop with MIST on 29/07/2022 will deliver second phase TOC. Qualitative and quantitative data to evidence improvements to be collected.		January 2023
1.3 A Standard Operating Procedure that ensures no barriers to MAT and referral pathways to be drafted and implemented. This will align with the Tayside Substance Use Services Guidelines on Medical Treatments for Substance Use.		November 2022
1.4 Develop a Standard Operating Procedure and pathway for alcohol referrals that includes assessment, support and MAT that addresses alcohol related risks, harm, and dependence that includes all partners in the ROSC.		March 2023
1.5 Contribute to the development of a Tayside Alcohol Related Brain Damage Pathway.		October 2023
1.6 Increase Non-Medical Prescribers – recruitment and training of 1 NMP (1 WTE).		September 2024

1.7 Data template and system for collecting, measuring and evidencing the standard to be developed.	Complete
1.8 Increase capacity of management, admin and analyst teams to support the delivery of standards – recruitment of 1 Project Manager (0.5 WTE), 1 Senior Admin Officer (1 WTE) and 1 Data Analyst (0.5 WTE).	November 2022
1.9 AIDARS Management Team to ensure audit tools will be utilised to monitor and review care planning processes.	November 2022
1.10 Conduct Annual service review against Quality Principles and MAT Standards.	March 2023
1.11 Develop and implement a qualitative data Lived Experience Pathway that ensures that views and experiences of those in treatment services, their family members and staff are regularly collected and used to inform service improvement and development.	November 2022
1.12 Develop a Training Plan that ensures staff remain competent to deliver MAT.	December 2022
1.13 Development of recording and monitoring system that evidences that people are informed of the Angus Independent Advocacy Services and that family members can be included in care planning processes from the beginning of their treatment.	March 2023

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
April 2022 RAG status		
Actions/deliverables to implement standard 2		Timescales to complete
2.1 Angus has documented guidelines that ensure methadone and long and short acting buprenorphine formulations are equally available in local formularies and dispensing locations.		Complete
2.2 Angus has in place a Standard Operating Procedure (SOP) for named patient prescribing of injectable buprenorphine.		Complete
2.3 Tayside Substance Use Services Guidelines on Medical Treatments for Substance Use are available for each substitute prescribing option.		Complete
2.4 Written and verbal information is provided to people that allows them to make informed choices about their substitute prescribing options.		Complete
2.5 Ensure the provision of long-acting injectable buprenorphine is available to all clients across Angus receiving MAT who choose this option and where clinically appropriate.		Complete

<p>2.6 Develop a recording and monitoring system that evidences that people are given the full range of substitute prescribing options.</p>	<p>December 2022</p>
<p>2.7 Develop a recording and monitoring system that evidences that people are informed of the Angus Independent Advocacy Services and that family members can be included in care planning processes from the beginning of their treatment.</p>	<p>March 2023</p>
<p>2.8 Develop and implement a qualitative data Lived Experience Pathway that provides evidence that people are offered the full range of substitute prescribing options.</p>	<p>November 2022</p>

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.
April 2022 RAG status		
Actions/deliverables to implement standard 3		Timescales to complete
3.1 Expand the Integrated Referral Hub (IRH) pathway to include discussions around identified high risk individuals and identification of appropriate interventions that ensure they are offered assertive support to commence or continue MAT.		December 2022
3.2 Establish a multiagency NFOD pathway that ensures that contact is made with an individual (and witnesses where appropriate) within 72 hours of an overdose situation when they are identified by SAS or the Angus Early Screening Group (ESG).		Complete
3.3 Update the Information Sharing Agreement with Police Scotland that allows the identification people at high risk of drug-related harm to align with the Tayside NFOD Pathway model.		December 2022
3.4 Ensure that all NFOD Information Sharing Processes align with NHS Tayside Information Governance Systems.		December 2022
3.5 Develop multiagency opportunities to identify those at most risk of drug related harm that are not identified via the NFOD Pathway and establish recording systems that document these cases.		March 2023
3.6 Develop a process and system for recording and monitoring MAT 3 data.		October 2022

3.7 Review pathways for individuals entering and leaving custody settings.	June 2023
3.8 Increase staffing capacity within Angus substance use services and NHS Tayside to provide support to new pathways – recruitment of 1 Pharmacy Liaison (1 WTE), NFOD Co-ordinator (0.5 WTE), Social Worker (1 WTE) and Specialist Support Worker (1 WTE).	December 2022

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone. They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.
April 2022 RAG status		
Actions/deliverables to implement standard 4		Timescales to complete
4.1 Develop Mini Assessment of Injecting Risk (AIR) tool.		Complete
4.2 Deliver Harm Reduction Training Pack and train Specialist Teams		Complete
4.3 Develop Wound Care Referral Pathway.		Complete
4.4 Enhance and promote Postal IEP and Naloxone services.		Complete
4.5 Agree that specialist substance services will provide full range of IEP equipment in bases. Outreach IEP pack contents to be agreed and sourced.		Complete
4.6 Approve Take Home Naloxone recording form and purchase web-based recording system for Tayside.		Complete

4.7 Produce business case for the Immunisation Service that will provide a sustainable vaccine service for people who use substances.	December 2022
4.8 Develop NEO recording system to capture and monitor data requirements for MAT4.	November 2022
4.9 Develop Harm Reduction signposting and referral pathway.	September 2022
4.10 Review and enhance harm reduction services for individuals in police custody, prisons and hospital inpatients.	January 2023
4.11 Identify specialist training options around wound care.	December 2022
4.12 Ensure all staff are equipped to provide a core range of Harm Reduction interventions, IEP and BBV testing at every MAT appointment.	December 2022
4.13 Identify gender-sensitive training and injecting assessments	March 2023
4.14 Ensure recording of harm reduction interventions and team managers conduct regular audits of performance.	March 2023
4.15 Undertake an evaluation with people with lived experience to understand what kind and compassionate harm reduction services look like for service improvement purposes.	March 2023

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	<p>A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.</p> <p>Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.</p>
April 2022 RAG status		
Actions/deliverables to implement standard 5		Timescales to complete
5.1 Expand models of care that support initiation into and retention in services. This will include the provision of additional community drop-in recovery cafes and prescribing clinics within community settings. These are to consider after-hours provision and community pharmacy-based opportunities.		December 2022
5.2 Angus Integrated Referral Hubs allows allocation of individuals to the right service at the right time and flexible movement between ADP services. This process will continue to ensure that people are able to access the full range of recovery supports that are available in Angus.		Complete
5.3 Increase staffing capacity within substance use services to allow for increased caseloads and the additional demands and challenges that are experienced by those at highest risk of disengaging or not engaging with treatment services.		December 2022

5.4 Develop and implement a qualitative data Lived Experience Pathway that provides evidence that people are being supported to remain in treatment for as long as they want to be.

November 2022

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.
April 2022 RAG status		
Actions/deliverables to implement standard 6		Timescales to complete
6.1 Deliver structured psychological interventions (Tier 2) to support people's recovery from substance use in accordance with Support to Deliver Trauma Informed and Skilled Practice in Tayside Substance Use Services Pathway.		Complete
6.2 Conduct a baseline assessment of training needs and develop and implement a workforce training plan that is psychologically and trauma informed.		Complete
6.3 Develop relapse prevention, harm reduction, emotional regulation, MI and safety and stabilisation materials for use in a group or individual situation. Staff in substance services to be trained to use the tools and material that are developed.		Complete
6.4 Provide staff with access to regular coaching, reflective practice and clinical supervision.		Complete

6.5 Develop data collection systems that capture the psychological interventions that have been offered/delivered and the timescales to access them.	June 2023
6.6 Develop and implement a qualitative data Lived Experience Pathway that provides evidence that people are being offered psychological support.	November 2022
6.7 Signpost and promote community recovery groups/mutual aid that support connections with others. Community Groups leaflet to be updated and included in welcome packs.	December 2022

MAT Standard 7	All people have the option of MAT shared with Primary Care.	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.
April 2022 RAG status		
Actions/deliverables to implement standard 7		Timescales to complete
7.1 Organise a facilitated session between substance services and Primary Care (including Community Pharmacy) and MIST to explore a system that offers people the option of MAT shared with Primary Care.		March 2023
7.2 Conduct a training needs analysis and identify local and national organisations that can deliver identified training.		April 2023
7.3 Consider the learning from the Dundee shared-care pilots that are underway and determine if similar models can be replicated in Angus. Test of Change to be drafted.		December 2022
7.4 Service Level Agreement(s) to be developed to provide governance around primary care and substance use services pathways.		June 2023
7.5 Determine the data recording and monitoring needs that will be required to implement this standard.		December 2022

7.6 Develop and implement a qualitative data Lived Experience Pathway that provides evidence to support the development and improvement of shared care pathways.

November 2022

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.
April 2022 RAG status		
Actions/deliverables to implement standard 8		Timescales to complete
8.1 Commission Angus Independent Advocacy (AIA) Service to support MAT implementation.		Complete
8.2 AIA to deliver multiagency awareness sessions that promote their services and describes the roles of workers.		March 2023
8.3 Develop effective process, numerical and experiential data recording systems that demonstrate progress.		March 2023
8.4 Conduct mapping of the MAT Standards in justice settings and develop pathways that improve MAT services for people moving between custody, prison and community settings.		March 2023
8.5 Develop a welcome pack for all people entering services that provides information on local crisis services and supports.		December 2022
8.6 Provide additional ADP funding to AIA to allow the Advocacy Peer Worker to build up recovery networks in Angus and ensure that people with lived experience and their families are involved/represented in service improvement processes.		Complete

8.7 Establish a contract monitoring process that will monitor referrals to independent advocacy services.	December 2022
8.9 Develop and implement a qualitative data Lived Experience Pathway that provides evidence that demonstrates that services are signposting and referring individuals and family members to local support services.	November 2022

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.
April 2022 RAG status		
Actions/deliverables to implement standard 9		Timescales to complete
9.1 Develop Angus Comorbidity Pathway to improve care and treatment processes and joint working between substance services and mental health services.		Complete
9.2 Actively participate in the Tayside mental health and substance use pathfinder programme being led by HIS.		October 2023
9.3 Contribute to the development of a Tayside Capacity Pathway for people who present to services with cognitive difficulties due to long term substance use.		March 2023
9.4 Triangle of Care Test of Change to be developed to better support carers and families.		March 2023
9.5 Ensure CMHT staff have training plans in place and substance use training is part of the induction programme for new staff.		Complete
9.6 Contribute to the development of integrated physical health, mental health and substance use care and treatment support hubs that are available across all Angus localities.		June 2023

9.7 CPAs, Complex Care Panels and joint working of ASP cases are delivered for individuals with severe mental illness and substance use issues.	Complete
9.8 Workforce Development Plans to be developed to include training around mental health crises, suicide and psychosis.	June 2023
9.9 Develop and implement a qualitative data Lived Experience Pathway that provides evidence that demonstrates that people can access mental health support when receiving MAT.	October 2022
9.10 Work with MIST to determine the data recording and monitoring requirements for this Standard.	April 2023

MAT Standard 10	All people receive trauma informed care.	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>
April 2022 RAG status		
Actions/deliverables to implement standard 10		Timescales to complete
10.1 Develop a Trauma Pathway for MAT Services across Tayside that is underpinned by the principles of trauma informed care.		Complete
10.2 Develop a workforce development plan that aligns with the Transforming Psychological Trauma, Knowledge and Skills Framework.		March 2023
10.3 Develop and implement a qualitative data Lived Experience Pathway that allows people, family and carers to provide information about their experiences of services.		November 2022
10.4 Develop recovery networks and communities across Angus that ensure people with lived experience and their families are included in service delivery, evaluation and improvement planning opportunities.		June 2023