MAT STANDARDS IMPLEMENTATION PLAN

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

East Renfrewshire

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

Name	Position/Job Title
Tom Kelly	Head of Learning Disability, Mental Health and Recovery, East
	Renfrewshire Health and 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: <u>Medication Assisted Treatment standards: access, choice, support</u> 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)

A local MAT Implementation Working Group, meeting fortnightly to ensure a rapid pace of implementation, is in place to develop the action plan, carry out implementation and report on progress and ensure the plan reflects lived experience feedback, including peer research.

East Renfrewshire Alcohol and Drugs Partnership (ADP) will have oversight of implementation progress through six monthly reports. East Renfrewshire Lived Experience Panel are members of the ADP and have pre-meetings with the Chair to discuss agendas and any issues they wish to raise. In addition to this, the Panel engage with key services to increase their understanding of service provision and discuss areas for improvement.

A Boardwide Implementation Steering Group (ISG) has been established to ensure a co-ordinated approach to implementation, and to oversee development of an Implementation Plan to include strategic Boardwide actions needed to implement the 10

standards, a financial framework, and progress monitoring requirements. The ISG is chaired by the Associate Medical Director for ADRS, and receives progress reports from each HSCP area, the Boardwide MAT Substitute Prescribing Management Group (SPMG) and the Boardwide Psychological Therapies Group. The ISG has developed a Risk Register to highlight the areas of risk which are shared across all areas and the mitigations in place.

A Boardwide ADP Forum has also been established to share learning and effective practice, and ensure consistency as far as is practical across GGC.

Six monthly reporting to East Renfrewshire Chief Officer's Public Protection Group.

Quarterly reporting to NHS Greater Glasgow and Clyde Health Board.

This Plan has been signed off on behalf of the delivery partners by:	
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Name	Position	Delivery Partner	Date signed	Signature
Julie Murray	Chair of Alcohol and Drugs Partnership and Chief Officer of Health and Social Care Partnership	East Renfrewshire ADP / East Renfrewshire HSCP	22.09.2022	Munae
Tom Kelly	Head of Learning Disability, Mental Health and Recovery	East Renfrewshire HSCP	22.09.2022	The Kely
Jane Grant	Chief Executive	NHS Greater Glasgow and Clyde	28.09.2022	Jæct
Lorraine McMillan	Chief Executive	East Renfrewshire Council	17.10.2022	L. A mmillan.

MAT Standard 1 April 2022 RAG status AMBER	All people accessing services have the option to start MAT from the same day of presentation.	This means that instead of waiting for get on a medication like methadone with opioid dependence can have th on the day they ask for help.	or buprenorphine, a person
	es to implement standard 1		Timescales to complete
Review East Renfre	wshire Peer Research Study of Experienc of MAT rapid access.	es of Opiate Substitution Treatment	COMPLETE
(from business supp	tanding Operating Procedure and Care Pa ort, to frontline to prescribing staff) which support rapid access to treatment		COMPLETE
	cording system for all new MAT starts to e	ensure data on progress is captured	COMPLETE
Publicise updated referral pathways and information on provision of Medication Assisted Treatment and Standards – online and service leaflets			COMPLETE
Implement transportation budget to further remove barriers to access			COMPLETE
Ensure sufficient process evidence in place to demonstrate progress			COMPLETE
Ensure sufficient numerical evidence to demonstrate progress			COMPLETE
Ensure sufficient experiential evidence to demonstrate progress.			End March 2023
Publicity and promotion in place across communities, GP Forum and practices, pharmacies, range of local services, HSCP meetings and online to encourage access, commenced in April 2022			Complete and ongoing
 Progress recruitment and induction of key additional roles to increase workforce by 3.6FTE to support implementation and offer same day treatment 5 days per week: full time Pharmacy Independent Prescriber – in post Full time healthcare assistant – in post 0.5FTE Data Analyst – in post 0.5FTE administrative assistant – recruited, pending start date 0.6FTE band 5 nurse – recruitment in progress 			January 2023
Health Board MAT / SPMG group to update clinical guidelines to include long-acting injectable buprenorphine (health board action)			End March 2023

Test models and scale up provision for accessible community based same day access to MAT across the whole of East Renfrewshire to further remove barriers to access, working with lived	End March 2023
experience networks to identify barriers and solutions	

MAT Standard 2 April 2022 RAG status AMBER	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	prescribed and the most suit discussion with their worker effects. People will be able t	about the effects and side- o change their decision as re should also be a discussion
Actions/deliverables to	implement standard 2	•	Timescales to complete
Continue to offer long acting injectable buprenorphine through established Buvidal clinics			COMPLETE
Implement Greater Glasgow and Clyde Boardwide Buvidal Standard Operating Procedure			COMPLETE
Update service leaflets and welcome pack to outline medication choice			COMPLETE
Ensure sufficient process evidence in place to demonstrate progress			COMPLETE
Ensure sufficient numerical evidence to demonstrate progress			COMPLETE
Ensure sufficient experiential evidence to demonstrate progress.			End March 2023
Health Board MAT / SPMG group to update clinical guidelines to include long-acting injectable buprenorphine (Health Board level action for NHS Greater Glasgow and Clyde)			End March 2023
Secure Home Office Licence to enable all formulations to be stored and prescribed within the Community Addictions Service			End March 2023

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 becau of their drug use, then workers from substanc use services will contact the person and offer	
April 2022 RAG		support including	MAT.
status			
AMBER			
Actions/deliverables	to implement standard 3		Timescales to complete
	ess evidence in place to demonstrate progress		COMPLETE
	erical evidence to demonstrate progress		COMPLETE
Ensure sufficient expe	riential evidence to demonstrate progress.		End March 2023
Work with Turning Poi response service jointl Dunbartonshire areas,	February 2023		
Work with partner ADPs on commissioning / procurement of a near fatal overdose response service, based on evaluation of current test of change, working with lived experience networks across areas to design the service specification and informed by the final evaluation of test of change including supported people feedback,			August 2023
Develop and implement an Assertive Outreach Strategy within Community Addictions Services, engaging with current and previous service users to influence the pathway and consulting with lived experience networks on the draft prior to implementation			End March 2023
Deliver and evaluate a test of change peer navigators service, funded by Corra Foundation / Drugs Death Task Force in terms of effectiveness of workers with lived experience delivering outreach and supporting people to remain in treatment. As we develop the test of change it is anticipated this service will contribute to delivery across the ten standards.		June 2023	

MAT Standard 4 April 2022 RAG status AMBER	All people are offered evidence- based harm reduction at the point of MAT delivery.	While a person is in treatment ar are still able to access harm redu needles and syringes, BBV testin wound care and naloxone. They would be able to receive th including their treatment service, treatment or prescription.	uction services – for example, ng, injecting risk assessments, ese from a range of providers
Actions/deliverables	to implement standard 4		Timescales to complete
experience networks, t	th Turning Point Scotland and other key st o implement the WAND harm reduction or arrangements for reporting of process, no	utreach service in East	January 2023
Explore arrangements provision in pharmacie	for provision of IEP equipment in CAT be s	yond the existing Board wide	End March 2023
Enhance Naloxone distribution within teams and across communities through Peer Naloxone, Community Addictions Service provision and wider partners			End March 2023

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	A person is given support to stay they like and at key transition time prison. People are not put out of t unplanned discharges. When peo they can discuss this with the ser provide support to ensure people Treatment services value the treat	es such as leaving hospital or treatment. There should be no ople do wish to leave treatment vice, and the service will leave treatment safely.
status		people who are in their care. Peo	ple will be supported to stay in
AMBER		treatment especially at times whe	en things are difficult for them.
Actions/deliverables	to implement standard 5		Timescales to complete
	Community Addictions Service Care Path	way and Standard Operating	COMPLETE
	emaining in treatment as long as requeste		
Ensure safe plans for in return if required.	ndividuals wishing to leave treatment and	reassurance of rapid access for	COMPLETE
Ensure sufficient proce	ess evidence in place to demonstrate prog	ress	COMPLETE
Ensure sufficient numerical evidence to demonstrate progress		COMPLETE	
Ensure sufficient experiential evidence to demonstrate progress.			End March 2023
•	a multi-agency approach to supporting pe , overdose response and addictions servio	•	End March 2023

MAT Standard 6 Current RAG status AMBER	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.	relationships and so people's recovery. S many people, subst way to cope with dif from the past. Servi to develop positive	es on the key role that positive ocial connection have to play in Services recognise that for ances have been used as a ficult emotions and issues ces will aim to support people relationships and new ways of just as important as having
Actions/deliverables	to implement standard 6		Timescales to complete
	Team staff share with all individuals all possible substant and psycho-social interventions to ensure a holistic approximately and psycho-social interventions to ensure a holistic approximately and psycho-social interventions to ensure a holistic approximately approxi		COMPLETE
5	Clyde Psychological Therapies Strategy Group develop proaches and meet their obligations under the MAT sta	•	COMPLETE
Enhance support and t	raining for psychologically informed treatment and trau	ma-informed care	September 2023
Work with lived experie recovery community in	ence panel, volunteers and groups to support and deve East Renfrewshire	lop the wider	End March 2024

MAT Standard 7 Current RAG status RED	All people have the option of MAT shared with Primary Care.	People who choose to will be a support through primary care p GPs and community pharmacy on the GP or community pharm treatment service.	roviders. These may include . Care provided would depend
Actions/deliverables	to implement standard 7		Timescales to complete
	ntinue to develop a shared care model with and Clyde health board approach	primary care, guided by the	End March 2024
There is ongoing national work to scope out the contractual arrangements, resources and actions required to implement the MAT standards across the primary care setting.		End March 2024	

MAT Standard 8 Current RAG status AMBER	All people have access to independent advocacy and support for housing, welfare and income needs.	support them with any welfare or income. This	o ask for a worker who will help they need with housing, s worker will support people hake sure they get what best y are treated fairly.
Actions/deliverables to implement standard 8			Timescales to complete
Continue rights based advocacy support to people in treatment by commissioned dedicated advocacy input, promoted in service documentation and welcome pack and throughout treatment and monitor take-up			COMPLETE
Continue to refer individuals to Money Advice and Rights Team (MART) and housing/homelessness			COMPLETE
As part of test of change, evaluate effectiveness of peer navigators supports to access additional services (Inc. money advice, employability and housing) and how effectively needs are met			June 2023

MAT Standard 9 Current RAG status	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.	
AMBER	to implement standard 9		Timescales to complete
Community Addictions Nurses (RMNs), Psych pathways for all individ	COMPLETE		
The interface between ADRS and mental health services is being updated, with training and awareness raising programme being planned to improve communications and joint working across both care sectors			End March 2024

MAT Standard 10	All people receive trauma informed care.	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. 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	
Current RAG status AMBER		treatment. They will also offer peopl promotes recovery, does not cause builds resilience.	e the kind of relationship that
Actions/deliverables to implement standard 10			Timescales to complete
Greater Glasgow and Clyde Psychological Therapies Strategy Group developed a work plan to coordinate services approaches and meet their obligations under the MAT standard 10 (and 6)			COMPLETE
Multi-agency participation in REACH advocacy human rights based workshops on MAT			December 2022
Roll out of East Renfrewshire HSCP-wide trauma approach with HSCP staff trained within teams to roll out trauma training across organisation including addictions			March 2024