
NORTH AYRSHIRE COUNCIL

27 September 2022

Cabinet

Title:	North Ayrshire Health and Social Care Partnership and Alcohol and Drug Partnership Implementing Medication Assisted Treatment – update report and Improvement Plan
Purpose:	To present information on the implementation of new Medication Assisted Treatment (MAT) Standards and endorse the North Ayrshire MAT Improvement Plan.
Recommendation:	Cabinet to endorse the MAT Improvement Plan and note the obligations placed on Chief Officers and Chief Executives in relation to governance and accountability.

1. Executive Summary

- 1.1 To present a report on the implementation of new MAT Standards for management and assurance purposes and to provide information on the requirement of a new North Ayrshire MAT Improvement Plan which is to be personally signed off by the end of September 2022 by Chief Officers and Chief Executives

2. Background

- 2.1 The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services.
- 2.2 The accompanying report (Appendix 1 - 'MAT annual summary report 2021 to 2022') provides information from April 2021 to March 2022 on the implementation and progress on initiating MAT delivery in North Ayrshire.
- 2.3 Appendix 2 provides detail of the RAG status for each of MAT Standards 1-5 for each ADP area (the RAG status for Standards 6-10 are due to be re-assessed in October 2022). NHS Ayrshire and Arran are well placed in terms of progress.

3. Proposals

- 3.1 Cabinet are asked to note the information included in the accompanying report in relation to:
 - The processes involved in the introduction of MAT delivery;
 - The Test of Change process and the positive impact of this

- The improvement in access times to commencing treatment that supports an individual's recovery;
- Data on MAT delivery;
- Client experience and case studies
- Staff experience

3.2 Cabinet are also asked to endorse the local MAT Improvement Plan (contained in Appendix 3). This Improvement Plan has been developed with the support of partner services and people with lived and living experience.

3.3 In addition, Cabinet are asked to note the obligations contained within recent correspondence from the Minister for Drugs Policy (Appendix 4) – namely:

‘Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:

- a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;*
- b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;*
- c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;*
- d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);*
- e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;*
- f) Should any quarterly report identify the need for intervention, that this is acted on immediately ‘.*

3.4 The implementation of the MAT Standards is part of a wider range of interventions with the desired outcome of preventing Drug Related Deaths (DRD) and offering more timely and appropriate treatment to support an individual's recovery.

3.5 These Standards are now part of a continuous implementation, review, monitoring and improvement cycle delivered by local services whilst being supported by the national MIST in line with Scottish Government priorities in relation to the prevention of DRD's.

3.6 The Improvement Plan will guide services to ensure that MAT standards 1 to 5 are fully implemented by April 2023 and that Standards 6 to 10 are, at least, partially embedded by April 2023

4. Implications/Socio-economic Duty

Financial

- 4.1 Additional funding to support the initial implementation of MAT delivery was sought and approved from both the ADP and the Scottish Government (however, this funding was only formally confirmed in July 2022).

Further funding will require to be identified in order to support the implementation of the new Improvement Plan especially in relation to MAT standard 7 which relates to primary care. Funding proposals will be developed and submitted, in the first instance, to the national MAT implementation support team (MIST) and the local ADP.

Human Resources

- 4.2 None

Legal

- 4.3 Detailed within the correspondence from the Minister for Drugs Policy, although not detailing a legal requirement, there is reference to a clear expectation that actions will be taken and oversight arrangements are put in place in local area.

Equality/Socio-economic

- 4.4 The full implementation of the MAT Standards will have a direct positive impact on some of the most vulnerable members of society

Environmental and Sustainability

- 4.5 None.

Key Priorities

- 4.6 The implementation of these Standards is a key Scottish Government priority to support the delivery of local strategic and operational plans across statutory and partner services and support wider actions to prevent DRDs in line with the National Mission

Community Wealth Building

- 4.7 None.

5. Consultation

- 5.1 Staff and service users from across various services and people with lived and living experience have contributed to the production of this report, and MAT Improvement Plan

Caroline Cameron
Director

For further information please contact Thelma Bowers, **Head of Mental Health**, on 01294 317763.

Background Papers

Appendix 1 - MAT annual summary report 2021 to 2022

Appendix 2 - RAG Status - for MAT standards 1 to 5 - July 2022

Appendix 3 - North Ayrshire MAT Implementation Plan finalised draft - for endorsement & approval 080922

Appendix 4 - Correspondence from Minister for Drugs Policy - MAT requirements and accountability 2022

IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT)



NORTH AYRSHIRE DRUG AND ALCOHOL RECOVERY SERVICE (NADARS)

Reporting period: 1st April 2021 - 31st March 2022

Quality issue: The numbers of drug related deaths in Scotland continue to increase. In 2020, there were 1,339 drug related deaths, which is the largest number ever recorded and an increase on the previous year. Ayrshire and Arran have the second highest death rate per 100,000 population. Evidence suggests quick access to treatment is crucial and being in treatment can be a protective factor for majority of individuals. The Scottish Drug Deaths Taskforce (SDDTF) has prioritised the introduction of the MAT standards to help reduce the number of drug related deaths. There is evidence that rapid access to MAT meets the needs of highly vulnerable groups and reduces mortality.

Aim: To have no barriers to accessing treatment and care that supports an individual's recovery. This project focussed specifically on improving access to appropriate Medication Assisted Treatment (MAT) in order to prevent deaths, reduce harms and promote recovery opportunities.

Tests of change

Cycle 1: Implement and Test the MAT clinic pathway on a Monday and a Thursday in one locality (Three Towns).

Cycle 2: Secure funding to recruit staff to support the implementation of the full model.

Cycle 3: Refine project charter to facilitate full model
(in progress and now upscaling towards full model)

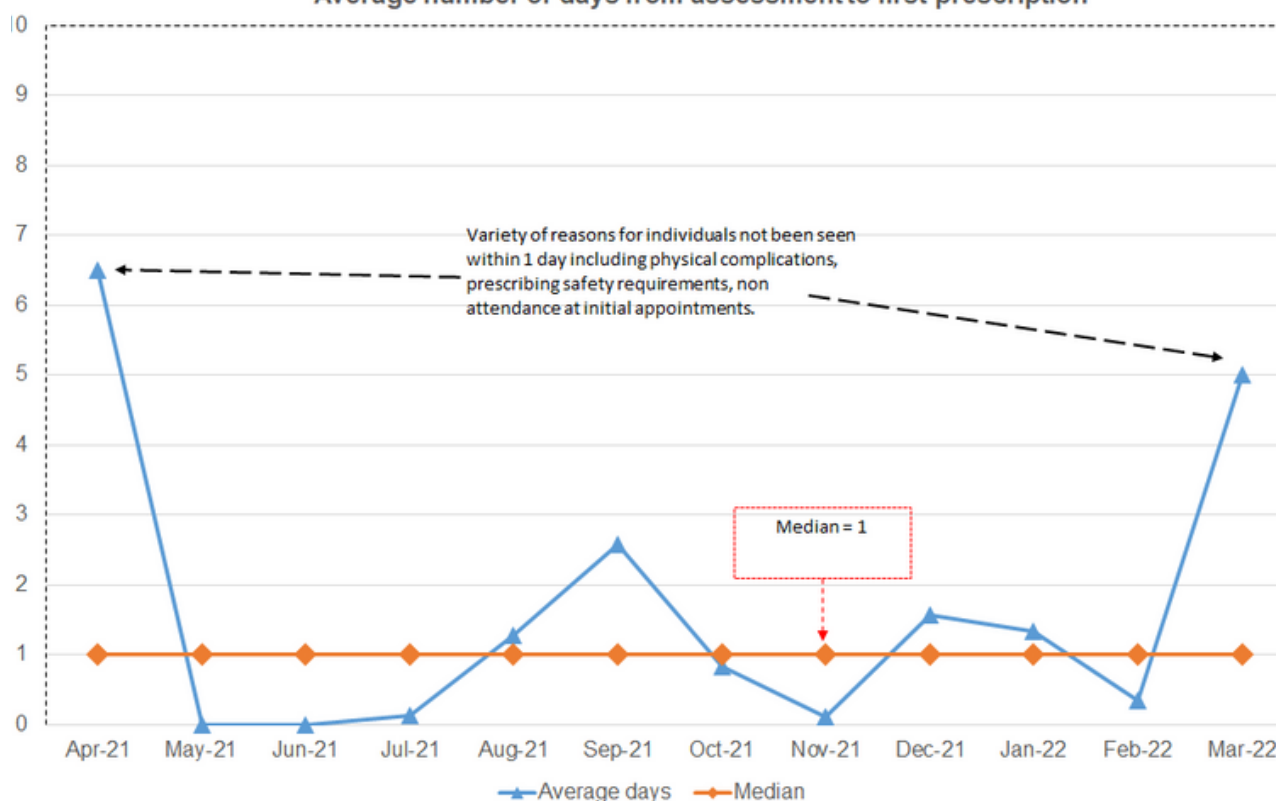
Cycle 4: Expand service to 5 days per week across all of North Ayrshire.

Effects of change:

- Improvement in the waiting time from point of referral to commencement of appropriate Opiate Substitution Therapy medication - average time from assessment to prescribed medication reduced from 21 days to 1 day (from pilot period to current date).
- Improvement in satisfaction and experience of clients.
- All individuals received a mental health assessment and support as required.
- All individuals were offered Blood Borne Virus (BBV) testing, Harm Reduction interventions, physical health assessment and referred on for further support where required.
- All individuals had the opportunity to access Recovery Development Worker's with lived experience to provide person centred recovery support.
- All individuals had the opportunity of family involvement.
- All individuals were offered housing, advocacy support and were referred for social care support where appropriate.
- There were no unplanned discharges within the reporting period.

Measurement of improvement

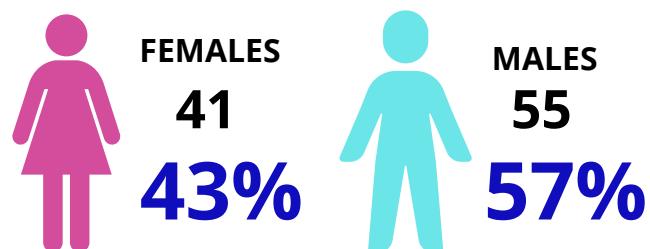
Average number of days from assessment to first prescription



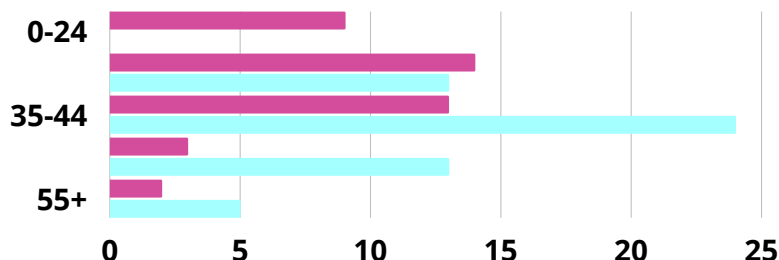
IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT)

NORTH AYRSHIRE DRUG AND ALCOHOL RECOVERY SERVICE (NADARS)
Annual summary: 1st April 2021 - 31st March 2022

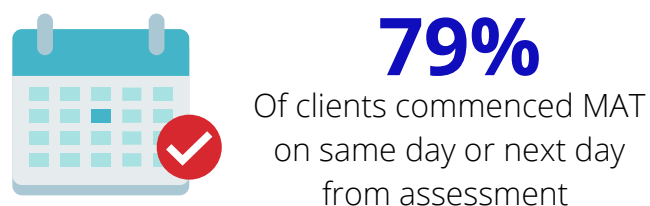
REFERRALS BY GENDER



REFERRALS BY GENDER AND AGE GROUP



COMMENCED MAT SAME DAY/NEXT DAY (where clinically appropriate and safe)

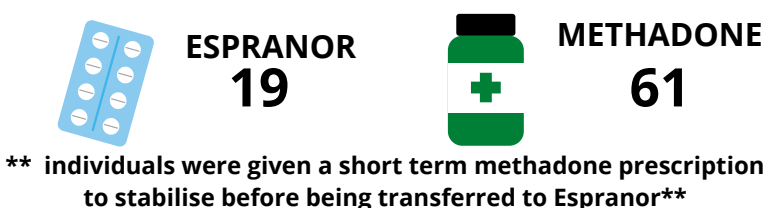


96 clients chose this pathway of support. Following assessment 80 agreed to commence.

Reasons for not commencing the pathway were:

- client changed their mind
- client went to prison
- not ready to commence MAT but continued to receive support from the wider service.

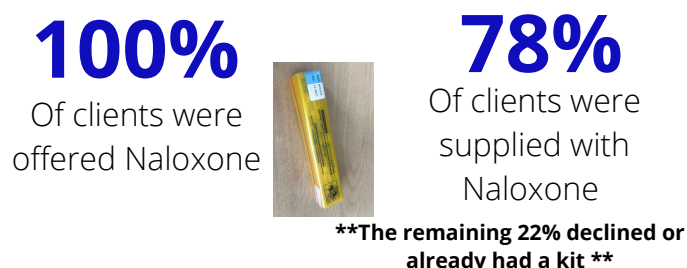
OPIOID SUBSTITUTION MEDICATIONS PRESCRIBED FOLLOWING ASSESSMENT



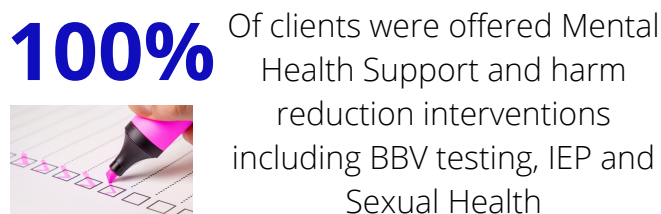
INDIVIDUALS IDENTIFIED AS HIGHER RISK *



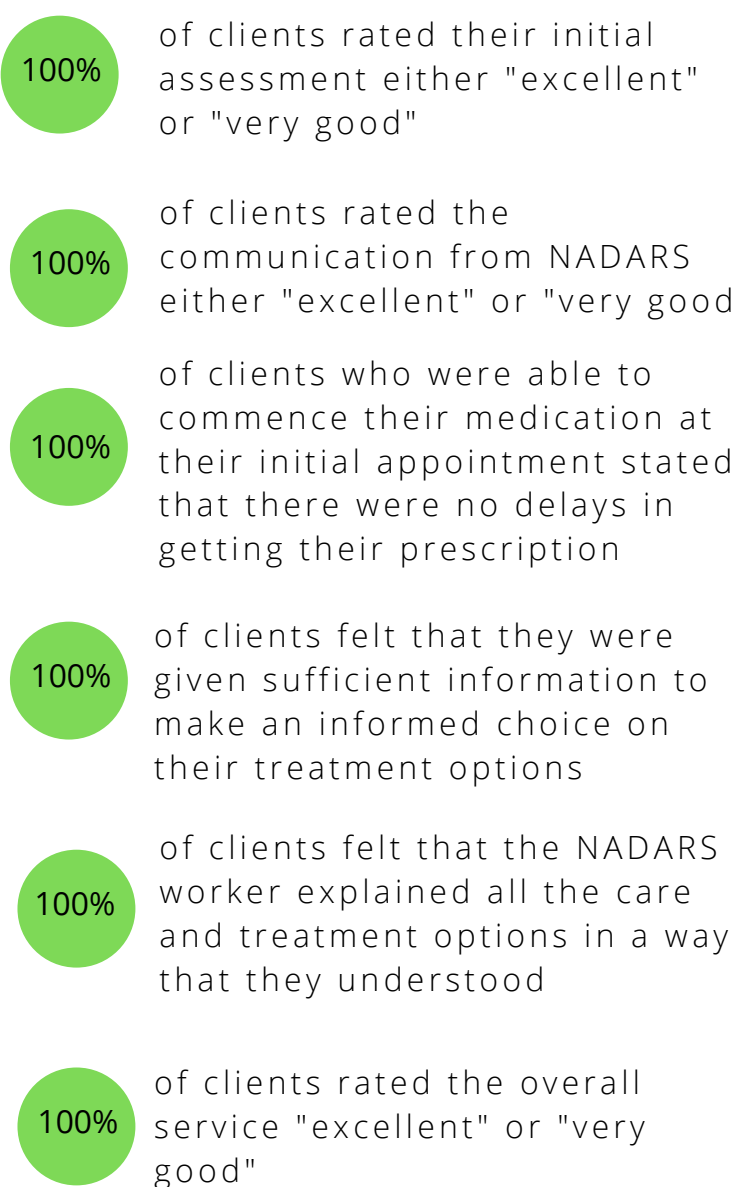
NALOXONE AND OVERDOSE AWARENESS



INTERVENTIONS OFFERED AT POINT OF MAT DELIVERY



CLIENT EXPERIENCE



CASE STUDIES

Case study 1

A 38 year old female was referred to NADARS in October and assessed via the MAT pathway. The client wished to be commenced on OST to allow her to gain stability from illicit heroin use. The client was commenced on Espranor. Since being commenced on OST, the client has had two significant lapses, however, with support from her key worker, has been able to identify triggers and worked on functional alternatives to drug use, to enable stability and reduce the risk of further lapses in the future. The client has now been abstinent from all illicit substances since December 2021. She has been able to recognise the marked improvement in her mental health since becoming abstinent and is using this as motivation to continue. The client is now attending many different community recovery groups and is linked in with the Recovery Development Workers for extra support. In the long term, the client is hopeful that by maintaining stability, this will allow her to have more contact with her child.

Case study 2

Service information

Client referred into NADARS 27/05/2021. Assessed on 31/05/2021 and ORT prescription was commenced on 01/06/2021. Client was seen at least weekly and had regular telephone support in between face to face appointments. Client was offered interventions from NADARS Health Addiction Nurses for specialist input and BBV testing. Client was transferred from MAT Clinic into regular locality for allocation of new keyworker.

Client Feedback

It was really fast getting put onto a prescription at first which was so much better than having to wait for weeks. I got lots of support with my workers and appointments. It made things easier to reduce my heroin use. I did well for first few weeks but started injecting again and taking other drugs around 2 months into treatment. I was linked in with the peers and this helped by going to meetings and having regular keyworker support. I have now been stable on my prescription for a long time and I feel in control of my recovery. My worker is supportive and my dispensing has been reduced and this helps me with my mobility. I am in a new relationship now and my partner is supportive of my recovery. I no longer attend the group meetings but I have rebuilt my relationships with my family and I want to continue to remain stable and look at reductions to my prescribed medication in the next few weeks.

Case study 3

23 year old female referred by NADARS social care addictions worker on 28/09/21 and appointment accepted via NADARS MAT (Medication Assisted Treatment) clinic on 30/09/21, for rapid access to OST (Opiate Substitution Therapy). Client reported history of alcohol and illicit substance use including; heroin, benzodiazepines, cocaine and pregabalin. Previously admitted to ward 5, Woodland View for inpatient detox in April 2021; however, had taken early self-discharge. Not previously engaged with OST. Client's goal to regain abstinence from all substances and alcohol. Wishing to achieve this via OST, preference for espranor, and engaging with support.

Client was assessed by the staff nurse and consultant psychiatrist as planned on 30/09/21. Reported to have been snorting heroin sporadically over the last year and in recent months had increased to once or twice week. However, over the last few weeks this had increased further to around 2 bags daily and change of route to smoking. Also reported use of illicitly diverted prescription grade espranor, being used nasally. Further reported significant but unspecified amounts of street tablet use, as well as crack cocaine use. Current supports in place via criminal justice, SHINE, Housing First and Money Matters. Significant offending behaviour and complex mental health issues.

Client was commenced on a 5 day methadone prescription (30ml daily supervised) with plan for transition to espranor medication. Client then opted to remain on methadone prescription rather than transferring to espranor. Client engaged with MAT clinic appointments for a 6 week period prior to her care being transferred to a key worker within the wider team. Client is now abstinent from illicit substances and engaging with supports.

Staff experience of MAT standards

Feedback was received from a small staff group, who were more specifically involved in the MAT Test of Change.

100%

of staff rated their current knowledge and understanding of the MAT standards as "excellent" or "very good"



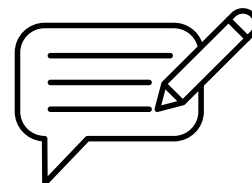
of staff felt supported to gain the knowledge, skills and confidence to implement the standards.

100%

Response:

- MAT is a vast improvement with regards to waiting times to be seen and receive prescribed medication.
- I have only received positive feedback from prescriber and client on this new MAT model.

positive feedback was received from clients on the new MAT model



Question: What is required in order for the MAT standards to be rolled out as a sustainable and consistent model?

Response:

- Staff buy in to complete systems and follow processes .
- Systems require to be fit for purpose for data recording.
- Buy in from staff.
- Good communication across the teams.
- Set guidance so all staff are aware of the process.
- Increased monitoring support for all clients

Response:

- Feedback received from other clients across North Ayrshire is that they would be prepared to travel to Caley Court if they could receive same day MAT intervention, however other clients would prefer to be seen in their own locality areas.

Question: Please state any further comments/suggested improvements you would like to make on the delivery of the MAT standards so far?



Next steps - There is currently an implementation plan in place to ensure full MAT delivery is extended across North Ayrshire by the end of the summer.

Table 1: Breakdown of implementation status (RAG score) by Health Board and ADP area for each of the standards 1–5

NHS Board	ADP area	MAT 1 evidence, April 2022	MAT 2 evidence, April 2022	MAT 3 evidence, April 2022	MAT 4 evidence, April 2022	MAT 5 evidence, April 2022
Ayrshire & Arran	East Ayrshire	Amber	Green	Green	Green	Green
Ayrshire & Arran	North Ayrshire	Amber	Green	Green	Green	Green
Ayrshire & Arran	South Ayrshire	Amber	Green	Green	Green	Green
Borders	Borders	Green	Green	Green	Green	Green
Dumfries & Galloway	Dumfries & Galloway	Amber	Amber	Green	Green	Amber
Fife	Fife	Amber	Amber	Amber	Amber	Amber
Forth Valley	Clackmannanshire, Stirling, Falkirk	Red	Amber	Amber	Amber	Amber
Grampian	Aberdeen	Red	Amber	Amber	Green	Green
Grampian	Aberdeenshire	Amber	Amber	Green	Green	Green
Grampian	Moray	Red	Amber	Red	Red	Amber
Greater Glasgow & Clyde	Glasgow	Amber	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	East Dunbartonshire	Red	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	East Renfrewshire	Amber	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	Inverclyde	Red	Red	Amber	Amber	Amber
Greater Glasgow & Clyde	Renfrewshire	Amber	Red	Amber	Green	Amber

NHS Board	ADP area	MAT 1 evidence, April 2022	MAT 2 evidence, April 2022	MAT 3 evidence, April 2022	MAT 4 evidence, April 2022	MAT 5 evidence, April 2022
Greater Glasgow & Clyde	West Dunbartonshire	Red	Amber	Amber	Amber	Amber
Highland	Argyll & Bute	Red	Red	Red	Amber	Amber
Highland	Highland	Red	Amber	Amber	Amber	Amber
Lanarkshire	North Lanarkshire	Red	Amber	Amber	Amber	Red
Lanarkshire	South Lanarkshire	Red	Amber	Amber	Amber	Amber
Lothian	Edinburgh	Amber	Amber	Amber	Amber	Amber
Lothian	Mid & East Lothian	Red	Amber	Amber	Amber	Amber
Lothian	West Lothian	Amber	Amber	Amber	Amber	Amber
Orkney	Orkney	Red	Amber	Amber	Amber	Red
Shetland	Shetland	Red	Amber	Red	Amber	Amber
Tayside	Angus	Red	Amber	Amber	Amber	Amber
Tayside	Dundee	Red	Amber	Amber	Amber	Amber
Tayside	Perth & Kinross	Red	Amber	Amber	Amber	Amber
Western Isles	Western Isles	Red	Amber	Amber	Amber	Amber

MAT STANDARDS IMPLEMENTATION PLAN

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

North Ayrshire

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

Name	Position/Job Title
Thelma Bowers	Head of Service – Mental Health Services, North Ayrshire H&SCP thelmabowers@north-ayrshire.gov.uk

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:

- That, by the end of September, Chief Officers and Chief Executives personally signed timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August 2022
- The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience (it will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels)
- Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary
- That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);
- [Should any quarterly report identify the need for intervention, that this is acted on immediately]

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

Name	Position	Delivery Partner	Date signed
Caroline Cameron	North Ayrshire Integration Authority (IA) - Chief Officer	North Ayrshire IA	
Craig Hatton	North Ayrshire Council (NAC) - Chief Executive	NAC	
Claire Burden	NHS Ayrshire & Arran (A&A) - Chief Executive	NHS A&A	
Billy Brotherston	North Ayrshire Alcohol & Drug Partnership (AD) - Chair	North Ayrshire ADP	

Implement further test of change for MAT standards 2, 3 and 8 in justice settings across Ayrshire and Arran and share learning.	
Actions/deliverables to implement standard 2, 3 and 8	Timescales to complete
Conduct a mapping of the MAT standards in Ayrshire and Arran justice settings (that link prison, police custody and the community) to identify current areas of good practice and improvement actions.	31 December 2022 (Martin Egan)
Await the outcome and learning from national developments taking place across HMP Perth and local developments with the East Ayrshire ADP in relation to police custody in order to improve MAT delivery in justice settings across Ayrshire & Arran.	31 December 2022 (Martin Egan)
Implement tests of change across justice settings with a particular focus on MAT standards 2, 3 and 8 and share learning	28 th February 2023 (Martin Egan)
Leads for justice settings engage with their local IM&T and data systems leads and Julie Wales (MAT data lead) to put in place numerical processes to report on MAT delivery in justice settings to MIST	28 th February 2023 (Martin Egan/Julie Wales)
Leads for justice settings engage with the ADP Experiential Leads to put in place processes to report on MAT experience in justice settings to MIST	28 th February 2023 (Martin Egan)

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 AMBER (July 2022)		
Actions/deliverables to implement standard 1		Timescales to complete
Scale up the provision of accessible community based MAT delivery across the whole of North Ayrshire and Arran		31 st March 2023 (Lorna Wallace)
Continue to review and update the Standard Operating Procedure (SOP) for MAT (which will describe ‘treatment pathways’).		31 st March 2023 (Care Pathways Group)
To review and finalise the prescribing clinical guidelines into a consistent, coherent and accessible format, reflecting the MAT standards that enable practitioners, including non-medical prescribers, to safely initiate same day prescribing as clinically appropriate		31 st December 2022 (Alex Adam)
Engage with the Experiential Lead to utilise the feedback and experience gained from service user, family and staff interviews to ensure that that people, including their family member or nominated person(s), feel able to provide feedback on care planning and treatment, through informal or formal channels;		31 st December 2022 (Lorna Wallace/Rosemary White)
Engage with Leads of the CarePartner and CareFirst client recording systems to evidence that people are informed of independent advocacy and that their family member or nominated person(s) can be included from the start in care planning		31 st December 2022 (Graham Lindsay/Lorna Wallace)
Promote awareness of MAT and deliver training associated with MAT delivery		31 st December 2022 (Lorna Wallace)
Continue to support access to family and carer support across North Ayrshire & Arran.		31 st December 2022 (Rosemary White)
Continue to improve access to recovery groups and peer support across North Ayrshire & Arran.		31 st December 2022 (Rosemary White)

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 GREEN (July 2022)		
Actions/deliverables to implement standard 2		Timescales to complete
Scale up the provision of long-acting injectable buprenorphine to all clients receiving MAT who wish this medication		31 st March 2023 (Alex Adam)
Review and finalise the prescribing clinical guidelines that enable practitioners, including non-medical prescribers, to safely initiate same day prescribing as clinically appropriate;		31 st December 2022 (Alex Adam)
The Specialist Pharmacist in Substance Misuse will review the Home Office License to identify any gaps and actions. [Supply arrangements are fit for current needs but continue to be reviewed – with the option to adapt should needs change]		31st December 2022 (Alex Adam)

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 GREEN (July 2022)		
Actions/deliverables to implement standard 3		Timescales to complete
Finalise Non-Fatal Overdose pathways procedure with the Scottish Ambulance Service (SAS) and partners to ensure all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.		30 th September 2022 (Pan Ayrshire and SAS NFO steering group)

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.
April 2022 RAG status GREEN (July 2022)		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.
Actions/deliverables to implement standard 4		Timescales to complete
Further develop (where possible) the full range of harm reduction interventions into every MAT related service user contact across the community.		31 st December 2022 (Lorna Wallace)
Expand training and support in identifying and assessing injection related wounds and complications to other NADARS staff members.		31 st December 2022 (Lorna Wallace)

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	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.
April 2022 RAG status GREEN (July 2022)		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.
Actions/deliverables to implement standard 5		Timescales to complete
Continue to develop models to retain people in services for as long as they request by continued support of models of care creating further capacity and share the learning nationally		31 st March 2023 (Lorna Wallace)
Expand and enhance the primary care (GP and Pharmacist) element of the current Ayrshire and Arran (A&A) wide Opiate Replacement Therapy (ORT) prescribing and support model (shared with specialist treatment services) in order to meet MAT standard 7		To be fully implemented by 31st March 2024
NADARS staff to conduct assessments, initiation and review whilst working with other community agencies for ongoing recovery support		30 th September 2022 (Lorna Wallace)
Once full MAT staff recruitment is complete, the vision for North Ayrshire is to offer MAT as a minimum of 5 days a week (as per the standards) by November 2022 whilst expanding the availability and accessibility of MAT from the services current 'core hours' of 9am to 5pm Monday to Friday to: ➤ 5 days a week, Monday to Thursday 8.30am to 6pm & Friday 8.30am to 5pm		31st March 2023 (Lorna Wallace)

With regard to pharmacy-based maintenance clinics, a pilot of pharmacy-based MAT clinics within Grampian will provide valuable information regarding the development of this approach in Ayrshire and Arran. There will be ongoing engagement with Community Pharmacy Ayrshire and Arran (local group of CPS) and pharmacy NHS directorate on the subject.	31 st March 2023 (Alex Adam)
During the next internal NADARS service user experience survey, revise the questionnaire to include a specific question - "How can we reduce non-attendance at appointments?" Collate and reflect on the feedback and identify improvement actions	31 st December 2022 (Lorna Wallace/Denise Brown)
The current Pan Ayrshire 'Promoting Engagement in Addiction Services' SOP will be reviewed and updated to reflect the MAT standards.	31 st December 2022 (Care Pathways Group)

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 GREEN (at January 2022)		
Actions/deliverables to implement standard 6		Timescales to complete
Undertake Service Based Evaluation Project (SBEP) to measure pan-Ayrshire statutory Addiction Services against Standard 6.3a to inform evaluation / measurement of this criteria and identify any improvement action required.		31 st December 2022 (Laura Mitchell)
Develop a Workforce Development Plan for NADARS which is in line with the NES Transforming Psychological Trauma Knowledge and Skills Framework and LPASS report.		31 st March 2024 (Laura Mitchell)
Roll out training and workshops within NADARS to support psychologically informed service delivery (e.g. supporting bereaved individuals; psychological formulation).		31 st March 2024 (Laura Mitchell)
Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Enhance support and training for psychologically informed treatment and trauma-informed care.		31 st March 2024 (Laura Mitchell)
Support NADARS to develop and embed reflective practice sessions within their service.		31 st March 2024 (Laura Mitchell)
Embed trauma awareness training and psychologically informed training as part of NADARS induction processes.		31 st March 2024 (Laura Mitchell)
Support the development of policies and procedures that support the translation of skills acquired through training into practice across NADARS.		31 st March 2024 (Laura Mitchell)

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 RED (at January 2022)		
Actions/deliverables to implement standard 7		Timescales to complete
Expand and enhance the primary care (GP and Pharmacist) element of the current Ayrshire and Arran (A&A) wide Opiate Replacement Therapy (ORT) prescribing and support model (shared with specialist treatment services) in order to meet MAT standard 7		To be fully implemented by 31st March 2024
Identify the additional funding required for enhanced Primary Care (GP and Pharmacist) support within the current A&A ORT and enhanced MAT models of delivery and apply for funding via the MIST.		31 st October 2022
Once funding is secured – recruit to additional posts and offer enhanced MAT support		To be fully implemented by 31 st March 2024 (dependant on funding being approved)
Develop a national agreement for the delivery of MAT services through community pharmacy establishing the role of the community pharmacy workforce in patients' shared care wider clinical team – to include expansion of existing arrangements around patient treatment response monitoring, communication and information sharing, naloxone holding and supply and harm-reduction interventions.		To be fully implemented by 31 st March 2024 (dependant on national acceptance)
Implement pharmacy-based MAT clinics with a model of primary care administration of OST via the community pharmacy network. Engagement of independent contractors to be scoped and funding to be identified for intervention.		To be fully implemented by 31 st March 2024 (dependant on funding being approved)

Engage with national thematic groups and reflect on any learning and implement improvement actions, as identified, to enhance and expand our MAT interventions shared with Primary Care	Ongoing
Thereafter, identify other improvement actions over the next 5 years to further enhance delivery of MAT standard 7 by exploring options of supporting training, funding and support to be able to safely deliver MAT interventions across wider primary care settings	Current to 31 st March 2027

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 GREEN (at January 2022)		
Actions/deliverables to implement standard 8		Timescales to complete
Increase rights based advocacy support to people in treatment by commissioning dedicated advocacy input		30 th September 2022 (Rosemary White)
Bespoke training to be provided to Advocacy Services so that they have a good understanding of problematic drug use and recognised treatments		30 th September 2022 (Rosemary White)
Further discussions with REACH Advocacy to roll out training to NADARS and wider ADP commissioned services so they understand the role of independent rights-based advocacy		30 th September 2022 (Rosemary White)
Ensure that the ‘Advocacy’ elements as detailed with these MAT standards are submitted for consideration and inclusion in the new North Ayrshire H&SCP ‘ Independent Advocacy Strategic Plan’		30 th September 2022 (Peter McArthur)

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 GREEN (at January 2022)		
Actions/deliverables to implement standard 9		Timescales to complete
A steering group will be established to oversee the development and implementation		30 th September 2022
To finalise and agree a Care Pathway across Mental Health and Alcohol and Drug Services and to agree and implement a new Improvement Plan in relation to ‘Co-occurring drug use and Mental Health difficulties’		31 st March 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 RED (at January 2022)		
Actions/deliverables to implement standard 10		Timescales to complete
Support NADARS to undertake baseline assessments of trauma-informed practice delivery across services, identifying and implementing improvement actions.		31 st March 2024 (Laura Mitchell)
Develop and deliver Tier 1/2 Trauma Informed / Skilled practice level training to relevant NADARS staff (including admin staff and managers).		31 st March 2024 (Laura Mitchell)
Deliver ongoing programme of Tier 3/Trauma Enhanced practice level Safety & Stabilisation training for appropriate NADARS staff.		31 st March 2024 (Laura Mitchell)
Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Enhance support and training for psychologically informed treatment and trauma-informed care.		31 st March 2024 (Laura Mitchell)
Support NADARS to develop and embed reflective practice sessions within their organisation.		31 st March 2024 (Laura Mitchell)
Embed trauma awareness training and psychologically informed training as part of NADARS induction processes.		31 st March 2024 (Laura Mitchell)
Support the development of policies and procedures that support the translation of skills acquired through training into practice across NADARS.		31 st March 2024 (Laura Mitchell)
Agree steering group to oversee and take forward the implementation of trauma-informed care across NADARS		31 st March 2024 (Laura Mitchell)



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Integration Authority Chief Officers
Territorial Health Board Chief Executives
Local Authority Chief Executives

Copied to:
Chairs of Territorial Health Boards and Integration
Joint Boards
COSLA
SOLACE

23 June 2022

I am writing this letter of direction to all Territorial (Local) Health Boards, Integration Authorities and local authorities, using authority from section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the carrying out of functions conferred by that Act, delegated in pursuance of an integration scheme or to be specifically carried out in conjunction with those, and which require specific responses to achieve implementation of the Medication Assisted Treatment (MAT) standards published on 31 May 2021.

The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services. Although the standards were published on 31 May 2021, these had been well publicised and local areas had contributed to their development through the Drug Deaths Taskforce.

Both the First Minister and I announced that these standards needed to be embedded and implemented by April 2022 and the Scottish Government is providing funding to help local services deliver on embedding, improving and sustaining the MAT standards. We have also established an implementation support team (MIST) including practitioners and people with lived experience, and led by Public Health Scotland to support local areas scale up and implement the standards.

In 2021/22 we provided £6 million for MAT implementation along with £3 million for assertive outreach and £3 million for non-fatal overdose pathways (both of those initiatives contribute to MAT standard 3) as well as £4 million to support local areas for the use of long acting buprenorphine (MAT standard 2). We also provided £500,000 last year (and committed to the same per year for the life of the Mission) for local areas to set up and run local forums or panels to feed in views from people with lived and living experience to MAT implementation as well as to other aspects of service delivery. I have also announced that funding for the remaining years of the National Mission – to April 2026) has been increased from £6 million to £10 million per year.

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Today, Public Health Scotland is publishing a MAT Implementation Benchmarking Report which shows that while progress on implementation has been made in all areas, and MAT standards 1 – 5 have been implemented fully in Borders, the standards had not been implemented fully by April 2022.

In response to this Report and in order to achieve full implementation, Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:

- a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;
- b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;
- c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;
- d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);
- e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;
- f) Should any quarterly report identify the need for intervention, that this is acted on immediately.

Further, I will follow up directly with any additional asks of Health Board or Integration Authority areas where the proportion of drug deaths remains significantly high and where MAT standard 1 is not yet implemented, and for those areas, we will require monthly progress reports rather than quarterly.

Our expectation is that, these oversight arrangements will lead to implementation of the MAT standards in community and justice settings in all local areas, in accordance with the timetable for full implementation being recommended in the PHS Benchmarking Report, at the very latest.

The Scottish Government and the MIST team, in particular, will continue to provide advice and support to all local areas to set up the above arrangements and to achieve the intended goals. Addressing this requires a whole-system approach across Government and across local services.

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The requirements set out in this letter of direction will subsequently be revoked when implementation has been achieved locally, and notice of that will be in a further letter.

I thank you, and those who are charged with delivering support and care in accordance with the MAT standards, for your on-going commitment. Ministers recognise that there are huge efforts being made already to deliver on the standards and to provide the necessary care for some of the most marginalised people in our communities, to save and improve lives. This letter is intended to ensure that the work being done on the ground is backed up more consistently through commitment from senior leaders.



ANGELA CONSTANCE

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