

## 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)*  
Scottish Borders

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

Name	Position/Job Title
Fiona Doig	Head of Health Improvement/Strategic Lead ADP

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)*

A fortnightly local MAT Working Group ensures operational oversight of progress of MAT Implementation. Quarterly reports will be submitted to ADP membership and Lived Experience Forum for scrutiny prior to onward briefings for Chief Officer, Chief Executives.

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

Name	Position	Delivery Partner	Date signed
David Robertson	Acting Chief Executive	Scottish Borders Council	30/9/22 Approved by email (available on request)
Chris Myers	Chief Officer	Borders Health and Social Care Partnership	28/9/22 Approved by email (available on request)

Ralph Roberts	Chief Executive	NHS Borders	<i>21/9/22 Approved by email (available on request)</i>
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<b>MAT Standard 1</b>	<b>All people accessing services have the option to start MAT from the same day of presentation.</b>	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: <b>Green</b>		
<b>Actions/deliverables to implement standard 1</b>		<b>Timescales to complete</b>
<b>Completed</b>		
P8 Continue with the accessible community based same day prescribing within Borders; share the learning from this nationally (MAT standard 1) – this is reported internally within Borders Addiction Service (BAS) and quarterly to ADP.		Ongoing
P11 Find local solution for recording of data to evidence standard 1. <ul style="list-style-type: none"> <li>- Develop 'workaround' to comply for reporting requirements via case note audit</li> <li>- Explore EMIS development to capture relevant data using learning from case note audit (timescales dependent on NHS Borders capacity)</li> </ul>		December 2022 for reporting on Q4 2022-23

<b>MAT Standard 2</b>	<b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b>	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: <b>Green</b>		
<b>Actions/deliverables to implement standard 2</b>		<b>Timescales to complete</b>
<b>Completed</b>		
P8 Continue with the provision of long-acting injectable buprenorphine to all clients receiving MAT who wish it and where it is clinically appropriate. This is reported internally within Borders Addiction Service (BAS) and quarterly to ADP.		Ongoing
<i>Overview: Implement further test of change for MAT standards 2, 3 and 8 in justice settings across Borders and share learning.</i>		
Conduct mapping of the MAT standards in Borders justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community (including Justice Partners, HMP Edinburgh, Police Scotland – St. Leonards Police Station) combined improvement action from supplementary info - ‘Collaborate with justice partners this will require us to link with Her Majesty’s Prison Edinburgh and police colleagues i.e. St Leonards police station from benchmarking report’		<b>December 2022</b>
Develop action plan in response to initial mapping exercise		<b>Jan-Mar 2023</b>

<b>MAT Standard 3</b>	<b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b>	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: <b>Green</b>		
<b>Actions/deliverables to implement standard 3</b>		<b>Timescales to complete</b>
<b>Completed</b>		
See page 4 for Justice commentary		

<b>MAT Standard 4</b>	<b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b>	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: <b>Green</b>		
<b>Actions/deliverables to implement standard 4</b>		<b>Timescales to complete</b>
<b>Completed</b>		

<b>MAT Standard 5</b>	<b>All people will receive support to remain in treatment for as long as requested.</b>	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.  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.
April 2022 RAG status: <b>Green</b>		
<b>Actions/deliverables to implement standard 5</b>		<b>Timescales to complete</b>
<b>Completed</b>		
P9 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 - <ul style="list-style-type: none"> <li>• Participation in National Drug Death IMT by Clinical Lead and ADP Strategic Lead</li> <li>• Share learning with Ayrshire and Arran colleagues</li> </ul>		Ongoing  Summer 2022 onwards September 2022

<b>MAT Standard 6</b>	<b>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.</b>	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 N/A		
<b>Actions/deliverables to implement standard 6</b>		<b>Timescales to complete</b>
<i>P8Overview Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Through service improvement enhance support and training for psychologically informed treatment and trauma-informed care (MAT standards 6 and 10).</i>		
MAT 6 Working Group including lived experience representation established May 2022		Complete
Develop, distribute survey to people with lived experience (baseline)		June-August 2022
Develop and provide 2 days Tier 2 Psychologically Informed training including trauma and emotional regulation for all staff working in drug and alcohol services.		May- September 2022
Evaluate impact of training		October 2022
Ensure monthly coaching and reflective practice sessions available for staff		October 2022 onwards
Develop resource booklet for clients		October 2022
Ensure staff across all 3 services are delivering safety and stabilisation work within routine practice		October 2022 onwards
Distribute and analyse follow-up survey for MAT 6 project		February 2023
Develop workforce development plan to ensure staff able to access relevant training options at Tiers 1 & 2		January 2023
Ensuring each of 3 services' culture is psychologically informed		April 2023 onwards
Have a process in place to document experiences of people who engage with services.		November 2023 onwards

Have clear pathways in place to ensure that people can access higher intensity Tier 3 & 4 psychological therapies if and when required	September 2022 onwards
Ensure all staff are aware of opportunities for people to build social networks through recovery activities (e.g. Recovery Groups and activities) and able to influence service (e.g. Lived Experience Forum) and take steps to actively signpost individuals to attend.	Ongoing



<b>MAT Standard 7</b>	<b>All people have the option of MAT shared with Primary Care.</b>	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 – N/A		
<b>Actions/deliverables to implement standard 7</b>		<b>Timescales to complete</b>
Overview: Continue development of the primary care model being developed in the Borders to implement improved pathways as follows: This will include the recruitment of general trained advanced nurse practitioner providing low grade primary care directly within the Borders Addiction Service alongside the delivery of MAT. The aim is to ensure a robust model of delivery that can be replicated and shared with other areas of the Scottish Borders and further afield, ensuring greater sustainability and viability.		
Consult with GP Sub Committee to confirm a practice area for pilot		November 2022
Recruitment and induction of general trained advanced nurse practitioner – August 2022		Completed
Source equipment		September 2022
Liase with Clinical Governance and Quality to develop QI measures		August 2022-November 2022
Develop proposal for first test site with input from colleagues and people with lived experience		September- November 2022
Report on impact of first tests		31 December 2022

<b>MAT Standard 8</b>	<b>All people have access to independent advocacy and support for housing, welfare and income needs.</b>	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 N/A		
<b>Actions/deliverables to implement standard 8</b>		<b>Timescales to complete</b>
For Justice commentary see page 4		
P8 Increase rights based advocacy support to people in treatment by commissioning dedicated advocacy input (MAT standard 8)– <i>completed April 2022</i>		Completed
Review uptake and reach of this increase		March 2023
Ensure ADP interests represented in wider advocacy review		March 2023

<b>MAT Standard 9</b>	<b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b>	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 N/A		
<b>Actions/deliverables to implement standard 9</b>		<b>Timescales to complete</b>
Ongoing improvement work to develop sufficient capacity for mental health expertise (psychiatric, psychological, nursing, social work etc.) within the partnership. Borders have submitted a quality improvement charter for funding to recruit an advanced nurse practitioner to act as an addictions liaison nurse in the community. The aim of the role would be supporting assertive outreach re: mental health skills; work with We are with You to support people who would not meet the criteria for Borders Addiction Service/Community Mental Health Team; as well as joint working with people in Community Mental Health Team.		
Recruitment and induction of mental health trained advanced nurse practitioner – August 2022		September 2022
Liaise with Clinical Governance and Quality to develop QI measures		August 2022-November 2022
Integrate ANP into assertive outreach structure to offer further mental health input in this setting		September- November 2022
Create proposals for joint working with CMHT and third sector partner by BAS ANP		September- November 2022
Work with third sector, CMHT and other stakeholders to create an initial draft of an interface document, creating pathways for those with mental health and substance problems and insure that there is “no wrong door” and that services are clear on responsibilities and ways of joint working.		September- November 2022
Report on initial progress		31 December 2022

<b>MAT Standard 10</b>	<b>All people receive trauma informed care.</b>	<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 N/A		
<b>Actions/deliverables to implement standard 10</b>		<b>Timescales to complete</b>
Develop broader steering group to encompass MAT 6, 9 and 10.		October 2022
Ensure people with lived experience of trauma and their family member or nominated person in all aspects of service delivery, evaluation and improvement planning (where the person wishes this)		October 2022 ongoing
Baseline audit of how trauma-informed our services and working environments are: client survey, staff survey, trauma walkthroughs		December 2022
Develop delivery plan for TIC in MAT services (based on 5 key drivers for organisational change) informed by recommendations from audit for MAT 10		February 2023
Ensure mechanisms are in place to maximise staff wellbeing and reduce the risk of secondary traumatisation, burnout and compassion fatigue – (such as self-care, coaching, policies for regular supervision)		March 2023
Ensure that the knowledge and skills of the MAT workforce (including senior leaders) are aligned to the Transforming Psychological Trauma: Knowledge & Skills Framework;		October 2022 ongoing
Ensure alignment of practice with MAT Standard 6 Psychological support		October 2022 ongoing
Support a process of continuous quality improvement underpinned by the principles of trauma informed care		October 2022 ongoing
Develop proposal to ensure physical environments (for staff and clients) are trauma informed		May 2023