

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)

NHS Highland (North Highland / Highland Alcohol and Drugs Partnership (ADP) area

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

Name	Position/Job Title
Louise Bussell	NHSH Chief Officer

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)

Senior oversight through NHSH Senior Management Team Structure

MAT standards included in NHSH reporting structure for the Annual Delivery Plan 2022/23 – (from Oct 2022)

Monthly MAT Standards Implementation Group (operational group) meetings

MAT Standards Implementation Group report quarterly to Highland Alcohol and Drugs Partnership (HADP) Strategy Group

HADP reports to Highland Public Protection Chief Officers Group (HPPCOG) include brief overview of MAT progress. HADP reports to the Community Planning Partnership but not on MAT Standards

NHSH Drug and Alcohol Recovery Service has recently reported on MAT standards to the Health and Social Care Committee

Lived Experience Advisory Panel (LEAP) Group input on MAT Standards to NHSH Drug and Alcohol Recovery Service and HADP

The intention is to establish a MAT Standards Oversight Group to strengthen governance and local oversight

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

Name	Position	Delivery Partner	Date signed
Beverly Horton	Head of Service DARS, Prison and Custody Healthcare	NHSH, Drug and Alcohol Recovery Service	30.09.22
Louise Bussell	Chief Officer	NHSH, Highland Health and Social Care Committee	30.09.22
Pam Dudek	Chief Executive	NHSH	30.09.22
Elisabeth Smart	HADP (Interim) Chair, Public Health Consultant	NHSH, Public Health	30.09.22
	Chief Executive	Highland Council	Pending
	Chief Officer	Highland Council	Pending

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
Establish MAT Strategic Oversight Group with senior corporate and clinical leadership informed by MIST Institutional Assessment (<i>evidence via process measures</i>)		End November 2022
Central Treatment Service in NHS Highland (Osprey House, Inverness) offering MAT 1. (<i>evidence via documented clinical pathway, standard operating procedure, prescribing guidelines, QI measures, numerical and experiential data</i>)		End November 2022
Inverness Community Team involvement in QI work re process mapping for seamless pathways linking to Osprey House (<i>evidence via QI measures</i>)		End November 2022
Caithness Team and Mid & East Ross Team deliver targeted QI work supported by MIST. Improve national understanding of MAT 1 challenges in rural locations (<i>evidence via QI measures, numerical and experiential data</i>)		End December 2022
Apply learning/improvements from tests of change and scale up to other teams/localities. Develop documented team/locality action plans (<i>evidence via QI measures, team/locality action plans</i>)		End January 2023
Advertise Specialised GP / Associated Specialist to support MAT Standards in rural areas		End November 2023
Develop job description for Advanced Nurse practitioners in all 7 teams across DARS presented to Agenda for Change for Job matching		End November 2023
Advertise for ANP in each team from existing staff. Training and upgrade from band 6 to 7		End December 2022
Prescribing training as role mandatory for all band 6 nursing job descriptions in DARS		In place since January 2022
Establish QI plans and implement MAT 1 in each rural area based on test of change learning from Caithness and Mid & East Ross (<i>evidence via QI measures, numerical and experiential data – includes Skye and Lochalsh, Lochaber, Mid Ross, Sutherland</i>)		End January 2023
Prescribing guidelines, policies, pathways and SOP's updated to align with MAT (<i>evidence via documentation, process measures</i>)		January 2023
Access to NHSH Transport, bus pass, volunteer transport/community transport schemes for people accessing treatment in remote/rural areas (<i>evidence via process measures</i>)		January 2023
Development of Near Me/ attend anywhere, where possible and electronic patient records embedded in all DARS teams (<i>evidence via electronic patient records</i>)		January 2023
Test of Change for community pharmacy to prescribe for people stabilised on OST		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
Osprey House, Inverness deliver MAT 2 (<i>evidence via MAT 2 numerical and experiential data</i>)		End November 2022
Community protocol final draft completed and ratified for use in all areas (<i>evidence via documentation, process measures</i>)		End December 2022
Community protocol embedded in all rural areas (<i>evidence via numerical and experiential data</i>)		End February 2022
Scale up delivery (<i>evidence via process, numerical and experiential data</i>)		End January 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 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
Pilot prioritisation documentation and completion in all services (<i>evidence via documentation, process measures</i>)		In place since August 2022
Implement agreed prioritisation documentation in all services (<i>evidence via documentation, process measures</i>)		End October 2022
Establish integrated (DARS, CJSW) non-fatal overdose immediate response team in Inverness (<i>evidence via documentation, process, MAT 3 numerical and experiential data</i>)		End November 2022
Rapid response pathway for NFOD (via existing Alert System) in all areas (<i>evidence via process measures, MAT 3 numerical data collection</i>)		End January 2023
Scale up examples of good practice such as in-reach to Caithness General Hospital pan-Highland (<i>evidence via process measures, numerical and experiential data</i>)		End January 2023
Develop local plans tailored to each localities strength/ challenges, in pro actively identifying and offering support to engage in treatment (<i>evidence via process measures, numerical and experiential data</i>)		End January 2023
Rural proof and scale up the immediate response pathway and SOP (<i>evidence via documentation, pathways, process measures, MAT 3 numerical and experiential data</i>)		End February 2023
Recruit a band 6 (Nurse) to increase capacity in four rural teams enabling capacity for assertive outreach to those at high risk in the community, Osprey House, Inverness community, Mid & East Ross and Lochaber (<i>evidence via documentation, process measures, MAT 3 numerical and experiential data</i>)		End December 2023
Commission a Third Sector Highland wide drug and alcohol (non-medical) support service that provides alternative as well as complimentary support to people/families affected by drug use (<i>evidence via documentation, process measures</i>)		End April 2023
Implement a test of change for MAT Standards 3, 4 and 8 in justice settings (<i>evidence via QI measures</i>)		End January 2023

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
SOP supporting One Hit Kit provision at point of MAT across all services/localities (<i>evidence via process measures, MAT 4 numerical and experiential data</i>)		End November 2022
Tests of Change x 2 in Caithness and Mid & East Ross (included in QI work) to offer all harm reduction interventions as far as possible on-site and scale up (<i>evidence via QI measures, MAT 4 numerical and experiential data</i>)		End December 2022
Harm reduction training, advice and support to locality teams via Highland Alcohol and Drugs Advice and Support Service (HADASS) (<i>evidence via process measures</i>)		End January 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
Evidence that people stay in treatment for as long as they like and at key transition times including leaving hospital and prison (<i>evidence via efficient data capture systems across national DAISY and local MORSE systems, numerical, experiential measures</i>)		End December 2022
SOP for no unplanned discharges and safe exit from treatment across all locality teams (<i>evidence via process measures, numerical and experiential data</i>)		End 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.
RAG status not yet established		
Actions/deliverables to implement standard 6		Timescales to complete
Service has a 'core skills' standard training expectation Matrix which is mandatory for all new staff. Remaining staff will complete the programme (<i>evidence via documentation, process measures</i>)		End March 2023
Added capacity through recruitment (band 6's) will enable staff to engage in supervision provided by psychologist to support the delivery of the above tiers (<i>evidence via documentation, process measures</i>)		End March 2003

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.
RAG status not yet established		
Actions/deliverables to implement standard 7		Timescales to complete
Awareness of MAT across all GP practices/GP sub-committee via NHSH Primary Care facilitated via Specialised GP / Associated Specialist post (<i>evidence via process measures</i>)		End January 2023
Awareness of MAT across community pharmacy via NHSH Pharmacy (<i>evidence via process measures</i>)		End January 2023
Revise NHSH Local Enhanced Service (LES) contract for Drug Use Treatment to include MAT (<i>evidence via documentation, process measures</i>)		End January 2023
Increase sign up to LES informed by national developments on securing inclusion of drug treatment in GP contracts (<i>evidence via documentation, process measures</i>)		End April 2024
Deliver a shared care model with NHSH GP practices supported by Specialised GP / Associated Specialist post (<i>evidence via documentation, process measures</i>)		End October 2023

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.
RAG status not yet established		
Actions/deliverables to implement standard 8		Timescales to complete
Independent advocacy offered and contacted at assessment and all review points (<i>evidence via documentation, process measures</i>).		End October 2022
Increase uptake of Reach Advocacy training (<i>evidence via process measures</i>)		End April 2023
Invest and/or attract additional resource to strengthen existing advocacy organisations to support people and families affected by problem drug use (<i>evidence via process measures</i>)		End October 2023
Include linkage to advocacy services in commission of Third Sector Highland wide drug and alcohol support service (<i>evidence via process measures</i>)		End April 2023
Continue to improve access to recovery groups and peer support (<i>evidence via process measures</i>)		End October 2023
Improve access to family and carer support with family members being meaningfully involved in the design and delivery of services (<i>evidence via process measures, experiential data</i>)		End January 2023

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.
RAG status not yet established		
Actions/deliverables to implement standard 9		Timescales to complete
Clear priority referral pathway established between the Drug and Alcohol Recovery Service and Mental Health Service (<i>evidence via documentation, process measures</i>)		March 2023
Clear governance structures and joint protocols for the coordination of care for those with co-occurring mental illness and substance use problems (<i>evidence via documentation, process measures</i>)		April 2023
Ensure mental health and substance use services are aware of the range and referral pathways for NHSH and wider support services (<i>evidence via documentation, process measures</i>)		February 2023
Training and workforce development plans prioritise shared skills, knowledge, joint protocols, integrated practice, effective communication and information sharing (<i>evidence via documentation, process measures</i>)		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>
RAG status not yet established		
Actions/deliverables to implement standard 10		Timescales to complete
Secure executive level management and estates support to increase trauma sensitive accommodation/the clinical space required in most areas to improve access to treatment (<i>evidence via process measures</i>)		End March 2023
CBT therapist recruited to HMP Inverness to provide trauma-informed interventions to compliment Tier 1 and 2 already provided (<i>evidence via process measures</i>)		End November 2022
CBT therapist for DARS to be advertised for the service to provide interventions across all 4 tiers of the Psychological Therapies Matrix (<i>evidence via process measures, experiential data</i>)		End October 2022
Strengthen the delivery plan for trauma-informed care and deliver 2 x tests of change sites to progress embedding across relevant services (<i>evidence via QI, process measures, experiential data</i>)		End March 2023