

REPORT

Edinburgh's Medication Assisted Treatment (MAT) Standards for Drug Users Implementation Plan

Edinburgh Integration Joint Board

18 October 2022

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board with information on Edinburgh's Medication Assisted Treatment (MAT) Standards implementation plan. It includes a description of how the plan has been developed and proposes new governance arrangements.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Approves the Edinburgh MAT Standards Implementation plan and commits to supporting it. 2. Requests that the Chief Officer sign the plan on behalf of the Edinburgh Integration Joint Board as requested by the Scottish Government.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		✓
	No direction required	
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been circulated to any other EIJB committee prior to submission to the EIJB.



Main Report

2. The Medication Assisted Treatment (MAT) Standards are nationally defined standards for the speed, capacity and quality of treatment for drug users. They are a central element of the national mission to reduce Drug Related Deaths and are key to local and national drug strategies. Substantial investment has been committed by the Scottish Government (SG) to ensure that they are achieved.
3. The standards were originally published in July 2020 with the expectation that the first five of the ten standards all would be implemented fully by April 2022. This was not achieved anywhere in the country. Edinburgh's implementation was more advanced than the national average at that point – Edinburgh was considered amber for all standards (on a red-amber-green scale).
<https://www.publichealthscotland.scot/media/14459/mat-benchmark-supplementary-information-report.pdf>
4. Following publication of the national report into MAT standards, additional reporting is required by the SG to ensure adequate progress is being achieved. These requirements are:
 - 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.
5. In summary, these new governance arrangements require a that progress towards MATS implementation is closely overseen by senior management and for risks to delivery to be identified and escalated rapidly.
6. The Edinburgh Alcohol and Drug Partnership (EADP), Edinburgh Health and Social Care Partnership (the Partnership), the EIJB and other partners have developed a plan which is intended to achieve standards 1-5 by April 2023 and the remaining standards by April 2024 in line with the expectations of the Scottish government. The plan has been approved by the operational managers involved and is agreed to represent the necessary actions for delivery. It is clear, however, that risks remain to full achievement.
7. The plan has been shared with the Scottish Government in accordance with the expected timeline.
8. The governance of the plan is in line with the Minister's letter:
- a. The EADP and the Partnership will co-ordinate monthly meetings of a new MATS Oversight Group, membership of which will include all partners with responsibility for delivery of actions. This group will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery.
 - b. A quarterly report will be presented to the Partnership Executive Management Team (chaired by the Chief Officer) for comment and to address any risks to delivery.
 - c. The report will be taken through appropriate governance within NHS Lothian and City of Edinburgh Council before being formally submitted as an approved Plan to the SG.
 - d. Timelines for each of the above will be established when the submission dates to the SG have been confirmed.



Implications for Edinburgh Integration Joint Board

Financial

9. Funding for the current spending plans was agreed by the IJB in December 2021. It is not clear that the current investment will sustainably achieve the required target, but the spending plan does fully describe the use of the recurring budget available.

Legal / risk implications

10. Delayed implementation would be a reputational risk, impact on staff morale and would protract the public health and patient harms which the MAT standards are intended to obviate. The expectation in terms of delivery is not changed by the additional governance requirements, but the reputational risk is increased.

Equality and integrated impact assessment

11. An IIA of the plan will be developed by the EADP and the Partnership.

Environment and sustainability impacts

12. NA

Quality of care

13. The full implementation of the plan would represent a significant improvement in the quality of care for people who use drugs.

Consultation

14. The development of the plan has been informed by the views and experience of users of the services, their carers, members of the recovery community and frontline practitioners.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board or relevant Executive lead

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Appendices

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| Appendix 1 | Correspondence from Minister for Drugs Policy - Medication Assisted Treatment 23 June 2022 |
| Appendix 2 | MAT Standards implementation plan |

Minister for Drugs Policy
Angela Constance MSP



T: 0300 244 4000
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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.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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www.gov.scot

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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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MAT STANDARDS IMPLEMENTATION PLAN

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

Edinburgh

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

Name	Position/Job Title
Judith Proctor	EIJB 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:

The plan has been developed with the full range of ADP partners.

Involvement of lived and living experience includes their involvement in underpinning needs assessment work, ongoing experiential data gathering and widespread involvement of PWLE in the delivery of treatment and support.

The governance of the plan is in line with the Minister's letter:

- The EADP and EH&SCP will co-ordinate monthly meetings of a new MATS Oversight Group, membership of which will include all partners with responsibility for delivery of actions. This group will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery.
- This quarterly report will be presented to the H&SCP Executive Management Team (chaired by the Lead Officer who is also IJB Chief Officer) for comment and to address any risks to delivery.
- The report will be passed to the other two Chief Executives for agreement before being shared with the SG.
- Timelines for each of the above will be established when the submission dates to the SG have been confirmed.

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

Name	Position	Delivery Partner	Date signed

Appendices:

- Appendix 1: Summary of recruitment plans:
- Appendix 2: Summary of developmental/ QI projects:

Background reading: Evidence-based assessment of progress, MAT standards 1–5. April 2022, Edinburgh
[Supplementary information for the national benchmarking report on implementation of the Medication Assisted Treatment \(MAT\) standards. 2021/22](#) p357-375)

Abbreviations used in this document:

Abbreviation	Description
CGL	Change, Grow, Live (contracted voluntary sector partner)
EADP	Edinburgh Alcohol and Drugs partnership
EH&SCP	Edinburgh Health and Social care Partnership
MIST	MAT standards Implementation Support Team (Public Health Scotland)
NHSL PH	NHS Lothian Public Health
ORT	Opiate Replacement Therapy
Police Scotland (VOW)	Police Scotland (Operation Threshold, outreach team)
QI	Quality Improvement
QI Academy	Quality Improvement Academy (NHS Lothian)

REAS	Royal Edinburgh and Associated Services
REAS (HRT)	Harm Reduction Team
REAS (PCFT)	Primary Care Facilitation Team
RGN	Registered General Nurse
RMN	Registered Mental Nurse
The Access Place	EH&SCP service delivering integrated treatment and support to homeless people
TPS	Turning Point Scotland (contracted voluntary sector partner)

Lead Contacts of organisations involved in implementation:

Organisation	Contact
CGL	Beverley Hubber <Beverley.Hubber@cgl.org.uk>
EADP	David Williams <David.Williams@edinburgh.gov.uk>
EH&SCP	Mike Massaro-Mallinson <Mike.Massaro-Mallinson@nhslothian.scot.nhs.uk>
MIST	Dave Taylor <david.taylor28@nhs.scot>
NHSL PH	James Shanley <James.Shanley@nhslothian.scot.nhs.uk>;
REAS (HRT)	Jim Sherval <Jim.Sherval@nhslothian.scot.nhs.uk>;
REAS (PCFT)	Judith Craven <Judith.Craven@nhslothian.scot.nhs.uk>; David Ewart <David.Ewart@nhslothian.scot.nhs.uk>
TPS	Carmen McShane <carmenmcshane@turningpointscotland.com>

MAT Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

April 2022 RAG status: Amber.

Summary of current performance: Local guidance allows for same day start of MAT, but there are multiple routes into treatment (4 x hubs, Harm reduction Team, Edinburgh Access Place) and the pathways and pressures vary. An information gathering exercise in April 2022 indicated variable waits and same day initiation of prescribing in only two settings (EAP and HRT).

Summary action plan: Develop single city-wide clinic to offer same day assessment and treatment start. This will offer assessment and initiation five days a week to people presenting themselves, being referred by other agencies or attending with the support of outreach teams. It will offer treatment in community settings where this is required.

Summary budget:

Central Titration Clinic costs pa	(£000's/ year)
Clinical component (nurses, prescribers, admin, manager)	£368
Social work	£56
Voluntary sector practitioners	£120

Actions/deliverables to implement standard 1	Lead	Timescales to complete
Implement a central clinic offering same day access, open 5 days a week, supported by outreach		
Recruitment in H&SCP (see appendix 1)		
Funding confirmation	EADP	Dec 2021
First round of Advertisement	EHSCP	September 2022
Second round of advertisement (if needed)	EH&SCP	Dec 2022
Expansion in voluntary sector partners' capacity (see appendix 1)		

Funding confirmation/ contracts in place	EADP	August 2022
First round of Advertisement	TPS/ CGL	Sept 2022
Second round of advertisement (if needed)	TPS/ CGL	Dec 2022
Clinic set up		
Service procedures, pathways etc in place	EH&SCP	October 2022
QI charter agreed	NHL PH/ EH&SCP/ MIST	October 2022
Clinic open and seeing existing waiting list	EH&SCP	October 2022
Clinic open via self presentation/ assertive outreach	EH&SCP	Dec 2022
Monitoring and oversight		
External evaluation of clinic secured	EADP	October 2022
MAT 1 reporting submitted to SG/ PHS	NHSL PH	Feb 2023
Six month progress report	EH&SCP/ NHSL PH	June 2023
Criminal Justice		
Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement	EADP and various local partners alongside MIST	April 2025
Ensure, in line with the previous Health Needs Assessment, that treatment can be initiated in HMP Edinburgh and that all people returning to the Edinburgh community from any prison have continuity of care	EADP and various local partners alongside MIST	April 2025

MAT Standard 2: All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.

April 2022 RAG status: Amber

Summary of Current position/ planned actions

Most components of this standard are already in place; there is no time limited care and guidance requires offering choice in relation to dose and medications.

The key development in this area is roll out of Buvidal (a novel, injected medication formulation with significant advantages). This is currently offered to a proportion of patients in secondary care, mostly people who have recently entered treatment. The standard requires it to be offered to all of those entering treatment but also conversion to it should be systematically offered to the existing patients.

The NHS and ADP have developed an agreed pathway for people to start on/ convert to buvidal. The key new things required to implement it are

- 1) capacity to dispense the drug in secondary care (nursing time) and
- 2) dispensing arrangements in community pharmacy (via a new contract) – this is currently being piloted in 3 pharmacies

When these are in place, the local teams and GP practices will be able offer conversion to Buvidal to their patients and will progressively do this group by group.

As with MAT 1, the next milestone is the development of a central, dispensing clinic, in this case requiring recruitment of two band 5 nurses, prescribing and admin capacity (total investment £138k pa). The outline processes, guidance etc and accommodation are in place but the required recruitment has not yet begun. Other costs associated with the roll out of Buvidal (medication costs, pharmacy charges) are not part of the ADP financial plan.

Actions/deliverables to implement standard 2	Lead	Timescales to complete
Implement a central clinic dispensing Buvidal		
Recruitment in H&SCP (see appendix 1)		
Funding confirmation	EADP	Dec 2021
First round of Advertisement	EH&SCP	September 2022
Second round of advertisement (if needed)	EH&SCP	Dec 2022
Clinic set up		

Service procedures, pathways etc in place	EH&SCP	October 2022
Clinic open and taking existing buvidal patients	EH&SCP	October 2022
Establish arrangements for community pharmacy Dispensing		
Pilot sites in place (three outlets)	REAS	August 2022
Initial evaluation of Pharmacy Buvidal dispensing	REAS	December 2022
Systematically offer choice to existing patients in primary and secondary care		
Plan for offering conversion for secondary care patients in each hub	EH&SCP (hubs)	December 2022
Plan for offering conversion to patients in each GP practice	EH&SCP (hubs)	December 2022
Monitoring and oversight		
Annual MAT 2 reporting submitted to SG/ PHS	NHSL PH	Feb 2023
Criminal Justice		
Ensure that those identified in Police custody or courts as needing treatment or those on DTTO have access to the full range of medications	EADP and various local partners alongside MIST	April 2025
Ensure that treatment options in HMP Edinburgh include all medications	EADP and various local partners alongside MIST	April 2025

MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

RAG status April 2022: Amber

Summary of present/ planned actions: Edinburgh has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death. Subject to the outcomes of ongoing performance monitoring, it is anticipated that the current work plus planned actions (including additional investment) will deliver the standard before April 2023. Actions for this area focus on standardising practice, evidencing impact and stabilising/ expanding funding.

Summary action plan

- Expand total capacity for outreach to those in crisis
- Ensure that Assertive outreach is linked to the arrangements for rapid access to treatment (MAT 1)
- Systematise and standardise approaches to decision making, practice, risk management and reporting evidence
- Diversify the skill mix of those doing outreach
- Ensure integration with other systems (vulnerable adults, MH, etc) and between elements of our own system

Summary budget: A ringfenced budget of £251,000 pa has been allocated to this work by the Scottish Government. Several of the key elements of the current provision have been developed using non-recurring ADP funding and it has been agreed to commit revenue to these.

Current non-recurring investments (to be extended)	£000's pa
Outreach post at Harm Reduction Team	35
Operation Threshold	30
A&E navigators	27
Drug liaison nursing contribution	45
Proposed new development:	
Additional outreach capacity in Harm Reduction team	58

Actions/deliverables to implement standard 3	Lead	Timescales to complete
Standardising practice and ensuring governance:		
Standardise and share operating procedures: develop standard assessment, risk assessment and decision-making paperwork for each of the outreach teams	NHSL PH	October 2022

Expanding capacity and securing funding		
Fund/ recruit additional workers in Harm Reduction Team	EADP/ REAS	Done/ October 2022
Fund/ Recruit vol sec workers and social worker attached to the new MAT 1 clinic	EADP/ CGL & TPS/ EH&SCP	August 22/ Oct 22
Reaching high risk individuals in specific environments:		
Hostels/ B&Bs: Establish standard joint working and training offer with these teams to support MAT 3 delivery; test delivery of ORT clinics within Hostels	NHSL PH; The Access Place	April 2023
Council Housing Concierge Service: Establish joint working and training offer with this team to support MAT 3 delivery	Police Scotland (VOW)	April 2023
Residential social landlords (complete test of change of intensive joint working with one RSL and publish)	TPS/ CGL	April 2023
Practice improvements:		
Ensure that patients of the Central titration clinic have transport and support to use it (drivers/ outreach)	EADP	Dec 2022
Undertake a test of change to identify the impact of out of hours work on engagement rates	EADP/ EH&SCP	June 2023
Criminal Justice		
Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement	EADP and various local partners alongside MIST	April 2025
Ensure, in line with the previous Health Needs Assessment, that all people returning to the Edinburgh community from any prison have continuity of care including outreach to support continued engagement	EADP and various local partners alongside MIST	April 2025

<p>MAT Standard 4: All people are offered the following evidence-based harm reduction interventions at the point of MAT delivery. BBV testing; Assessment of injecting risk; Injecting equipment provision; Naloxone and overdose awareness; Wound care; Sexual and reproductive health</p> <p>RAG status (April 2022): Amber:</p> <p>Current and planned actions: This standard is partially implemented (amber) because it is not clear that the core interventions (naloxone, injection equipment, blood-borne virus testing) are consistently available at the same time and place as all MAT appointments. However, most interventions are available in most settings and it is anticipated that the current work plus planned actions will deliver the standard before April 2023. Note that the assessment of this standard does not include primary care settings, but this is a challenge in Edinburgh where 62% of the caseload are cared for by general practice.</p>		
Actions/deliverables to implement standard 4	Lead	Timescales to complete
BBV testing		
Survey to identify the proportion of staff trained (nursing and vol sec)	EADP	Jan 2023
Action plan for each team to bring it towards 100%	EH&SCP/ REAS/ CGL&TPS	Jan 2023
Audit of case notes	EADP/ NHSL PH	March 2023
Assessment of injecting risk		
Survey to identify the proportion of staff who have done injecting training (nursing and vol sec)	EADP	Jan 2023
Action plan for each team to bring it towards 100%	EH&SCP/ REAS/ CGL&TPS	Jan 2023
Audit of case notes	EADP/ NHSL PH	March 2023
Injecting equipment provision		
Ensure that all rooms in which ORT is offered by specialist services have equipment in	EHSCP and REAS (HRT)	Feb 2022
Naloxone and overdose awareness		
Audit of case notes	EADP/ NHSL PH	March 2023
Criminal Justice		
Include DTTO in all MAT 4 developments alongside other community treatment services	EADP/ CEC/ REAS	As above
Ensure that the elements of MAT 4 that can be delivered in a prison environment are delivered in HMP Edinburgh	EADP/ REAS	As above

MAT Standard 5, & 7 and Treatment target:

- MAT 5: All people will receive support to remain in treatment for as long as requested
- MAT 7: All people have the option of MAT shared with Primary Care
- Treatment target: increase by 9% the number of people receiving Opiate Replacement Treatment by April 2024

April 2022 RAG status: Amber

Summary of present/ planned actions

- Currently there are 3000 patients receiving drug treatment in Edinburgh, out of 6000 estimated people who use drugs problematically. Meeting the Treatment target will require that an additional 276 patients are treated by a system of care which already has very high pressures. Introducing same day access to treatment (MAT 1) and even more active efforts to avoid disengagement (MAT 3) are expected to result in increasing numbers of people in care.
- Currently 62% of people on ORT are already in primary care and 95% of all people who are in ORT treatment have GPs who provide ORT. This is hugely ahead of the national average (a legacy of NHS Lothian approaches over several decades).
- There are no limits on the time that people can remain in care but there is a finite capacity for treatment. The clinical and voluntary sector workforce in specialist services is smaller than required to deliver care to the current patient group. It is further depleted by recruitment challenges, staff absence and reliance on temporary posts.
- MAT 5 requires systems of care to “have pathways in place or models of support that are flexible and offer different care packages that [range from low [to high] intensity” and to ensure that people are able to move easily between these models of care according to need. It is not clear that the current system of care is able to achieve this.

Within current resource constraints (funding, premises, available workforce) and models, meeting the existing pressures and new expectations is not possible. In December 2021 the ADP made an application to MIST (the MAT standards Implementation Support Team) describing a plan with the following intended outcomes and a funding request of **£1.6m pa**

- Reducing practitioner caseloads in hub services
- Developing Low intensity care in community settings - demonstrating models of high volume care/ increased safe, MAT compliant throughput from secondary care to increase the number of people who can be treated).
- Maximising use of primary care

This proposal was agreed. However, only £0.75m pa has been made available and the funding has only recently been confirmed. This recurring budget is to be divided between EH&SCP (£628k pa) and voluntary sector (£128k pa) partners. The implementation plan for this work consists of

<ul style="list-style-type: none"> recruitment (summarised in appendix 1) and commitments to Quality Improvement projects (summarised in appendix 2. <p>This plan has been agreed between</p> <ul style="list-style-type: none"> the ADP key delivery partners (EH&SCP and the voluntary sector hubs services – CGL and TPS) and The organisations who will support the change (NHSL Public Health, MIST, REAS PCFT). 		
Actions/deliverables to implement standard 5, 7 and Treatment Target	Lead	Timescales to complete
Expand and diversify workforce in locality teams (see appendix 1)		
Recruitment in H&SCP		
Funding confirmation	EADP	August 2022
First round of Advertisement	EH&SCP	September 2022
Second round of advertisement (if needed)	EH&SCP	Dec 2022
Recruitment in voluntary sector partners'		
Funding confirmation/ contracts in place	EADP	August 2022
First round of Advertisement	TPS/ CGL	Sept 2022
Second round of advertisement (if needed)	TPS/ CGL	Dec 2022
Develop new models of care through tests of change (See appendix 2)		
Alcohol Pathway improvement (to increase efficiency and patient experience, releasing capacity) – three hubs		
QI charters/ baseline measures (3 hubs)	EH&SCP with support from NHSL PH and MIST	October 2022
Primary care: Maximising the appropriate use of primary care to increase total treatment capacity		
Recruit additional developmental capacity (Primary Care Liaison GP)	REAS (PCFT)	November 2022
QI charters/ baseline measures	EH&SCP with support from PCFT, NHSL PH and MIST	October 2022

Improved throughput, case management and role delineation		
QI charters/ baseline measures	EH&SCP with support from NHSL PH and MIST	October 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.

Completed and planned actions are noted below
 Note that standards 6 - 10 were not formally evaluated in March 2022.
 However, planning and implementation for MAT 6 in the Lothians are understood to be well developed by national standards.

Actions/deliverables to implement standard 6	LEAD	Timescales to complete
Establish required MAT 6 strategic leadership/steering group with appropriate membership and function	NHSL Clinical Psychology	Complete
Develop an overall MAT 6 delivery plan for EADP	NHSL Clinical Psychology	Complete
Develop service specific delivery plans for all EADP services (including a framework for evidencing and reporting implementation progress)	NHSL Clinical Psychology	Dec 2022
To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6. This includes: a) Staff survey b) Service user survey	NHSL Clinical Psychology	a) Complete b) Dec 2022)
Initiate ongoing process of service development/ improvement to ensure the service culture and environment is psychologically-informed	NHSL Clinical Psychology	March 2023
Develop a workforce development plan clearly outlining MAT 6 training and supervision requirements and plans for delivery.	NHSL Clinical Psychology	Complete

Make available training, coaching and supervision for staff in key evidence-based MAT 6 psychosocial interventions	NHSL Clinical Psychology	Complete
Make available regular reflective practice space for staff working across all service areas	NHSL Clinical Psychology	Complete
Ensure appropriate staff have psychosocial interventions delivery built into job plans, with protected time to deliver (and attending coaching/supervision)	NHSL Clinical Psychology	Dec 2022
Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions	NHSL Clinical Psychology	Dec 2022
Establish a collaborative MAT 6 care planning process which has the service users' views at the centre.	NHSL Clinical Psychology	Dec 2022
To ensure tier 3 & 4 psychological therapies are available to people without significant delay (i.e. initial assessment within 4 weeks, and treatment starting within 12 weeks of being deemed suitable)	NHSL Clinical Psychology	Dec 2022
Develop a short-life working group that will scope current peer networks activity in specialist services	EADP	Complete
Develop specific plans to ensure people are actively offered access to recovery community activities and people in open recovery from all specialist services	EADP/ CGL	April 2023

MAT Standard 7: All people have the option of MAT shared with Primary Care.

Actions required are described above (MAT 5 plan):

95% of ORT patients have practices which provide ORT. Improvement will consist of ensuring the maximum appropriate use of primary care through

- improving communication between primary care, secondary care, and non-statutory addiction agencies.

- improving primary care confidence in shared care treatment
- supporting GP practices in their delivery of ORT

and/ or by supporting pathway changes which encourage smooth transfer of patient care to primary care and appropriate referral from primary to secondary care.

MAT Standard 8 All people have access to independent advocacy and support for housing, welfare and income needs. Note that standards 6-10 were not formally evaluated in March 2022, but completed and planned actions are noted below

Actions/deliverables to implement standard 8	Timescales to complete	Lead
Continue provision of Independent Advocacy through Advocard, on site income maximisation services in locality teams and primary care; continue to offer voluntary sector case management to all secondary care patients; provide support for families (through VOCAL)	Ongoing	EADP
Publish leaflet detailing MAT rights and the organisations who will advocate and support patients to receive them	Feb 2023	EADP
Undertake development with treatment teams to ensure that pathways to these services are understood by all frontline practitioners	March 2023	EADP
Criminal Justice		
Include DTTO in all MAT 8 developments alongside other community treatment services	EADP/ CEC/ REAS	As above
Ensure that the MAT 8 standards that can be delivered in a prison environment are delivered in HMP Edinburgh	EADP/ REAS	As above

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. The local system of secondary care has strengths in this regard (notably integration between the vol sec, social work and clinical teams; and shared locality management of MH and drug and alcohol teams. However, there are a very wide range of approaches to how integrated dual diagnosis care should be delivered and the current intention is to respond to national developments identifying best practice.

MAT Standard 10: All people receive trauma informed care.		
<p>Completed and planned actions are noted below Note that standards 6 - 10 were not formally evaluated in March 2022. However, planning and implementation for MAT 6 in the Lothians are understood to be well developed by national standards.</p>		
Actions/deliverables to implement standard 10	Lead	Timescales to complete
Establish required MAT 6 strategic leadership/steering group with appropriate membership and function	NHSL Clinical Psychology	Complete
Develop an overall MAT 10 delivery plan for EADP	NHSL Clinical Psychology	Complete
To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6 & 10. This includes: <ul style="list-style-type: none"> a) Staff survey b) Service user survey c) Trauma Walkthroughs 	NHSL Clinical Psychology	<ul style="list-style-type: none"> a) Complete b) Dec 2022 c) March 2023
Initiate a process of continuous quality improvement underpinned by the principles of trauma informed care	NHSL Clinical Psychology	March 2023
Initiate a process where service users are continually asked for their views on service delivery and areas for improvement (in line with TIC)	NHSL Clinical Psychology	March 2023
Offer appropriate training supervision for all staff to work safely and effectively with trauma	NHSL Clinical Psychology	Complete
Develop a wellbeing planning tool and activities (e.g. staff mindfulness groups) to support staff health and wellbeing	NHSL Clinical Psychology	March 2023
Appropriate screening tools to be identified for use routinely (as appropriate) so that trauma is recognised	NHSL Clinical Psychology	March 2023

Appendix 1: Summary of recruitment plans:

Permanent additional recruitment:

Professional group	Number to be recruited
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Expanding capacity (MAT 5, 7 and Treatment target):

B7 advanced nurse practitioners/ pharmacy NMP	3
Band 6 RMN	4
Band 6 OT	1
Band 5 RMN	1
Band 4/ Band 3 Health care assistants	6
TPS/ CGL practitioners (various grades)	6

Titration clinic (MAT 1):

B7 nurse team leader	1
WTE nurses/ prescribers (B6)	3
2 x 0.5 WTE Social Worker	1
TPS/ CGL practitioners (various grades)	4

Buvidal Clinic (MAT 2)

Band 5 nurses	2
Admin	1

Project manager

Band 7	1
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Temporary posts to support development for two years:

Development RGN	1
Primary care liaison GP	0.4

As described under the All of the core posts are to be advertised through a single recruitment process (in each organisation) by September 2022, readvertised as needed in December 2022.

Other, non-recurring investments in workforce have been made or are being considered: most particularly, Speciality doctors and Pharmacist prescribers are in post/ are being sought to provide treatment capacity until the full complement of nursing posts can be filled.

Additional non-recurring funding for staffing or other uses is available within the ADP budget. All partners, particularly EH&SCP are able to have requests for this funding considered where it would achieve MAT standards.

Appendix 2: Summary of developmental/ QI projects:

All of these are to be delivered alongside the expansion of staffing numbers and included in the reporting to

Key developmental projects:	Standard	Lead operational team(s) delivering	Lead QI support
Same day access	MAT 1	Central Titration clinic	Project manager (plus external evaluation)
Implementation of the Bupivacaine pathway	MAT 2	Central Bupivacaine Clinic/ all hubs	Project manager
Increasing capacity	MAT 5&7& treatment target		
<ul style="list-style-type: none"> Improving links Primary care (resulting in greater use of available capacity) 		NW, SW, SE hubs	Project manager/ PCFT (REAS)
<ul style="list-style-type: none"> More effective alcohol pathway (leading to efficiencies, improved patient experience and higher throughput) 		NW, SW, SE hubs	QI academy
<ul style="list-style-type: none"> Improved throughput, case management and role delineation 		NE and NW hubs	MIST/ project manager
<ul style="list-style-type: none"> Identifying the value of occupational therapy in increasing ORT capacity 		NE hub	QI Academy
Improving access to physical healthcare for patients of the hubs	Passim	All hubs	QI Academy
Establishing/ expanding extra local bases to improve access and retention	Passim	NE (Craigmillar), SE (Gilmerton), SW (Gorgie Dalry)	NA

DRAFT