

MAT STANDARDS IMPLEMENTATION PLAN: QUARTERLY/MONTHLY PROGRESS UPDATE

This progress update sets out quarterly or monthly progress against the delivery of the MAT Standards Implementation Plan, as well as the related quarterly reports required for the Drug and Alcohol Waiting Times and the Treatment Target.

Integration Authority	Perth and Kinross
Period covered	November 2022

This update is submitted by the lead officer/postholder nominated to ensure delivery of this Implementation Plan:

Name	Position/Job Title	Contact details
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This progress update should be read in conjunction with the P&K MATS implementation plan version:	30th November 2022
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MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.
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Plan #	Actions/deliverables to implement standard 1	Timescales to complete	Progress in period	Risks
1.1	Develop and commence a test of change working on one day a week for drop in, multi-agency assessment clinic in Perth City	December 2022	Test of change started one day a week from Tuesday 8 th November. Now ongoing.	
1.2	Gather and analyse quantitative and qualitative feedback to enable the operating model to be further developed	December 2022 but will evolve during the test	Experience and data collection procedures being tested in line with the test of change.	LOW - Not enough time to robustly test the collection processes for 'live' data reporting from January 2023
1.5	Develop ongoing reporting procedures of achievement of same day prescribing	March 2023	Will be developed as the test of change progresses	
1.6	Deliverable: Document 1.1 – Documented pathway that meets the MAT standards criteria	January 2023	Many current pathways - residential, alcohol etc. Reviewing content and developing an approach that brings it all together.	
1.7	Deliverable: Document 1.2 – Standard Operating Procedure that meets MATs criteria	January 2023	Draft SOP currently under review	
1.8	Deliverable: Document 1.3 – Prescribing guidelines that meet MAT standards criteria	March 2023	Tayside Prescribing guidance in need of review - especially in line with the considerations (same day prescriptions; handover of prescriptions). Lead pharmacist no longer in post (Karen Melville).	

Assessment of Progress:	Red/Amber/Green¹	
<p>Comment / remedial action required</p> <p>The major challenge has been around securing premise space as the building used by IDART is not fit for purpose. Additional space was secured in a nearby site, at a cost, which will enable the test of change to commence but later than we initially planned but then a leak in the roof made the room unsafe, so we have commenced from Drumhar Health Centre as best as we can. Hope is that the roof issue will be fixed in January so that we can start using that room.</p> <p>Funding for this additional space is available until March 2023 which creates a risk for the sustainability of the test of change if a solution to the space or ongoing funding is not found.</p>		

¹ **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
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Plan #	Actions/deliverables to implement standard 2	Timescales to complete	Progress in period	Risks
2.2	Complete training or validation for all substance use service staff to ensure they are aware of the various treatment models	December 2022	Underway. Existed Staff have had training. Rolling programme to be implemented.	
2.3	Develop a pathway to inform and support service users to make an informed, and agreed	December 2022	This is part of the prescribing assessment when options discussed.	

	choice, about medication after considering methadone; buprenorphine or buvidal		Checking that prescribing guidelines cover this need and will either revise or develop a local pathway.	
2.4	Complete training induction for appropriate new members of staff to enable them to support service users in making informed decisions on their medication	December 2022	Induction programme content revised and delivered to new joiners. One person still to complete.	
2.5	Agree source and availability of ongoing funding to support medication options, which may become a constraint of choice for service users	March 2023	No significant progress in identifying funding beyond 22/23.	
2.6	Develop a pathway for prescribing for service users transitioning into and out of HMP Perth	March 2023	Procedures agreed and in place. Pathway to be documented.	
2.7	Develop ongoing reporting procedures to reflect service users' outcomes on their medication choice	March 2023	An initial manual recording process has been introduced. This is expected to evolve with experience	
2.8	Deliverable: Document 2.1 – Prescribing guidelines that offer all choices of medication	March 2023	See plan action 1.8 / Deliverable document 1.3	
2.9	Deliverable: Document 2.2 – Home office licence or a standard operating procedure for named patient prescribing	November 2022	Licence was issued 11 th November 2022 submitted to MIST. Awaiting acceptance / item closure.	

Assessment of Progress:	Red/Amber/Green	
Comment / remedial action required Significant training and awareness activity has been completed for existing and new staff to raise understanding.		

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MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
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Plan #	Actions/deliverables to implement standard 3	Timescales to complete	Progress in period	Risks
3.3	Appoint a Tayside non-fatal overdose coordinator to monitor and chair NFOD meetings; review processes to identify inconsistencies or opportunities and undertake ongoing data analysis as well as other activities deemed appropriate to the role		This is a Tayside led appointment that has not been made. A candidate was appointed to role but then withdrew from the process	
3.4	Engage with, and support, the Perth & Kinross mental health strategy group tasked to redesign primary care mental health services to ensure substance use services are part of an integrated pathway.		See standard 7	
3.7	Deliverable: Document 3.1 – Documented pathway that meets the MAT standards criteria	January 2023	Established NFOD pathway works well but needs to be formally documented	
3.8	Deliverable: Document 3.2 – Standard Operating Procedure that meets MAT standards criteria	January 2023	Tayside wide SOP for MAT 3 in place. To be reviewed to validate if any editing is required to reflect local processes.	

Assessment of Progress:	Red/Amber/Green	
<p>Comment / remedial action required</p> <p>The core activities are in place to utilise the IDART daily staff huddle (plan action 3.1) and NFOD meetings (plan action 3.2) to identify and monitor high-risk individuals.</p> <p>Additional opportunities, especially working in alignment with mental health services (as per actions 3.3 and 3.4) are still to be put in place.</p>		

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MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.
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Plan #	Actions/deliverables to implement standard 4	Timescales to complete	Progress in period	Risks
4.1	Engage with and support, as required, the Tayside wide group tasked with developing and implementing the necessary actions to ensure this standard is achieved	Ongoing	Tayside led meetings being attended and supported as required	
4.2	Ensure the Tayside wide actions align with Perth & Kinross requirements and resources.	Ongoing	Initially completed, which resulted in plan actions 4.3 and 4.4.	
4.3	Deliver BBV / harm reduction awareness training to all IDART staff		Initially delivered in July with added session in September for new staff. Now part of induction.	

			BBV team provide feedback on missed people	
4.4	Obtain and issue carry on packs (harm reduction packs) for all IDART staff		Tayside delivery of packs have arrived at Dundee. Onward delivery to Perth not yet done. Pack contents are being reviewed so that all options can be offered at.	
4.5	Train staff on AIR (assessment of injecting risk) tool and recording on NEOL (needle exchange online)		In progress	
4.6	Deliverable: Document 4.1 - Local protocol to enable core harm reduction services at the same time and place as MAT and OST delivery	February 2023	Tayside wide improvement plan in place. Harm reduction services present in Drumhar, however unable to offer full range. Tayside wide group to develop core protocol with an additional local authority variation to be attached	
4.7	Deliverable: Document 4.2 - Training plan delivered to ensure all staff offering MAT and OST can provide the core harm reduction services at the same time and place as MAT and OST delivery		Tayside wide improvement plan contains training plan	
4.8	Deliverable: Document 4.3 – Evidence of a system to record the delivery of core harm reduction services at the same time and place as MAT and OST delivery		Work in progress along with Tayside Information Analysts for recording of interventions	
4.9	Deliverable: Document 4.4 – Evidence or confirmation that all the equipment (needles, syringes, filters, foils, naloxone etc.) and	In progress	Work underway with NHS Tayside estates to plan changes to Drumhar Health	

	documentation required to provide core harm reduction services readily available in all rooms where MAT or OST are offered		Centre IDART rooms which includes a central store and room supply storage	
4.10	Deliverable: Document 4.5 – Evidence of controls to ensure an appropriate quantity, range and size of needles, syringes and equipment available so the correct equipment is used for each injection according to drug, injecting site and individual preference		Tayside-wide guidance for MAT4 contains a checklist for all the items that should be included in distribution packs.	

Assessment of Progress:	Red/Amber/Green	
Comment / remedial action required Delivery is progressing on a Tayside led basis. Local impact assessment undertaken.		

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MAT Standard 5	All people will receive support to remain in treatment for as long as requested.
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Plan #	Actions/deliverables to implement standard 5	Timescales to complete	Progress in period	Risks
5.3	Incorporate case load review at supervision meetings for IDART staff.	December 2022	In place. Overall average case load is increasing (480 in 2020 / now 627), much of this increase is due to people remaining in treatment for longer. Further analysis ongoing required.	

5.4	Review and improve pathway for service users leaving IDART that identifies and signposts them onto appropriate supports	Unknown	Review in progress	
5.5	Deliverable: Document 5.1 – Documented pathway or models of support that meets the MAT standards criteria		See plan action 1.6 / deliverable 1.1. Intentions to tie all pathways and processes together.	
5.6	Deliverable: Document 5.2 – Standard Operating Procedure that meets MAT standards criteria		See plan action 1.6 / deliverable 1.1. Intentions to tie all pathways and processes together.	

Assessment of Progress:	<i>Red/Amber/Green</i>	
<p>Comment / remedial action required</p> <p>Regular review meetings for service users with key worker now in place (plan action 5.1) and also discussions at multi-disciplinary meeting to agree ongoing supports (plan action 5.2). Analysis and monitoring of case load will aid understanding and actions. Concern that primary care support is not forthcoming to assist with the pathway design (plan action 5.4) although a GP lead has now been identified.</p>		

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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.
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Plan #	Actions/deliverables to implement standard 6	Timescales to complete	Progress in period	Risks
6.3	Appoint a Psychology Assistant to support improvement work and improve access to psychology interventions	To be confirmed – depending on recruitment process	The position is currently awaiting NHS HR job evaluation. A backlog exists and they are being reviewed in date order.	Low risk that no suitable candidates apply
6.4	Support as required, the Tayside lead clinician for drug & alcohol recovery, in developing a pilot of computerised CBT type interventions for both, anxiety/low mood and specific substance/alcohol related intervention		Discussions ongoing with the Scottish Government lead for digital mental health	
6.6	Have clear pathways in place to ensure that service users can access higher intensity psychological therapies and follow on from lower intensity pathways		Established pathways to be reviewed and updated and include Psychology Assistant post.	
6.7	Deliverable: Document 6.1 - Documented service plan for delivering Tier 1 psychologically informed care and Tier 2 low-intensity psychological interventions (Criteria 6.1)		Psychology attending various meetings for input. Psychologist assistant post out to recruitment but delayed	
6.8	Deliverable: Document 6.2 – Evidence of a steering group that oversees the implementation of these plans (Criteria 6.2)		Psychology attends P&K MATS implementation Group meetings to provide input to plans and issues	

Assessment of Progress:	<i>Red/Amber/Green</i>	
<p>Comment / remedial action required</p> <p>The delay to job evaluation of the Psychology Assistant role has been escalated but we have been we have to await the outcome of the NHS HR evaluation. This delay is hindering our ability to make progress which has been further escalated to the NHS Tayside HR director at Care Governance Committee.</p>		

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MAT Standard 7	All people have the option of MAT shared with Primary Care.
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Plan #	Actions/deliverables to implement standard 7	Timescales to complete	Progress in period	Risks
7.1	Develop a mental health and substance use service that is wrapped around primary care	To be agreed	A working group is being established to progress this work with the first meeting to happen during November.	
7.4	Deliverable: Document 7.1 - Documented protocol(s) in place to share care between specialist services, GP and community pharmacies for people who are on MAT (criteria 7.1b) OR evidence of a steering group established to oversee the development and implementation of drug treatment in primary care		Working group set up for joint working of MAT 7 & 9. Lead project officer appointed from within Mental Health services	
7.5	Deliverable: Document 7.2 - Documented pathways in place that enable the transfer of		To be developed from redesign of service delivery	

	appropriate elements of care between specialist, mental health, GP and community pharmacy services		model for aligned mental health; alcohol and drug recovery and GP supports	
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Assessment of Progress:	Red/Amber/Green	
<p>Comment / remedial action required</p> <p>Previous, well-developed plans to redesign mental health and drug & alcohol recovery services around primary care have had to be reviewed after expected additional funding was withdrawn.</p> <p>A project officer has starting role within mental health services to help support and drive this work.</p>		

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MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.
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Plan #	Actions/deliverables to implement standard 8	Timescales to complete	Progress in period	Risks
8.2	Review IDART referral pathways to increase awareness of Independent Advocacy PK and ensure that all IDART staff are aware of this service	December 2022	Added to triage referral assessment.	
8.3	Engage with, and support, the Mental Health Triage project with the process design to ensure that IAPK is included in the options for support	December 2022	The mental health triage project is in the late stages of development. Getting a	

	for service users being reviewed at the daily meetings		data sharing agreement in place has taken longer than expected.	
8.4	Identify existing referral and support services for housing needs. Develop ongoing awareness training for delivery to IDART staff	February 2023	Initial factfinding started	
8.5	Identify existing referral and support services for welfare advice. Develop ongoing awareness training for delivery to IDART staff	February 2023	Initial factfinding started	
8.6	Identify existing referral and support services for income needs. Develop ongoing awareness training for delivery to IDART staff	February 2023	Initial factfinding started	
8.7	Deliverable: Document 8.1 – Evidence that independent advocacy services are commissioned or engaged with locally		Advocacy services in place as of Sept. 2020.	
8.8	Deliverable: Document 8.2 – Confirmation or evidence that staff have access to training to understand the role of independent rights-based advocacy and health inequalities training		Awareness training piece in development from Senior Nurses.	

Assessment of Progress:	<i>Red/Amber/Green</i>	
<p>Comment / remedial action required</p> <p>We have had independent advocacy in Perth & Kinross, without interruption during the pandemic since September 2020. Service is well established, includes support to people in hospital or prison and attendance at some recovery café meetings.</p>		

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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.
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Plan #	Actions/deliverables to implement standard 9	Timescales to complete	Progress in period	Risks
9.2	Develop awareness training for IDART staff and supporting partner services, on mental health issues and supports available to service users	Being planned	Early work has been done. A social worker with mental health experience is in post and will lead this	
9.3	Engage with, and support, the Perth & Kinross Multi Agency Mental Health triage project in developing a test of change for a daily meeting to identify the best support provider for people with an identified need	Ongoing with the project group	The mental health triage project is in the late stages development. Getting a data sharing agreement in place has taken longer than expected.	
9.4	Engage with, and support, the Perth & Kinross mental health strategy to redesign the mental health service so it is integrated with substance use services and wrapped around primary care.		See standard 7	
9.5	Deliverable: Document 9.1 - Documented service implementation plan that includes the MAT criteria in MENTAL HEALTH services		See standard 7 – to be developed as part of the service redesign	
9.6	Deliverable: Document 9.2 - Documented service implementation plan that includes the MAT criteria in SUBSTANCE USE services		See standard 7 – to be developed as part of the service redesign	
9.7	Deliverable: Document 9.3 – Documented pathways in place to support any identified mental health care needs across the ROSC and clear governance structures to establish effective joint working arrangements to care for		See standard 7 – to be developed as part of the service redesign	

	people with co-occurring mental health and substance use			
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Assessment of Progress:	Red/Amber/Green	
Comment / remedial action required Progress is now being made but delayed by the wider need to restart the redesign of mental health services – see standard 7.		

¹ **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

MAT Standard 10	All people receive trauma informed care.
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Plan #	Actions/deliverables to implement standard 10	Timescales to complete	Progress in period	Risks
10.1	Support Tayside Drug & Alcohol Psychology Service to develop and implement a pathway that includes Trauma Informed group work	December 2022	Ongoing with IDART staff currently being trained	
10.2	Support Tayside Drug & Alcohol Psychology Service to develop and implement a pathway for one-to-one psychology therapy interventions	December 2022	Ongoing with IDART staff currently being trained	
10.3	Undertake assessment of IDART premises to ensure they are fit for purpose and identify any necessary remedial works for progression	December 2022	Assessment has completed and work order raised with NHS estates which is now awaiting resourcing	Lengthy delays in work being completed.
10.4	Deliverable: Document 10.1 – Evidence of a plan in place for delivering trauma informed care that considers the 5 key drivers for		Pathway under development that includes trauma informed work. Perth &	

	organisational change recognised by NHS Education for Scotland		Kinross council employing a trauma coordinator, at advertisement stage now (Nov 22). Council led work on trauma to resume when post holder in role	
10.5	Deliverable: Document 10.2 – Evidence of a steering group to oversee the development and implementation of trauma informed care across MAT services		Steering group in place for MAT 6 will also take forward work for MAT 10. Trauma coordinator will be involved when post filled.	

Assessment of Progress:	Red /Amber/ Green	
<p>Comment / remedial action required</p> <p>Progress to raises staff awareness and understanding is being made but concern about the constraint of the existing premises which requires works to make the IDART area fit for purpose. Making one of the clinical rooms specifically suitable for trauma informed work is being considered</p>		

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Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.

The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

Q1 Performance:	64.9%
Q2 Performance:	
Q3 Performance:	
Q4 Performance:	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Review and amend process for alcohol referrals	30/05/22	Complete	Staff don't follow new process
Recruit 4 new clinical staff and 3 admin staff	30/09/22	All staff have now been recruited	Staff resignations/ long-term sick leave negate impact of new staff
Identify additional clinical space	Ongoing	Work is ongoing to free up space in Drumhar Health Centre	No additional space is available
MAT 1 "Same Day Prescribing" Test of Change	Start by 04/11/22	Planning is continuing to commence the Test of Change	Sufficient resources are not freed up to support the test of change

IDART Waiting Times Workshop to review process for all service users and review current recording protocols	To be held by 04/11/22	Workshop to be organised	Key staff not available to participate
Meeting with Tayside ABI Coordinator to discuss GP alcohol referrals and ABIs	11/10/22	The ABI Coordinator will meet with the ADP Adult Delivery Group to discuss GP ABI training	Lack of GP engagement
<p>Comment / remedial action required</p> <p>Performance in Perth and Kinross in Quarter 1 (April 2022 to June 2022) was negatively impacted by three key issues. These were:</p> <ol style="list-style-type: none"> 1. A continued high number of alcohol referrals which included a higher than usual volume of GP alcohol referrals without an appropriate ABI (Alcohol Brief Intervention) having been carried out prior to referral. A number of these also require a home visit to carry out an assessment. 2. In trying to proactively manage the increased number of alcohol referrals, potential solutions were limited owing to a lack of appropriate consulting room space which reduced the number of appointments available. 3. IDART has not had sufficient staffing capacity, both of clinical and admin staff, to meet the challenges of providing a service to meet the needs of increasing numbers of service users. The ADP has therefore provided funding via National Mission monies to recruit additional staff for IDART. Three new staff nurses were recruited and were progressing through induction during Quarter 1. Four additional posts (three staff nurses and one trainee NMP) remained vacant during this time. This negatively impacted the ability of IDART to meet the Waiting times target. <p>To address these issues, three key actions have been taken:</p> <ul style="list-style-type: none"> • The process for alcohol referrals has been reviewed and the following enhancements have been made: <ul style="list-style-type: none"> ◦ Unless clear evidence of dependency or appropriate ABI has been carried out, the referral is discussed at the partnership triage meeting for ongoing intervention by a partnership agency. 			

- Following assessment, referral to partnership agencies is made to complete relapse prevention and motivational enhancement interventions prior to inpatient admission for detoxification and to provide follow up post detoxification.
- Specific staff members have had dedicated time allotted to appoint new people for assessment when available consulting room space allows for this
- A 14 day opt-in letter is sent following initial non-attendance rather than arranging multiple appointments.
- Additional consulting room space is being sought in Drumhar Health Centre, where IDART are currently based. A number of potentially suitable rooms have been identified. However, they are currently in use and it is not clear whether these will be made available. In addition, improvements to the current facilities available to IDART have been submitted to NHS Estates for action. However, no timescale has been given to indicate when these improvements are likely to be made.
- Four new staff (three nurses and one trainee NMP) started between mid-July and mid-August.

It is expected that both the enhanced alcohol referral process and additional staffing will improve alcohol and drug waiting times to some extent. However, while the complement of clinical and admin staff in IDART is increasing, the benefits of this will not be felt until the second half of 22/23 when the new staff have completed their induction period. The lack of available clinical space will also continue to negatively impact the ability to improve waiting times performance.

In addition to the three key actions previously described, three additional actions are planned to take place which are also expected to improve Waiting Times performance.

- Perth and Kinross will be implementing a test of change for MAT Standard 1 (Same Day Prescribing) in early November 2022. This process will see service users from Perth City being offered same day appointments in a new dedicated space outwith Drumhar Health Centre.
- Recording issues have been identified which are having a negative impact on waiting times reporting. A workshop will take place for IDART staff members to review the processes involved from referral to treatment for all service users and review the current recording protocols.

- The ADP Adult Delivery Group will meet with the Tayside ABI Coordinator to discuss GP training and delivery of ABIs in Perth and Kinross.

Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

Quarterly Period	Increase Figure	Comments
Apr / Jun 2022	7	
Jul / Sept 2022	7	
Oct / Dec 2022	7	
Jan / Mar 2022	7	
Apr / Jun 2023	7	
Jul / Sep 2023	7	
Oct / Dec 2023	7	
Jan / Mar 2024	3	
Total 2 Year Increase Figure for IA	52	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Comment / remedial action required			