

## APPENDIX 1

### **MAT STANDARDS IMPLEMENTATION PLAN**

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

Perth and Kinross

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

| Name         | Position   |
|--------------|--|
| Kenny Ogilvy | ADP Vice Chair / Interim Head of Service – Adult Social Work and Social Care/Lead Officer with Operational Responsibility for MAT Standards delivery |

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)*

This plan will be owned by the MATS project manager, reporting to the lead officer or deputy

This plan will be monitored, discussed and developed as necessary in conjunction with:

- ADP Strategy group
- ADP adult delivery Group
- P&K lived experience group

Progress against this plan will be reported within P&K integrated authority as necessary, which will include to:

- The Integrated Joint Board
- Health & Social Care Management Team
- Chief Officer's Group

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

| Name | Position | Delivery Partner                             | Date signed |
|------|----------|--|-------------|
|      |          | Perth & Kinross HSCP                         |             |
|      |          | Perth & Kinross Integrated Joint Board       |             |
|      |          | Perth & Kinross Alcohol and Drug Partnership |             |
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| 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   |
| Complete a test of change through IDART at Drumhar Health Centre (Perth City)   |   | December 2022  |
| Gather and analyse results and qualitative feedback to enable the operating model to be further developed as necessary and agreed |   | Ongoing  |
| Embed the agreed same day prescribing model, developed from the test of change, into Perth City normal operating procedures       |   | March 2023   |
| Develop and embed same day prescribing into rural areas, as necessary and within agreed constraints                               |   | March 2023   |
| Develop ongoing reporting procedures of achievement of same day prescribing   |   | March 2023   |
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| <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>Actions/deliverables to implement standard 2</b>   |  | <b>Timescales to complete</b>   |
| Introduce a pathway to offer service users a community-based opiate detox programme   |  | Completed   |
| Develop a pathway to inform and support service users making an informed, and agreed choice, about medication after considering methadone; buprenorphine or buvidal |  | December 2022   |
| 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   |
| Agree source and availability of ongoing funding to support medication options, which may become a constraint of choice for service users                           |  | March 2023  |
| Develop a pathway for prescribing for service users transitioning into and out of HMP Perth   |  | Completed   |
| Develop ongoing reporting procedures to reflect service users outcomes on their medication choice   |  | March 2023  |
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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. | 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   |
| Expand daily IDART staff huddle to include identification and monitoring of high-risk individuals   |  | Completed. Ongoing.  |
| Utilise the daily non-fatal overdose (NFOD) meeting to identify high-risk individuals that IDART should engage with   |  | Completed. Ongoing.  |
| Appoint a 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 |  | Ongoing / in recruitment process   |
| Engage with, and support, the mental health strategy group tasked to redesign the mental health service offering so that it is wrapped around primary care, to ensure IDART is appropriate included in the solution                       |  | To be confirmed, project group being established   |
| Complete a test of change of a referral pathway between IDART, mental health services and primary care  |  | To be confirmed, project group being established   |
| Gather and analyse results and qualitative feedback to enable the pathway to be further developed as necessary and agreed   |  | To be confirmed, project group being established   |
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| MAT Standard 4  | All people are offered evidence-based harm reduction at the point of MAT delivery. | While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone. |
| April 2022 RAG status   |  | They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.  |
| Actions/deliverables to implement standard 4  |  | Timescales to complete   |
| Engage with and support as required, the Tayside wide group tasked with developing and implementing the necessary actions to ensure this standard is achieved |  | March 2023   |
| Validate that the Tayside wide outcomes align to Perth & Kinross needs and limitations, identify variances and manage appropriately                           |  | March 2023   |
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| MAT Standard 5  | All people will receive support to remain in treatment for as long as requested. | A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment, they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.<br><br>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   |  |   |
| Actions/deliverables to implement standard 5  |  | Timescales to complete  |
| Introduce regular review meetings for IDART service users with their identified key worker  |  | Completed. Ongoing  |
| Incorporate discussions at the multi-disciplinary meeting for service users, when appropriate for them, to agree the ongoing supports that best provide for the needs of the individual |  | Completed. Ongoing.   |
| Develop and implement an onward referral process for service users from IDART to identified 3 <sup>rd</sup> sector supports   |  | Completed. Ongoing  |
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