

- Standard 2 - Choice
- Standard 3 - Assertive Outreach
- Standard 4 - Harm Reduction
- Standard 5 - Retention
- Standard 6 - Psychological Support
- Standard 7 - Primary Care
- Standard 8 - Independent Advocacy and Social Support
- Standard 9 - Mental Health
- Standard 10 - Trauma Informed Care

- 4.4 In addition, the National Mission makes recommendations which relate to the enhancement of opportunities for people to access Residential Rehabilitation and directed the implementation in local authority areas of the policy “*Framework for Improving Holistic Family Support : Towards a Whole Family Approach and Family Inclusive Practice in Drug and Alcohol Services*” ([amilies Affected by Drug and Alcohol Use in Scotland : A Framework for Holistic Whole Family Approaches and Family Inclusive Practice \(www.gov.scot\)](#)).
- 4.5 During 2021, five year funding made available through the National Mission and Scottish Government MAT Implementation Support Team (MIST) was allocated to the Health and Social Care Partnership Drug and Alcohol Service, alongside partners to plan and deliver a service response to meet the recommendations of the National Mission and to implement the MAT standards.
- 4.6 Work has been ongoing through multi agency partner Project Groups to progress all aspects of what is essentially, a redesign of service delivery. Such investment and expectation of change has never before been seen in drug and alcohol services. Oversight of progress and support to plan delivery is provided through the MIST team which also provides opportunity for linkage to other areas on a national basis. Robust reporting and improvement methodology to evidence progress and measure outcomes are integral to what is expected by the MIST team and these have been clearly written into the Project Charters which underpin the work of each Project Group.
- 4.7 In June 2021, Public Health Scotland published a MAT Implementation Benchmarking Report (Appendix One) which showed progress on the implementation of the MAT Standards in all areas of Scotland. Following the publication of this Report, a letter of direction was sent by the Minister for Drugs Policy to Integration Authority Chief Officers, Health Board Chief Executives, Local Authority Chief Executives which directed the actions to be taken and oversight arrangements to be put into place to achieve full implementation of the MAT standards in community and justice settings in all local areas, in accordance with the timetable being recommended in the Public Health Scotland Benchmarking Report.
- 4.8 One of the Ministerial directions is that by the end of Sept 2022, the production of a MAT Standards Implementation Plan reporting on progress is published by each area. Chief Officers and Chief Executives are required to sign the Implementation Plan to include the delivery recommendations being made locally with MIST and which must involve and include the voices of those with lived and living experience.

- 4.9 The Minister further directed Chief Officers and Chief Executives to 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 aligning with on-going work to define and refine local governance and accountability over alcohol and drug services.
- 4.10 A national template has been produced for the Implementation Plan with quarterly progress reports to be submitted to the Scottish Government and MIST team. It is recommended that these progress reports will form part of the reporting structure to the ADP Strategic Committee, Chief Officer, NHSG Board and the Integration Joint Board and contribute to improved oversight and governance. This information will be contained within the Performance Report submitted to the Integration Joint Board as part of the overall performance reporting framework.
- 4.11 The Aberdeenshire Implementation plan (Appendix Two) which was required to be submitted to the SG by 30 Sept 2022, features the progress under each MAT Standard and reflects the ongoing work of each project area. A whole system approach is essential in every part of the delivery actions moving delivery away from a single service response – to achieve earlier intervention and a wrap around provision of treatment and support which meets the needs of the whole person and their family and not simply those risks and needs which relate to problematic drug and alcohol issues.

5 Summary

- 5.1 The Medication Assisted Treatment Standards Implementation Plan has been produced by the Health and Social Care Partnership Drug and Alcohol Service in collaboration with partners involved in the project work developing across a range of project areas to achieve full implementation of the MAT Standards. Operational oversight is placed with Chief Officers with support of Chief Executives. This work forms part of the redesign of drug and alcohol delivery and should be aligned to whole system work to improve health and wellbeing outcomes for people who have drug and alcohol problems. The Implementation Plan has been submitted to the SG as directed by the Ministerial Statement. Progress of its implementation will be contained within the overall Performance Report submitted to the Integration Joint Board.
- 5.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 An equality impact assessment is not required in relation to the implementation of the MAT Standards at a local level given that centrally this assessment has been undertaken informing the development of the MAT Standards at a national level.

Jeff Shaw, Interim Partnership Manager (North)
Aberdeenshire Health and Social Care Partnership

Report prepared by: Dawn Leslie, Manager (Justice and Drug and Alcohol Services)
Date: 14 Sept 2022

Appendix 1: Breakdown of implementation status (RAG score) by Health Board and ADP area for each of the standards 1–5

NHS Board	ADP area	MAT 1 evidence, April 2022	MAT 2 evidence, April 2022	MAT 3 evidence, April 2022	MAT 4 evidence, April 2022	MAT 5 evidence, April 2022
Ayrshire & Arran	East Ayrshire	Amber	Green	Green	Green	Green
Ayrshire & Arran	North Ayrshire	Amber	Green	Green	Green	Green
Ayrshire & Arran	South Ayrshire	Amber	Green	Green	Green	Green
Borders	Borders	Green	Green	Green	Green	Green
Dumfries & Galloway	Dumfries & Galloway	Amber	Amber	Green	Green	Amber
Fife	Fife	Amber	Amber	Amber	Amber	Amber
Forth Valley	Clackmannanshire, Stirling, Falkirk	Red	Amber	Amber	Amber	Amber
Grampian	Aberdeen	Red	Amber	Amber	Green	Green
Grampian	Aberdeenshire	Amber	Amber	Green	Green	Green
Grampian	Moray	Red	Amber	Red	Red	Amber
Greater Glasgow & Clyde	Glasgow	Amber	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	East Dunbartonshire	Red	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	East Renfrewshire	Amber	Amber	Amber	Amber	Amber

NHS Board	ADP area	MAT 1 evidence, April 2022	MAT 2 evidence, April 2022	MAT 3 evidence, April 2022	MAT 4 evidence, April 2022	MAT 5 evidence, April 2022
Greater Glasgow & Clyde	Inverclyde	Red	Red	Amber	Amber	Amber
Greater Glasgow & Clyde	Renfrewshire	Amber	Red	Amber	Green	Amber
Greater Glasgow & Clyde	West Dunbartonshire	Red	Amber	Amber	Amber	Amber
Highland	Argyll & Bute	Red	Red	Red	Amber	Amber
Highland	Highland	Red	Amber	Amber	Amber	Amber
Lanarkshire	North Lanarkshire	Red	Amber	Amber	Amber	Red
Lanarkshire	South Lanarkshire	Red	Amber	Amber	Amber	Amber
Lothian	Edinburgh	Amber	Amber	Amber	Amber	Amber
Lothian	Mid & East Lothian	Red	Amber	Amber	Amber	Amber
Lothian	West Lothian	Amber	Amber	Amber	Amber	Amber
Orkney	Orkney	Red	Amber	Amber	Amber	Red
Shetland	Shetland	Red	Amber	Red	Amber	Amber
Tayside	Angus	Red	Amber	Amber	Amber	Amber
Tayside	Dundee	Red	Amber	Amber	Amber	Amber
Tayside	Perth & Kinross	Red	Amber	Amber	Amber	Amber
Western Isles	Western Isles	Red	Amber	Amber	Amber	Amber

Table description: This table provides the detail of RAG status for each of MAT standards 1–5 for each ADP area

APPENDIX 2

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)
Aberdeenshire

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

Name	Position/Job Title
Pam Milliken	Chief officer, Aberdeenshire Health and Social Care Partnership

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 people with lived and living experiences. The Governance arrangements for local oversight of the 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 presented to the Integration Joint Board (IJB), Community Planning Partnership (CPP) and NHS Board and there after quarterly update reports will be submitted the month following quarter end. Partners and people with lived and living experience have been involved and informed of the actions required in order to implement MAT standards and this will continue as developments progress. The Health and Social Care Partnership Senior Management Team (SMT) and as appropriate the IJB will be asked to provide comment on progress of the plan quarterly and provide actions they feel need to be progressed. The IJB will also be requested to support resolution of barriers identified e.g. challenges in identifying suitable premises or any resource issues.

People with lived and living experience and family members are consulted on a regular basis to help inform plans and improvements to services. This happens through:

- consultation on changes in service delivery e.g new or adaptations to premises and how this would be suitable for people accessing services,
- group work discussing potential service/project developments

- individual feedback on how services were experienced
- Third sector commissioned services feedback in relation to all projects including peer researchers

There is also an experiential element of capture through the National "MAT Team Q". The commissioned Peer Support Service is involved in this and we will ensure services are linked to this process, therefore, feedback is secured both locally and nationally.

Discussion with partners has allowed closer collaborative working and this will continue through discussion with a wider range of partners/organisations. Partners are represented on Project Groups and within Project Charters, both have been created to support delivery of MAT standards and on recommendations from the central MAT Implementation Support Team (MIST).

There are common actions throughout the MAT standards including how service user and family feedback is received and contributes to the review of service delivery. In addition, we have been in contact with the HSCP Improvement Team and will work with them to ensure we capture feedback effectively and that reporting is available across all aspects of MAT Standards and our service delivery. Likewise, we will seek advice and guidance to ensure the appropriate information sharing protocols are in place.

In addition, there are three sub groups of the Alcohol and Drug Partnership Strategic Committee responsible for:

- Lived and Living Experienced
- Resources and Governance
- Strategic Outcomes and Performance

These sub-groups will be included at all stages of the development of the MAT Standard ensuring that the progress represents a collaboration and not a single agency response. This will contribute what is aspired to be created at an operational level as agencies cooperate to share responsibility and share a service delivery response to people and their families who experience drug and alcohol problems. This plan will be reviewed regularly with additional actions included as implementation of MAT standards in Justice Settings develops. The newly published National Community Justice Strategy identifies priority actions around accessing services including drug and alcohol services. This strengthens our collaborative approach to allow MAT implementation to be embedded within the Justice settings.

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

Name	Position	Delivery Partner	Signature	Date signed
Pamela Milliken	Chief Officer	Aberdeenshire HSCP		29/09/2022
Caroline Hiscox	Chief Executive	NHS Grampian		
Jim Savege	Chief Executive	Aberdeenshire Council		
Avril Nicol	Head of Service- Communities, Wellbeing, Partnerships	Local Authority (Chair ADP)		29/09/22

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 be prescribed 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 Amber		
Actions/deliverables to implement Standard 1		Timescales to complete
Secure premises for opening of local Step-In access points in each of the five main towns in Aberdeenshire and ensure implementation plans are in place and on track for each location		Peterhead by 30 September 2022 Inverurie by 30 November 2022 Banff by 31st January 2023 Fraserburgh and Stonehaven by 31st March 2023
Recruit staff for each of the Step-In locations Begin scoping to consider resource requirements for families		31st October 2022
Up to date Grampian prescribing guidelines for all types of Opiate Substitute Therapy		31st March 2023
Standard Operating Procedure in place for all Step-In services and reviewed to incorporate learning and feedback		31st March 2023
Development of marketing materials and promotion of new approach to all partners and communities		28th February 2023
Monitor and evaluate activity in first six months of opening and implement improvements required		30th July 2023
Identify areas out with Step-In locations where bespoke service delivery is required and action to provide the service in these areas		31st March 2023

Have a process fully in place to periodically audit and review the services against relevant guidance and standards, including the MAT standards	31ST March 2023
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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 Amber		
Actions/deliverables to implement Standard 2		Timescales to complete
Up to date prescribing guidance available for all types of Opiate Substitute Therapy (OST) medication		31st March 2023
National OST leaflet localised for Aberdeenshire		31st March 2023
Increase prescribing pharmacist capacity and establish improved links with community pharmacy to ensure medication reviews are conducted regularly and reach of choice is as wide as possible		31st March 2023
Consideration on how Buprenorphine can be provided at every stage including Step-In access points		31st March 2023
Data analysis in place and reviewed quarterly with actions required where choice is not evidenced in these figures		31st March 2023 ongoing review and development
Increase safe prescribing capacity in the service by <ul style="list-style-type: none"> • Recruiting additional Consultant capacity • Securing Non-Medical Prescribing places for nurses 		31st Dec 2022 31st March 2024 Complete NMP

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 Green		
Actions/deliverables to implement standard 3		Timescales to complete
Secure finance and recruit to increase capacity to provide increased visibility in response to all Near Fatal Overdose (NFOD) and outreach support for those at risk of harm or death.		30 th September 2022
Hold development day which results in action plan for further development of ARIES across Aberdeenshire		30 th September 2022
Review data collection and provide activity information to promote understanding of the impact of ARIES and the partnership work involved		30 th November 2022
Develop the Service further through involvement with wider partner activities including <ul style="list-style-type: none"> • Safer in Service: Days of Action • Joint Cuckooing Initiative • Criminal Justice Outreach Post • Housing Service 		31 st December 2022 ongoing review and development
Review of Information governance procedures		31 st March 2023
Ensure client and family feedback is captured and case studies recorded to support promotion of service and further improvements are implemented as a result of feedback		31 st March 2023 and ongoing review

<p>MAT Standard 4</p>	<p>All people are offered evidence-based harm reduction at the point of MAT delivery.</p>	<p>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.</p> <p>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.</p>
<p>April 2022: RAG status Green</p>		
<p>Actions/deliverables to implement standard 4</p>		<p>Timescales to complete</p>
<p>Review of staff training in relation to all aspects of Harm Reduction and training plan established through Learning and Development Group and link to other relevant training Groups.</p>		<p>31st March 2023 and annually thereafter</p>
<p>Harm reduction equipment and assessment will be made available at every intervention</p>		<p>31st March 2023</p>
<p>Work with BBV, Sexual health and wound care teams etc to provide improved testing and access to services and support including establishing client pathways to access appropriate support. Consultant support in place to ensure harm reduction response is in place for benzodiazepine use</p>		<p>31st December 2022 and ongoing review and development</p> <p>31st December 2022</p>
<p>Recruit additional Health Care Support Workers to support</p> <ul style="list-style-type: none"> • BBV testing • Vaccinations • Assessment of Injecting Risk • Wound assessment and escalation if required • Provision of injecting equipment • Provision of Naloxone 		<p>30th September 2022</p>

<ul style="list-style-type: none">• Identification of other health issues	
Data capture established and ongoing review of this	31 st December 2022 and ongoing
Establish Harm reduction workers in HMP Grampian and capture these activities and outcomes	31 st November 2022

<p>MAT Standard 5</p>	<p>All people will receive support to remain in treatment for as long as requested.</p>	<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>
<p>April 2022: RAG status Green</p>		
<p>Actions/deliverables to implement standard 5</p>		<p>Timescales to complete</p>
<p>Provide flexible models of care to meet client needs including:</p> <ul style="list-style-type: none"> • Stepped Care with pharmacy prescribers and third sector key workers • Shared care with 3 monthly clinical service prescribing and HCSW or third sector key workers • Shared care with GP • Pharmacy Buvival clinics • Increased clinical and social work interventions at times of need or crisis • Range of support including HSCW and Local area coordinators to support with healthcare needs and assist with practical and social tasks 		<p>31st March 2023 and ongoing review of activity and retention</p>
<p>Implement tests of change to support retention and offer variation of support including:</p> <ul style="list-style-type: none"> • Canine therapy interventions • Employability Interventions • Occupational Therapy 		<p>31st March 2023</p>
<p>Review of service opening times and consideration of evening and weekend opening where demand indicated or to test</p>		<p>31st March 2023</p>

Establish clinical caseload sheet with RAG rating to support effective caseload management	31 st October 2022
Promotion of wider activities in community and support to access these in order to allow meaningful activity to change routine and give structure, purpose and diversion	31 st March 2023
Identify wider support services to be part of service offering and operate collaboratively with client at forefront of discussions and plan	31 st March 2023

<p>MAT Standard 6</p>	<p>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.</p>	<p>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.</p>
<p>April 2022: RAG status: Not yet provided</p>		
<p>Actions/deliverables to implement standard 6</p>		<p>Timescales to complete</p>
<p>Establish a steering Group for MAT 6 implementation and monitoring as a sub group of the Substance Use Service Learning and Development Group</p>		<p>30th September 2022</p>
<p>Have an explicit service plan in place for delivering psychologically-informed care and structured psychosocial interventions. Plans will include: a) a baseline assessment of current service delivery from which to plan and build progress, and an in-built process for service evaluation and improvement; b) an explicit workforce development policy that ensures all staff receive appropriate training to deliver psychologically-informed care and structured psychosocial interventions; c) policies and procedures that support the translation of skills acquired through training into practice. These include – access for staff to regular coaching, reflective practice, and supervision to support the delivery of psychologically-informed care and structured psychosocial interventions; – clearly defined roles for delivering structured psychosocial interventions within staff job plans, and protected time to do this; – caseload sizes that allow staff to routinely deliver structured psychosocial interventions;</p>		<p>31 March 2024</p>

<p>- identification and use of supportive tools, protocols, manuals and safety and stabilisation strategies to support staff in their delivery of psychological interventions.</p>	
<p>Establish that clear pathways are in place to ensure that people can access higher intensity Tier 3 & 4 psychological therapies if and when required</p>	<p>Timeframe to be Confirmed by Consultant Psychologist</p>
<p>Support the development of social networks by: a) actively promoting and linking people to services that place an emphasis on support from mutual aid and other recovery networks. There should be a clear and realistic recovery plan that outlines the network of support available to the person, including key people in their life; b) providing support to build social capital through the promotion of connections with people in mutual aid or other pro-recovery networks; c) providing social bonding and social bridging interventions, specifically designed to modify a person’s social networks, including work with families or named persons</p>	<p>Timeframe to be confirmed by Peer Support Service/Community Forums</p>
<p>Establish data capture which allows review and analysis of achievement of MAT 6 across all parts of the services.</p>	<p>31st October 2022</p>

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.
April 2022: RAG status: Not yet provided		
Actions/deliverables to implement standard 7		Timescales to complete
Pilot in Fraserburgh GP surgeries to provide additional resource to allow OST delivery in GP surgeries – Recruitment of 3 staff, clearing of documents to allow suitable delivery space, Action plan for development of service and review		31 December 2022
Mapping of availability of OST in surgeries across Aberdeenshire		31 March 2023
Involvement in review of community pharmacy and identify increased capacity available in community pharmacy		31 March 2023/ 31 December 2022
Discussions with GP surgeries where there is limited or no OST available with a view to agreeing how this could be best delivered in GP/Pharmacy setting		30 June 2023
Data capture of pilot and comparison to other areas completed to support evaluation		31 st December 2023
Establish shared care protocols between specialist services, GP and community pharmacies for people who are on MAT. Shared care may include prescribing where competent practitioners are in place		31 st March 2024
Clinical and governance structures that enable people working in primary care to fully support people who are on MAT and to ensure that treatment and prescribing are managed alongside care for physical, emotional, and social needs		31 st March 2024

Contractual arrangements for primary care provision (GP and community pharmacy) reflect the requirements of MAT standards;	31 st March 2024
Develop pathways that enable the transfer of appropriate elements of care between specialist services, local mental health services, GP and community pharmacy	31 st March 2024
Establish information governance to ensure that information can be safely transferred between specialist services, GP and community pharmacy, including child and adult protection procedures	31 st March 2023
Training on problem drug use and on awareness of local drug services, including non-statutory providers and peer support services for all staff who may encounter people with problem drug use in their work	31 st March 2023
Establish a 'primary care facilitation team', or equivalent that is responsible for auditing, monitoring, reporting and reviewing practice in primary care settings and the interface with specialist care, and for support with workforce development.	31 st 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.
April 2022 RAG status: Not yet provided		
Actions/deliverables to implement standard 8		Timescales to complete
Involvement in Tender specification process for procurement of Advocacy in Aberdeenshire to ensure capacity available for our client group		31 March 2023
Co-fund a housing worker who will support those identified as high risk and who require support with housing needs, both public and private sector. This worker will work closely with our Outreach/NFOD team - ARIES		31 December 2022
Secure appropriate wider support services e.g. Welfare, housing, advocacy to have a presence in Step In premises to meet client need		30 June 2023
Increase collaborative work with Housing colleagues including appropriate awareness training etc.		31 st December 2022
Link with Tackling Poverty and Inequality and Employability groups to ensure our client group are aware of and have access to a range of wider supports		31 st March 2023
Have recording in place that evidences where advocacy has been discussed and take up monitored		31 st December 2022
Discussion with Advocacy providers to establish training needs in both services and plan to address this, maintain regular contact and discuss how delivery can be accessible for clients		30th June 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.
April 2022: RAG status: Not yet provided		
Actions/deliverables to implement standard 9		Timescales to complete
Steering group to be established to allow developments expected from both Mental Health Services and Alcohol and Drug services to be taken forward, see below, and provide the collaborative approach required to achieve MAT 9 delivery		31 ST December 2022
Consultant support in place to develop		31 st December 2022
Mental health services have: 9.1 procedures in place to ensure that staff in mental health services are up to date with local substance use treatment pathways and the referral criteria for NHS primary and secondary care services, social care and third sector agencies; 9.2 mechanisms in place to enable staff in mental health services to report concerns and advocate on behalf of patients at risk of falling between services; 9.3 agreed referral pathways across the local recovery orientated systems of care to support any identified substance use; 9.4 at the point of referral a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person; 9.5 training and workforce development plans to ensure staff are trained and supported to: a) Carry out assessment of substance use and dependence; b) recognise acute crises such as overdose, withdrawal or physical health consequences; c) provide accurate and evidenced based harm reduction information and support to people with non-dependent substance use; d) provide motivational interviewing where appropriate. 9.6 protocols in place for effective communication and information sharing with substance use services;		31 st March 2023

<p>9.7 clear governance structures in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use.</p>	
<p>Substance use services have:</p> <p>9.8 procedures in place to ensure substance use services are up to date on knowledge of local mental health services and their referral criteria;</p> <p>9.9 agreed care pathways in place to support any identified mental health care needs and clear governance structures to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use;</p> <p>9.10 mechanisms in place to enable staff in substance use services to report concerns and advocate for patients at risk of falling between the gaps of services;</p> <p>9.11 assessment protocols in substance use services that include enquiry about mental health, and use of appropriate screening tools;</p> <p>9.12 appropriate protocols to treat and support mental health in house (to level of competency of agency/individual) or support local onward seamless referral;</p> <p>9.13 training and workforce development plans to ensure staff are trained and supported to:</p> <p>a) ensure staff have the knowledge and skills to recognise acute mental health crises: suicidality/ psychosis and respond appropriately;</p> <p>b) know about availability, and make use of skilled diagnosis and treatment within substance use teams if not available through mental health assessment services;</p> <p>c) make use of local protocols around severity and complexity of mental health disorder for treatment in substance use, primary care or mental health teams.</p> <p>9.14 at the point of referral a named professional agreed as the main contact responsible for communication between services and with the person and their family member or nominated person;</p> <p>9.15 protocols in place for effective communication and information sharing with mental health services;</p> <p>9.16 clear governance structures in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use.</p>	<p>31st March 2023</p>

<p>MAT Standard 10</p>	<p>All people receive trauma informed care.</p>	<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>
<p>April 2022: RAG status: Not yet provided</p>		
<p>Actions/deliverables to implement standard 10</p>		<p>Timescales to complete</p>
<p>A steering group should be established to oversee the development and implementation of trauma informed care across MAT services</p>		<p>31st December 2022</p>
<p>Have an explicit delivery plan in place for delivering trauma informed care which should; a) be informed by a baseline assessment of current trauma informed care delivery. A tool that can support this process is the Trauma-informed Care and Practice Organisational Toolkit (TICPOT); b) consider the physical environment in which MAT is delivered; c) include mechanisms to maximise staff wellbeing and reduce the risk of secondary traumatisation, burnout and compassion fatigue - such as policies for regular supervision; d) include people with lived experience of trauma and their family member or nominated person in all aspects of service delivery, evaluation and improvement planning (where the person wishes this); e) ensure that the knowledge and skills of the MAT workforce (including senior leaders) are aligned to the Transforming Psychological Trauma: Knowledge & Skills Framework; f) ensure alignment of practice with MAT Standard 6 Psychological support and the use of validated tools for routine trauma screening;</p>		<p>31st March 2023</p>

<p>g) ensure that service evaluation and continuous quality improvement is underpinned by the principles of trauma informed care.</p>	
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