



Item No: 19

Meeting Date: Wednesday 22nd September 2021

Glasgow City Integration Joint Board

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National Records of Scotland (NRS) Drug Related Deaths (DRDs) 2020 publication and Implementation of the Medication Assisted Treatment (MAT) Standards for Scotland 2021
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Purpose of Report:	The purpose of this report is to update Glasgow City Integration Joint Board on the recent publication of the NRS Drug Related Deaths (DRDs) 2020 report, and arrangements for progressing implementation of the Medication Assisted Treatment (MAT) Standards for Scotland.
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Background/Engagement:	The NRS report <u>Drug-related Deaths in Scotland in 2020</u> was published on 30th July 2021. This report confirmed local intelligence that Drug Related Deaths (DRDs) had increased in Glasgow by 4.3% since 2019. Nationally, DRDs increased by 4.6%. Priorities in addressing DRDs are informed by both the National Mission, and local need, and includes the requirement to attract a number of new individuals who use drugs and/or alcohol into treatment and care services, as well as improve services for existing service users. The implementation of the MAT standards is key to achieving this. The MAT Standards were developed nationally through extensive consultation with multiagency partners, and
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	through engagement with individuals, families and communities with experience of problematic drug use. It is important that feedback from people in services and their families continue to contribute to learning and further development of services. Further engagement with local and national partners is planned and will include people with lived and living experience of receiving services, people with experience of problem drug use and their families, and a range of key partners.
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Recommendations:	The Integration Joint Board is asked to: a) note the contents of this report; and b) support the program and planning work currently being progressed.
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Relevance to Integration Joint Board Strategic Plan:

Implementation of the MAT Standards is the responsibility of Glasgow City IJB and plays a significant role in relation to the health and wellbeing of the Glasgow population.

Implementation of the MAT standards is a rights-based approach and follows the principles of the *Scottish Government Health & Social Care Standards*: my support, my life, dignity and respect, compassion, inclusion and support to wellbeing.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcomes 1, 3, 4, 5, 7, 8, 9
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Personnel:	Implementation of the MAT Standards will require significant workforce investment and development. Staffside and Council trade unions will be included, and any further plans will be presented to a future IJB.
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Carers:	None
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Provider Organisations:	None
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Equalities:	Implementing the MAT Standards will ensure that people have immediate access to the treatment they need with a range of options and the right to make informed choices. It will reinforce a rights-based approach by ensuring people have choice and are empowered to access the right support for where they are in their recovery journey. Implementation of the
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	Standards has a significant part to play in helping vulnerable people affected by substance use.
Fairer Scotland Compliance:	None
Financial:	The implementation of MAT Standards will require investment. Financial implications are included in the report.
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Detailed risk implications will be included in the Implementation Plan developed by the Planning and Implementation Group (see section 6)
Implications for Glasgow City Council:	GCC will wish to be assured that implementation of the MAT Standards will continue to make a significant contribution to improving the public health of its population.
Implications for NHS Greater Glasgow & Clyde:	NHS GGC will wish to be assured that implementation of the MAT Standards will continue to make a significant contribution to improving the public health of its population.
Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

- 1.1 The purpose of this report is to update the Integration Joint Board on recently published Drug Related Death data and arrangements for progressing implementation of the Medication Assisted Treatment (MAT) Standards for Scotland. The paper will outline existing progress, the challenges and gaps which require to be addressed, and will set out the actions planned which will assist in achieving the Standards.

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2. Introduction

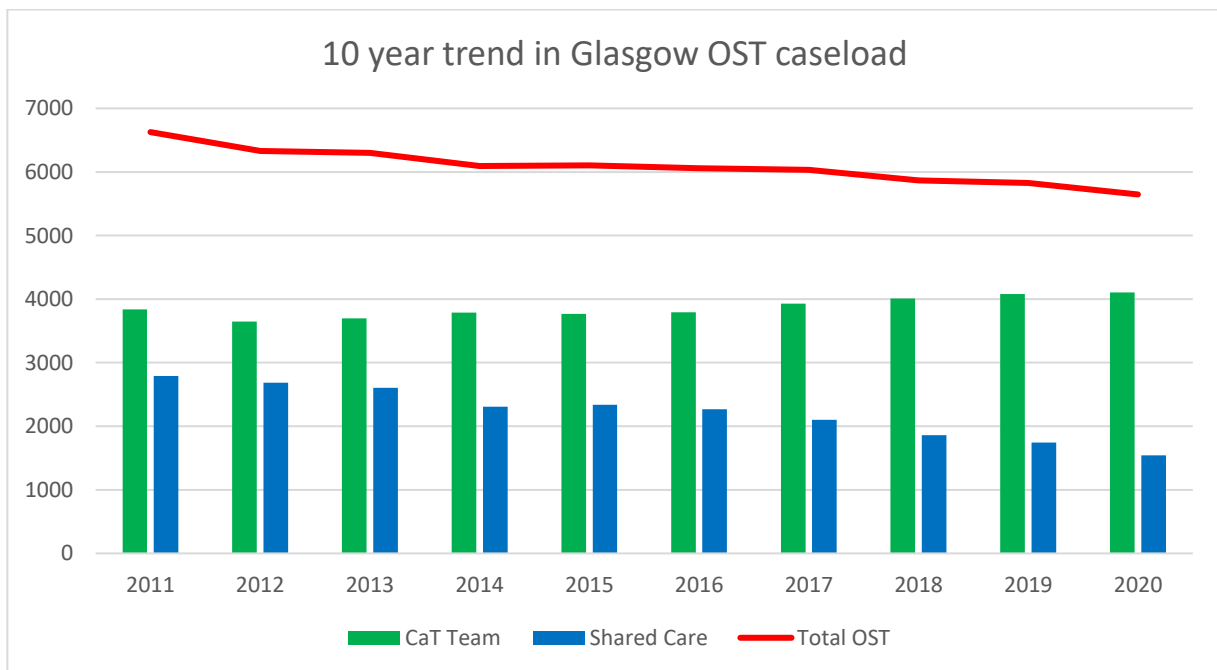
- 2.1 A key priority of the Scottish Government is supporting individuals, families and communities to reduce drug harm and drug deaths and ensuring people receive high quality treatment and care. In January 2021 the First minister announced a National Mission to reduce drug deaths and harms and appointed a Minister for Drugs Policy to lead on this. National Records for Scotland (NRS) published the national Drug Related Deaths data on 30th July 2021 for the previous year.
- 2.2 The NRS reported a total of 1339 drug-related deaths in Scotland in 2020, an increase of 4.6% on the previous year.
- 2.3 There were 291 drug-related deaths recorded for Glasgow City in 2020. This is the highest figure recorded for the city and is a 4.3% increase on the previous year (compared to a 9.9% increase across all GGC, and 4.6 % rise in Scotland).
- 2.4 Those who died of a drug-related death in Glasgow City were most likely to be male (72.5%) and between 45-54 years.
- 2.5 The groups of drugs most implicated in drug-related deaths were opiates (88%) and benzodiazepines (76%), with rises in recent years where gabapentinoids (36%) and cocaine (31%) are implicated. The majority of drug-related deaths involved multiple substances.
- 2.6 Further information is awaited in relation to the DRD data, and a more detailed analyses will be undertaken when this is available. The Alcohol and Drug Partnership (ADP) Drug Harms Group co-ordinates the city's [Drug Death Prevention Action Plan](#), which monitors current and new activity developed following investment by the Scottish Government, detailed in the [ADP Investment update September 2020](#).
- 2.7 The Drug Deaths Taskforce, which was established by Scottish Government in September 2019 in response to the drug-related deaths across Scotland, has been instrumental in driving several projects across Scotland to help reduce drug harms. The Taskforce has prioritised the introduction of standards for Medication Assisted Treatment (MAT) to help reduce deaths, and other harms, and to promote recovery. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person-centred to enable people to benefit from treatment for as long as they need.
- 2.8 Summary of the standards:
 - Standard 1 - All people accessing services have the option to start MAT from the same day of presentation
 - Standard 2 - All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose
 - 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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- Standard 4 - All people are offered evidence based harm reduction at the point of MAT delivery
- Standard 5 - All people will receive support to remain in treatment for as long as requested
- Standard 6 - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychological interventions (tier 2); and supports individuals to grow social networks
- Standard 7 - All people have the option of MAT shared with Primary Care
- Standard 8 - All people have access to independent advocacy and support for housing, welfare and income needs
- Standard 9 - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
- Standard 10 - All people receive trauma informed care.

3 Prevalence and Data

3.1 As of December 2020, there were 5646 people in Opioid Substitution Therapy (OST) treatment in Glasgow with 27% in GP shared care and 73% in the Glasgow Alcohol and Drug Recovery Service (GADRS) care and treatment teams (CaTs). Overall the number of people in OST treatment in the city has fallen over the last 10 years from a high of 6627 in 2011 although numbers in CaTs has increased by 12.5% over the period with the number in GP shared care falling by 1249 individuals.



3.2 Over the ten year period, use of buprenorphine OST has increased from 10% and 2% in ADRS Care and Treatment teams and GP shared care, to 20% and 12% respectively.

4 Current Situation

4.1 Glasgow has made significant progress to date in developing and improving services to better meet the MAT standards for OST. There are examples of excellent practice across the city.

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

- Processes have been developed and implemented for same day access to OST in the GADRS community teams and homeless service, although is not always achieved due to workforce issues detailed below.
- An open referral process exists, which includes the ability to self refer as well as referral through statutory and third sector partners.
- Standard operating procedure (SOP) is in place for starting MAT OST on the same day as presentation.
- Services regularly use outreach or taxis for transporting service users to ensure timely assessment and OST start.
- Ongoing quarterly audit of time to OST start across the city (manual record trawl from waiting times file).
- Services are currently starting 32% of people referred on same day OST and a further 38% are started within 3 days of referral.

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

- Currently GADRS offers methadone, buprenorphine orally and by long acting Buprenorphine injection (LaB), and diamorphine injectable treatment.
- LaB has been successfully rolled out across the city from a small pilot of 14 in 2019 to over 300 people. There is an aspiration to increase this significantly in line with patient choice.
- Methadone and oral buprenorphine are available in primary care via enhanced service and methadone, oral buprenorphine and continuation but not initiation of LaB in prison settings or police custody suites.
- Prescribing guidelines are available for all options and are regularly reviewed.
- Scottish Drugs Forum was commissioned to undertake a peer-led audit with staff and service users to benchmark and explore barriers to optimal dosing of OST.

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

- There is a recently established Crisis Outreach Service to respond to non-fatal overdoses and link with treatment services for people already known, and also those unknown, to services with links to the third sector Glasgow Overdose Response Team and Acute Addiction Liaison.

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- Care management assertive outreach response and RAG risk ratings are in place in the service and informed by weekly Emergency Department reports.
- An information sharing agreement with Police Scotland has been in place since May 2021 with bi-weekly meetings occurring.
- Scottish Ambulance Service is developing national information sharing pathways.

4.5 **Standard 4 - All people are offered evidence-based harm reduction at the point of MAT delivery**

- Injecting Equipment Provision (IEP) replacement of the full range of injecting related paraphernalia and foil can be offered by all staff in community teams.
- Health and social care staff are trained to supply naloxone in line with GGC competency framework. Naloxone is also available via prescriptions at the point of MAT delivery.
- Staff have access to monthly bespoke Safer Injecting and Harm Reduction Training.
- A Development and Improvement Manager for all IEP services is in post to ensure consistency of training, recording, equipment supply and dissemination of relevant local and national harm reduction information.

4.6 **Standard 5 - All people will receive support to remain in treatment for as long as requested**

- Clinical guidelines support maintaining OST treatment as long as required. The most recent version changed response to missed OST doses, aiming to optimise treatment maintenance.
- Unplanned discharges minimised through RAG risk assessment, outreach, discharge protocols and use of weekly MDT meetings.
- GADRS does not have a punitive discharge policy in relation to ongoing drug use or non-attendance.
- Challenging behaviour is managed through an approach to continue treatment (e.g. limited access clinic) with discharge as a last resort.
- Dedicated phone lines and generic email inboxes in community teams to improve communication for professionals/community pharmacies.
- Partnership working with third sector organisations, including Community Recovery Hubs and Recovery Communities.

4.7 **Standard 6 - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychological interventions (tier 2); and supports individuals to grow social networks**

- ADRS Psychological Therapies (PT) Strategy Group has been reinstated to identify gaps and training needs with a view to revisiting training plan.

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- Framework and pathways for matched stepped care model for delivery of psychosocial interventions are in place.
- Significant numbers of staff are trained in Core Skills and some also trained in SPIRIT (both low intensity psychosocial interventions).
- PT service offers targeted, bespoke training in coaching and consultation to support psychologically informed practice (Tier 1) and training in appropriate low intensity interventions psychological therapies (Tier 2).
- Commitment for full Implementation of LPASS guidelines.

4.8 **Standard 7 - All people have the option of MAT shared with Primary Care**

- OST treatment in a primary care enhanced service “Shared Care” is available via some GP practices across Glasgow.

4.9 **Standard 8 - All people have access to independent advocacy and support for housing, welfare and income needs**

- Glasgow Alcohol and Drug Partnership (ADP) commissions an independent professional advocacy service.
- Welfare rights support is available via the community GADRS teams.

4.10 **Standard 9 - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery**

- Mental health nurses, psychology and psychiatry input is built into the current service model.
- Access to Mental Health Assessment is available as required.
- A Mental Health and Addictions Interface document is in place.
- Access to in-patient beds in 2 dedicated ADRS wards.
- Mental Health Nursing Workplan is in place and underpins practice.

4.11 **Standard 10 - All people receive trauma informed care**

- Some staff are trained in CORE Skills Safety and Stabilisation, and have access to ongoing coaching.
- Trauma-informed practice training will be rolled out across ADRS, alongside Adult Services care groups.
- Gender based violence workers are in place in each sector across the city.
- Access to Psychological Therapies within GADRS.

5 **Gaps and Pressures**

- 5.1 Despite Glasgow’s developed system of care for people who use drugs and the work already undertaken as described above, meeting the MAT Standards fully will be a significant challenge for the city without addressing a number of key areas.

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- 5.2 Developing analytics capacity and performance management tools to be able to monitor and report on progress towards standards is critical. This is currently undertaken by manual audits, which is time intensive and requires clinician and management capacity. Current eHealth/IMT systems do not easily support delivery or reports required to monitor progress against many of these standards.

The recent implementation of DAISy may be helpful but requires time to bed in and does not yet provide reports to management and clinical leads. The introduction of Eclipse may support some reporting, and ICT solutions are being sought to merge clinical and assessment data. The performance data required for MAT is unknown at this time, but support is likely to be required to enable accurate returns.

Glasgow ADP has submitted a request to the Drug Deaths Taskforce, along with the other NHS GG&C board areas, for project management support to implement the MAT Standards. This would include support in relation to data quality.

5.3 Workforce:

- Medical and Prescribing Capacity - there are ongoing challenges in recruitment of psychiatry and medical officer staffing across alcohol and drug services. Diverting current capacity to meet MAT standards for access will result in reduced capacity for other medical and prescribing tasks required in the service including for non-OST requiring people who use drugs and for alcohol care and treatment. Workforce developments will include a review of roles including Advanced Nurse Practitioner and Pharmacy Independent Prescribers.
- Nursing and Social Care Capacity – a recent review of community ADRS teams noted high caseloads and complexity of service users which already challenge the delivery of high quality, person-centred care. A focus on access and increasing numbers in treatment will be further compromised without increasing significant capacity in the community teams. Whilst processes for same day OST access have been implemented in all teams, there is a requirement to increase resource in order to achieve and sustain this standard. Glasgow ADP are reviewing existing commitments in order to realign resource to the community teams. Further funding to implement MAT Standards is anticipated and Glasgow ADP have communicated with Scottish Government to request that drug deaths data is considered in the allocation of monies.
- Training - building on existing local and national resources, a program of training is required to support staff to deliver the MAT Standards including training on Core Skills, Harm Reduction, psychological interventions in stepped care model and trauma informed care.

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- 5.4 In order to enhance out of hours services and implement 7 day prescribing services, the Crisis Outreach service will require further expansion. This is being considered through Glasgow ADP alongside an allocation of monies to specifically address individuals who experience a non-fatal overdose.
- 5.5 The role of Primary Care in achieving MAT Standards will require further work in partnership with Primary Care. Glasgow ADRS utilises the National Enhanced Services Contract for the delivery of OST in Primary Care. However, numbers of patients in enhanced services has reduced by 45% over the last 10 years, with a number of GPs and practices withdrawing from enhanced service delivery. This has resulted in an increase in numbers of service users receiving care and treatment within the community teams, adding to the pressures on caseloads. Options will be explored over the coming months to address the needs of service users who require a primary care response to drug and alcohol use.
- 5.6 In respect of Psycho-social interventions and Psychological Therapies, there is an aspiration to offer stepped-matched care model in all areas, including addiction-specific interventions, low intensity Mental Health interventions, high intensity MH interventions and highly specialist interventions. This will require significant workforce developments to allow frontline staff to be able to deliver psychosocial interventions, a review of psychological therapies staffing as part of the transforming workforce agenda, and an investment in training of staff.
- 5.7 Work has begun on reviewing current Interface Working and care pathways for Co-occurring Drug Use and Mental Health. This will require commitment from mental health and alcohol and drug services to address the current challenges with pathways and joint working.

6. Recommended Actions

- 6.1 Glasgow City ADP and Glasgow Alcohol and Drug Recovery Services are coordinating actions required to meet the Standards. These include:
- i. An application to the Scottish Government MAT Standards Implementation Support Team for project management and analytics support;
 - ii. Establishing a Planning and Implementation Group with working groups focussed on clusters of MAT Standards. An action/implementation plan will be developed and monitored against further progress, and will be reported through Glasgow ADP and the HSCP Senior Management Team;
 - iii. An NHS GG&C group has been established to support the implementation across the board and consider board-wide investments where beneficial;
 - iv. Engaging with key local and national partners, including; people with lived and living experience of receiving services/problem drug use and their families; Prison Healthcare and Police Custody Health Care; Acute Services and Primary Care; relevant Royal Colleges and; Lead Psychologists in Addiction Services and National Pharmacy Organisations;

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- v. Glasgow ADP is currently reviewing financial plans for new service developments and capacity building, in order to meet the MAT Standards;
- vi. Scottish Government confirmed additional national funding in June 2021 of £13.5 million, with Glasgow City receiving a total allocation of £1.6 million to support access to Residential Rehabilitation (£596,535); support implementation of Whole Family Approach (£417,575); and to support the priorities of the National Mission (£596,535). Glasgow ADP are awaiting funding and a further report of proposed spend will be presented to a future IJB for discussion and to seek approval. Further funding is expected to support the implementation of MAT standards, expansion of LaB, expansion of Heroin-Assisted Treatment, expansion of near-fatal overdose pathways, and improvement and expansion of assertive outreach. Details of funding allocation have yet to be published;
- vii. Glasgow ADP are working in partnership with Voluntary Sector for Alcohol and Drug Agencies (VSDAA) to support bids to the allocated third sector funds, to meet local need, strategy and priorities, including those which support MAT Standards.

7. Recommendations

7.1 The Integration Joint Board is asked to:

- a) note contents of this report; and
- b) support the program and planning work currently being progressed.

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