



Item No: 8

Meeting Date: Wednesday 28th September 2022

Glasgow City Integration Joint Board

Report By: Susanne Millar, Chief Officer, Glasgow City HSCP

Contact: Kelda Gaffney, Head of Service, Alcohol and Drug Recovery Services and Mental Health Specialist Services

Phone: 0141 211 6626

Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards in Glasgow City

Purpose of Report:	The purpose of this paper is to update the IJB on arrangements for progressing implementation of the Medication Assisted Treatment (MAT) Standards for Scotland across Glasgow City, present progress on implementation of the Standards to date, with a particular focus on MAT standards 1-5 and seek approval to progress the recruitment for the Access Model to support MAT Standards.
Background/Engagement:	<p>This update follows an IJB paper in September 2021 MAT Implementation in Glasgow City 2021</p> <p>On 23rd June 2022, Public Health Scotland published the National Benchmarking Report on the Implementation of the Medication Assisted Treatment Standards https://www.publichealthscotland.scot/news/2022/june/current-status-of-implementation-of-new-drug-treatment-standards-across-scotland/.</p> <p>Also, on 23rd June 2022, the Minister for Drugs Policy, Angela Constance, wrote to all Integration Authority Chief Officers, Territorial Health Board Chief Executives and Local Authority Chief Executives, describing new oversight arrangements for the implementation of the standards (see Appendix 1).</p>
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development.

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	HSCP Senior Management Team <input type="checkbox"/> Council Corporate Management Team + <input type="checkbox"/> Health Board Corporate Management Team <input checked="" type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input checked="" type="checkbox"/> Alcohol and Drug Partnership Not Applicable <input type="checkbox"/>
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Recommendations:	The Integration Joint Board is asked to: a) note the contents of this report; b) support the program and planning work currently being progressed; c) approve the progression to recruitment for the Access Model to support MAT Standards 1-5; d) request an updated report on Implementation of the MAT Standards; and e) request a further update on plans for the remainder of the National Mission allocation.
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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.
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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	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 are involved in discussions and are key members of the Implementation Steering Group.
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Carers:	Families, carers and people with living and lived experience are fully engaged in the planning for implementation of the MAT Standards.
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Provider Organisations:	Several of our third sector partners have been awarded Scottish Government National Mission funding through Corra to deliver activity that will support the implementation of the MAT Standards.
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Equalities:	Implementing the MAT Standards 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 Standards has a significant part to play in helping vulnerable people affected by substance use.
Fairer Scotland Compliance:	None
Financial:	<p>Full implementation of the MAT Standards can only be achieved with investment and additional staffing. This paper includes proposals which total £1,038.041. This will be funded from the £1,066,000 allocated from the Scottish Government.</p> <p>Future service developments will require additional resource, funded through the ADP and HSCP, and will be presented to a future IJB.</p>
Legal:	The requirements to implement MAT standards comes via a Ministerial letter of direction using authority from section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014. Failure to comply with the request would risk being non-compliance with the Act.
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
Implications for Glasgow City Council:	GCC will wish to be assured that the implementation of the MAT standards is progressing at a pace to meet the requirements of the Scottish Government.
Implications for NHS Greater Glasgow & Clyde:	NHS GGC will wish to be assured that the implementation of the MAT standards is progressing at a pace to meet the requirements of the Scottish Government

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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>

1. Purpose

- 1.1. The purpose of this paper is to update the IJB on arrangements for progressing implementation of the Medication Assisted Treatment (MAT) Standards for Scotland across Glasgow City, present progress on implementation of the Standards to date, with a particular focus on MAT standards 1-5 and seek approval to progress the recruitment for the Access Model to support MAT Standards.

2. Background

- 2.1. This update follows an IJB paper in September 2021 [MAT Implementation in Glasgow City 2021](#).
- 2.2. On 23rd June 2022, Public Health Scotland published the National Benchmarking Report on the Implementation of the Medication Assisted Treatment Standards <https://www.publichealthscotland.scot/news/2022/june/current-status-of-implementation-of-new-drug-treatment-standards-across-scotland/>.
- 2.3. Further to the Benchmarking report, the Minister for Drugs Policy, Angela Constance, wrote to all Integration Authority Chief Officers, Territorial Health Board Chief Executives and Local Authority Chief Executives, describing new oversight arrangements for the implementation of the standards (see Appendix 1).

3. Implementation

3.1 Implementation Programme

A national MAT Implementation Support Team (MIST) is in place to support MAT implementation across Scotland. Glasgow City Alcohol and Drug Partnership (ADP) support team and service leads are in regular contact with the MIST team to plan implementation, monitor and assess progress toward implementation and seek resources required. MIST facilitate a weekly forum for all ADPs and HSCPs to support the learning and sharing of best practice across Scotland.

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3.2 Progress on MAT Standards 1-5

In order to achieve the RAG rating for MAT standards 1-5 contained within the National Benchmarking Report, ADP/HSCPs were required to submit a strong evidence base of documentation and evidence from service users. For some of the standards the collective view is that, whilst the standard is being met, the evidence is not yet strong enough to support; although for others it is both service improvements/ enhancements and evidence that is required.

The current RAG status for Glasgow City is summarised in the table below. It should be noted that this does not currently include Prison Health Care or Police Custody Health Care services. A table of RAG status for all ADPs in GGC is in Appendix 2.

Current RAG status	Progress	Action	Projected status 2023
1. Same day access A	Data demonstrates improving same day access and most referrals resulting in prescription within 1-4 days. Issues around consistency need to be addressed.	Increased staffing in ADRS to allow assertive outreach and assessment, medical review and treatment to start at all times during service hours. Recruitment of front facing staff for GADRS is underway.	G
2. Choice A	Data indicates that all formulations are available but not equally across the city. Increasing prescribing of long-acting injectable buprenorphine, with decreasing use of methadone. Issues identified around service user engagement re: formulations.	The capacity building of the workforce for implementation of standard 1 will support full implementation for standard 2. For this standard to be fully implemented, OST choice (Buvidal) will need to be available across all sites including Shared Care.	G
3. Assertive outreach & anticipatory care A	The standard is noted as partially implemented because, although documented procedures are in place, data sharing agreements are not in place with all partners and the time to assessment does not meet the standard. A large number of people are identified and 25% are assessed within 24hrs. There is documented evidence to support rapid access to OST, but it is not yet evident that this is consistently available following assessment.	Conclusion of data sharing and additional staffing is now funded, which should result in full implementation.	G
4. Harm Reduction	Of the six locations that provide initial and subsequent MAT appointments, all offer the three	Funding to roll out WAND initiative and additional capacity will assist in full implementation.	G

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<p>A</p>	<p>core harm reduction services of take home naloxone, injection equipment provision and blood borne virus testing at the same time and place as the appointments. Two locations offer all six harm reduction measures and a further four locations offer five of the six harm reductions (not reproductive and sexual health counselling).</p>	<p>Review of staffing skillmix in GADRS is required, particularly as the social care role does not currently include all harm reduction interventions such as BBV testing. In order to implement the standard fully, all staff should offer harm reduction interventions.</p> <p>Reintroduction of a board-wide needle replacement scheme as a key component of harm reduction would support full implementation of this standard.</p> <p>This will ensure all injecting equipment is provided at the point of MAT delivery.</p>	<p align="center">G</p>
<p>5.Retention</p> <p>A</p>	<p>This standard is partially implemented. Whilst there is some evidence of supporting people in treatment with flexible models of care, this is not consistent.</p> <p>The numerical data indicates that caseload remains stable. However, there is insufficient data on the length of time people are in treatment or discharges and work is required to establish systems that gather this information.</p>	<p>A workforce plan is under development following the GADRS review. This will outline effective utilisation of the workforce to improve the flow of people across multidisciplinary and cross-sectoral teams, employ a variety of strategies to manage caseloads and appointment systems, and monitor service improvement plans.</p>	<p align="center">G</p>

Red (R) – there is no or limited evidence of implementation of the standard in MAT services
Amber (A) – there is evidence of partial implementation of the standard in MAT services
Green (G) – there is evidence of full implementation of the standard across all MAT services

3.3 There are several examples of good practice in Glasgow City, particularly in relation to MAT Standards 1 and 2 (access and choice). However, none of the standards are evidenced as fully implemented at this stage due to resource challenges and lack of availability of routine performance reporting on the Standards.

- **The Crisis Outreach Service** delivers 7 days a week, 8am to 8.30pm support to people who are identified as being at high risk of overdose and harm. Staff travel to and stay with the individual until they are engaged with the appropriate community service, supporting them with harm reduction interventions, into medication assisted treatment and into recovery. This is a wraparound service which includes assessment, engagement, support and management of patients, including evaluation of substance use, mental and physical health assessment to identify requirements for treatment and onward referral.

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- **The Enhanced Drug Treatment Service** is the first service in Scotland to provide Heroin Assisted Treatment (HAT) to people who inject drugs and has been operational since December 2019. The service holds a valid Home Office Controlled Drugs License, and each of the medical prescribers are registered to prescribe diamorphine for treatment of opiate withdrawal, with the Scottish Government. HAT is delivered as part of an “enhanced “package of care with medical, nursing and social care support to a population with severe and multiple disadvantages and complex needs at significant risk of drug related death. This is a crucial but expensive service to deliver, requiring a significant long-term financial commitment.

3.4 **MIST Submission**

All Alcohol and Drug Partnerships were invited to submit applications for funding to Scottish Government to implement MAT Standards 1-5.

Glasgow City submitted a proposal to invest in additional staffing to develop multi-disciplinary Access Outreach Teams that will ensure rapid, responsive support with no barriers access to treatment consistently across the city. This will improve access, choice, harm reduction and retention, and builds upon existing staffing and skill mix.

The submission was based on successful implementation in one locality pre-covid and seeks to increase capacity at the earliest point of contact with service users referred into service, to enable assertive outreach with those requiring treatment. Further details and a proposed staffing model is detailed in Section 4.

Additional funding was allocated at GGC board level for 2 project management posts, and recruitment is currently underway. These posts will be crucial to supporting data analysis and monitoring progress.

To date, MIST have not engaged in similar discussions on the additional resource required to implement the standards in Prison Health Care and Police Custody Health Care services. Glasgow City ADP are continuing to highlight the requirement for further work in this area.

3.5 **Progress on MAT Standards 6 &10 - Psychological Support and Trauma informed Care**

The GGC Psychological Therapies Strategy Group for ADRS has focussed its current work plan on delivery of psychological informed care and trauma informed practice within a matched stepped care model, in order to co-ordinate service approaches and meet their obligations under the MAT Standards 6 and 10. It has identified and agreed the training requirements for ADRS staff to be able to deliver on these standards, as well as the ongoing support to embed these approaches into practice.

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There have been difficulties in accessing sufficient training places via NHS Education for Scotland (NES) and a training for trainers model for key topics has been adopted to overcome this. The progress of much of this work is impacted by reduced capacity of psychological therapists, but the creative use of resources in terms of employing other kinds of therapists has been pursued to overcome this. A pilot to deliver training in Core Skills (a Low Intensity Psychological therapy delivered by non-psychologists) is being developed to target staff who will be able to offer this as part of their role. Furthermore, coaching groups have already been piloted in North East Glasgow ADRS to help support staff delivering these approaches, with plans to roll this out across the City.

Trauma informed care is also being rolled out across Glasgow City with Alcohol and Drug Recovery Services identified as a priority area.

3.6 Progress on MAT Standard 7 – Primary Care

There is ongoing national work to scope out the resource and actions required to implement the MAT Standards in Primary Care. In Glasgow City, approximately 63% of GPs are involved in Shared Care arrangements. Shared Care arrangements will be reviewed to ensure consistency, and to ensure that the standards can be implemented as far as practically possible ahead of the national work reporting its recommendations.

3.7 Progress on MAT Standard 8 – Advocacy

Glasgow City commissions the Glasgow Alcohol and Drugs Advocacy Service, delivered by The Advocacy Project. Plans to develop the evidence to demonstrate delivery and outcomes and support full implementation are underway.

3.8 Progress on MAT Standard 9 - Mental Health Support

Healthcare Improvement Scotland (HIS) has agreed a project proposal with Glasgow City to develop and test an integrated approach to mental health and substance misuse within and across ADRS. There will be a focused piece of work to consider practice and pathway-based solutions to ensure that people with mental health and substance use support issues are able to access the most appropriate services across the whole system.

HIS will provide support to the project, including provision of Project Management support for 2 years. Transferable learning from both projects will be shared across GGC through the MAT Implementation Steering Group.

3.9 Prison Health Care and Police Custody Health Care

The national MAT programme team have started work with the Scottish Prison Service, National Care Networks (prison and police custody) and specific prisons to raise awareness of the MAT standards.

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Glasgow City ADP has invested in a Prison Harm Reduction team delivering harm reduction advice and interventions across the GGC prison estate. This activity goes some way to delivering MAT Standard 4 and was funded by Drug Death Task Force funding that ends in 2023.

Within GGC, discussions are at an early stage with Prison Health Care services and Police Custody Health Care services, and there has been no opportunity to date to submit a business case for the resources required to ensure full implementation of the standards. Initial discussions have commenced with MIST with a view to identifying areas of good practice and areas for improvement.

4. Access Outreach Model

4.1 Scottish Government have allocated £1,066m to Glasgow City to implement MAT Standards 1-5 (Appendix 3).

4.2 It is proposed that a new Access Outreach Model is developed in each ADRS locality that will include a range of staff across Nursing, Social Care and Medical/Pharmacy. New roles will be introduced with Qualified Social Workers and Peer Support Workers to complement existing roles, to ensure a competent and responsive skill mix. Glasgow City ADP secured only partial funding in relation to the MIST submission and therefore the staffing model has been amended to reflect the allocation. The submission highlighted the following areas as key to implementing MAT Standards 1-5:

- Due to the size of the population, and the complexities associated with drug use and trends in Glasgow City, learning indicates that implementation of MAT Standard 1 will require an assertive outreach approach, with the capacity to bring people into service immediately, and triage and assess quickly. A new model for the Access teams in the 3 locality ADRS teams will allow assertive outreach and availability of assessment, medical review and treatment to start at all times during service hours (Standard 1).
- Glasgow ADRS currently offers methadone, buprenorphine (oral and injectable) and diamorphine injectable treatment. Methadone and oral buprenorphine are available in primary care via the enhanced service model, and work is required to implement injectable Buvidal within Shared Care contracts. Prescribing and dispensing guidelines are available for all options. A full resourced Access model will enable a range of new patient clinics to be established, offering choice across treatment options and a skill mix who are competent in delivering these (Standard 2).
- The recently developed Crisis Outreach Service (COS) respond rapidly to people who present to Scottish Ambulance Service and Emergency Departments with a Non Fatal Overdose. They receive referrals from the local ADRS teams and HSCP commissioned services to follow up high risk people out of hours. The primary aim is to assertively follow up with people until they are able to transfer into treatment and care. Pathways

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have been developed with the locality ADRS teams and the Access model allow a robust, rapid and quality transition new service users (Standard 3).

- Monthly bespoke Safer Injecting and Harm Reduction staff training has begun to be delivered across the city. 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 being trained to supply naloxone in line with the GGC competency framework. Naloxone also available via prescription at the point of MAT delivery, as well as via our WAND initiative. The redesigned Access model will afford time and space to deliver evidence-based harm reduction at the point of MAT delivery consistently. The model ensures a staffing skill mix that can respond in a trauma-informed and evidence-based approach.

Glasgow ADRS will identify resource to implement a training and development strategy to ensure that all staff are competent in harm reduction, treatment and care, and recovery (Standard 4).

- ADRS clinical guidelines support the maintenance of people in treatment as long as required, but the current staffing resource presents challenges in outreaching to people who have recently disengaged. The new model will provide an opportunity to follow people up regularly and identify concerns at the start of the treatment and recovery journey. This will ensure dynamic risk assessments, clear treatment plans, and comprehensive care planning at the earliest point, which will inform the longer term recovery planning (Standard 5).

4.3 Table 1 below highlights the proposed staffing model for the Access Outreach teams, with investment in new staffing totalling **£1,038,041**. This is within the budget allocated from Scottish Government.

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Table 1 : Access Outreach Model Staffing

POST	Grade/Band	Existing WTE & Investment £		PROPOSED ADD'L STAFFING	ANNUAL COST, FUNDING FROM SG ALLOCATION £ *
Social Work Team Leader	GRADE 8	0	0	3	203,400
Nurse Team Leader	BAND 7	3	193,806	0	0
Snr Practitioner	GRADE 7	6	334,998	0	0
Snr Add Nurse	BAND 6	8	384,800	4	192,400
QSW	GRADE 7	0	0	6	335,001
Social Care Worker	GRADE 6	10	460,080	5	230,040
Nurse	BAND 5	6	273,600	6	0**
Health Care Support Worker/Peer Support	BAND 3	6	193,800	0	0
Prescriber	BAND 8a	2	154,400	1	77,200
TOTAL PROPOSED INVESTMENT		41	1,995,484	25	1,038,041

*costed at 22.23 pay rates, inclusive of estimated pay award and employers oncosts.

** Nursing Band5 posts to be funded from existing baselined ADRS budget

5. Challenges

5.1 Despite well-developed systems of care for people who use drugs, and the work already undertaken across Glasgow City, full implementation of the MAT Standards has been recognised as a significant challenge, particularly in relation to funding, workforce capacity across all disciplines, data analysis and training.

- Full implementation of the MAT Standards can only be achieved with investment and additional staffing. Scottish Government allocation of funding is attached in Appendix 2 and did not allocate the full amount requested in the Glasgow City application. Future service developments will require additional resource, funded through the ADP and HSCP, and will be presented to a future IJB.
- There are recruitment and retention challenges, long-term vacancies, and continuing Covid absences affecting the workforce in all services across Glasgow. Non-recurring funding has a detrimental impact on the ability to recruit staff into permanent posts.
- For Glasgow City and all Greater Glasgow and Clyde, the primary challenge for reporting is linking data from various systems and parent organisations. MAT Opioid Substitution Treatment (OST) prescribing data can be reported from EMIS PCS, Shared Care returns and controlled drug registers. Work is underway to develop a robust board-wide prescribing report in the format required by MIST. This will provide accurate quarterly

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reports for MAT standard 2 but will require to link to EMIS Web and/or local authority systems to report other MAT standards. A manual audit process is currently being completed every third month across GGC to provide MAT standard 1 reports. Although this is information rich for quality improvement, it is very time intensive and development of electronic reporting, although potentially challenging, would be beneficial.

- A training needs analysis was carried out across the full range of disciplines in ADRS. This highlighted the need for a robust service induction programme for new staff and a regular training schedule which can be aligned to individual staff's personal development planning. Staff supervision, reflective practice & coaching opportunities will support on-going skill development for all staff. Competency frameworks are available for some disciplines and are being explored for those who do not have them, as well as practice development support.

6 Governance

- 6.1 Within Glasgow City, the MAT Implementation Steering Group is established, chaired by the Head of Adult Services for GADRS. A subgroup structure progresses specific workstreams and membership includes Prison Health Care services, Police Custody Health Care services and the Complex Needs Team.
- 6.2 A Board wide Implementation Steering Group (ISG) has been established to ensure a co-ordinated approach to implementation, and to oversee development of an Implementation Plan to include strategic Board wide actions needed to implement the 10 standards, a financial framework, and progress monitoring requirements. The ISG is chaired by the Associate Medical Director for ADRS, and receives progress reports from each ADP area, the Boardwide MAT Substitute Prescribing Management Group (SPMG) and the Boardwide Psychological Therapies Group. The ISG has developed a Risk Register to highlight the areas of risk which are shared across all areas and the mitigations in place. This is attached at Appendix 4.

7 Evaluation

- 7.1 Glasgow City ADP has recently been informed of the reporting requirements from the Scottish Government and MIST, in advance of the development of a regular reporting cycle. By September 2022, MAT Improvement Plans are required to be signed off locally by Chief Officers and the Chief Executive, with quarterly reports on the Improvement Plans starting in October 2022.
- 7.2 As noted above, the Project Managers, once recruited, will support data analysis and implementation, and will take a Board wide approach in relation to reporting outcomes.

8 Recommendations

8.1 The Integration Joint Board is asked to:

- a) Note the contents of this report;
- b) Support the program and planning work currently being progressed;
- c) Approve the progression to recruitment for the Access Model to support MAT Standards 1-5;
- d) Request an updated report on Implementation of the MAT Standards in 12 months; and
- e) Request a further update on plans for the remainder of the National Mission allocation within 6 months.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	280922-8
2	Report Title	Report on Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards in Glasgow City
3	Date direction issued by Integration Joint Board	28 September 2022
4	Date from which direction takes effect	28 September 2022
5	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Alcohol and Drug Recovery Services
8	Full text of direction	Glasgow City Council and Greater Glasgow and Clyde Health Board are directed to implement the recruitment of posts to the Access Outreach Model as outlined in section 4 to support MAT Standards implementation.
9	Budget allocated by Integration Joint Board to carry out direction	The total amount required to implement the proposed service model for ADRS is £1,038,041. This will be financed by the £1,066,000 of Scottish Government funding.
10	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	Date direction will be reviewed	September 2023

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Appendix 1 – letter from Angela Constance

Minister for Drugs Policy
Angela Constance MSP
T: 0300 244 4000
E: scottish.ministers@gov.scot
Integration Authority Chief Officers
Territorial Health Board Chief Executives
Local Authority Chief Executives
Copied to:
Chairs of Territorial Health Boards and Integration Joint Boards
COSLA
SOLACE

23 June 2022

I am writing this letter of direction to all Territorial (Local) Health Boards, Integration Authorities and local authorities, using authority from section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the carrying out of functions conferred by that Act, delegated in pursuance of an integration scheme or to be specifically carried out in conjunction with those, and which require specific responses to achieve implementation of the Medication Assisted Treatment (MAT) standards published on 31 May 2021.

The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services. Although the standards were published on 31 May 2021, these had been well publicised and local areas had contributed to their development through the Drug Deaths Taskforce.

Both the First Minister and I announced that these standards needed to be embedded and implemented by April 2022 and the Scottish Government is providing funding to help local services deliver on embedding, improving and sustaining the MAT standards. We have also established an implementation support team (MIST) including practitioners and people with lived experience, and led by Public Health Scotland to support local areas scale up and implement the standards.

In 2021/22 we provided £6 million for MAT implementation along with £3 million for assertive outreach and £3 million for non-fatal overdose pathways (both of those initiatives contribute to MAT standard 3) as well as £4 million to support local areas for the use of long acting buprenorphine (MAT standard 2). We also provided £500,000 last year (and committed to the same per year for the life of the Mission) for local areas to set up and run local forums or panels to feed in views from people with lived and living experience to MAT implementation as well as to other aspects of service delivery. I have also announced that funding for the remaining years of the National Mission – to April 2026) has been increased from £6 million to £10 million per year.

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Today, Public Health Scotland is publishing a MAT Implementation Benchmarking Report which shows that while progress on implementation has been made in all areas, and MAT standards 1 – 5 have been implemented fully in Borders, the standards had not been implemented fully by April 2022.

In response to this Report and in order to achieve full implementation, Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:

- a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;
- b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;
- c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;
- d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);
- e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;
- f) Should any quarterly report identify the need for intervention, that this is acted on immediately.

Further, I will follow up directly with any additional asks of Health Board or Integration Authority areas where the proportion of drug deaths remains significantly high and where MAT standard 1 is not yet implemented, and for those areas, we will require monthly progress reports rather than quarterly.

Our expectation is that, these oversight arrangements will lead to implementation of the MAT standards in community and justice settings in all local areas, in accordance with the timetable for full implementation being recommended in the PHS Benchmarking Report, at the very latest.

The Scottish Government and the MIST team, in particular, will continue to provide advice and support to all local areas to set up the above arrangements and to achieve the intended goals. Addressing this requires a whole-system approach across Government and across local services.

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The requirements set out in this letter of direction will subsequently be revoked when implementation has been achieved locally, and notice of that will be in a further letter.

I thank you, and those who are charged with delivering support and care in accordance with the MAT standards, for your on-going commitment. Ministers recognise that there are huge efforts being made already to deliver on the standards and to provide the necessary care for some of the most marginalised people in our communities, to save and improve lives. This letter is intended to ensure that the work being done on the ground is backed up more consistently through commitment from senior leaders.

ANGELA CONSTANCE

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Appendix 2 – Greater Glasgow & Clyde RAG Status

	1. Same day access	2. Choice	3. Assertive outreach & anticipatory care	4. Harm reduction	5. Retention
Glasgow city	A	A	A	A	A
East Dunbartonshire	R	A	A	A	A
East Renfrewshire	A	A	A	A	A
Inverclyde	R	R	A	A	A
Renfrewshire	A	R	A	G	A
West Dunbartonshire	R	A	A	A	A

Red – there is no or limited evidence of implementation of the standard in MAT services

Amber – there is evidence of partial implementation of the standard in MAT services

Green – there is evidence of full implementation of the standard across all MAT services

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Appendix 3 - ADP funding letter 2022-23 (including MAT standards funding breakdown funding)

Population Health Directorate
Drug Policy Division & Health Improvement
Division
E: Drugsmissondeliveryteam@gov.scot

ADP Chair
Integration Authority Chief Officer
Copies to:
NHS Board Chief Executive
Local Authority Chief Executive
NHS Director of Finance
Integration Authority Chief Finance Officer
ADP Chairs and Co-ordinators

23 June 2022

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2022-23 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES

1. We are writing to provide detail about the funding arrangements, Ministerial priorities and planning and reporting arrangements for Alcohol and Drug Partnership (ADP) work for 2022-23. These arrangements will support the delivery of the National Mission to reduce drug related deaths and harms; Rights, Respect and Recovery¹ to improve access to alcohol treatment; and the Alcohol Framework 2018: Preventing Harm – *next steps in changing our relationship with alcohol*².

Funding Allocations

2. Following feedback from ADP Coordinators we have collated details of different funding streams into this one letter. The funding arrangements are summarised in the following table and explained in more detail below.

Table 1. ADP funding arrangements (local breakdowns can be found in appendices 2 and 3) . Funding stream	National 2022/23 budget
NHS Board Baseline contribution*	£56,490,001
Additional PfG uplift	£17,000,000
Additional National Mission uplift	£11,000,000

1 <https://www.gov.scot/publications/rights-respect-recovery/>

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2 <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

Specific programme funding

MAT Standards	£10,313,775
Residential Rehab	£5,000,000
Whole family Approach framework	£3,500,000
Lived and Living Experience	£500,000
Taskforce Response Fund	£3,000,000
Total	£106,803,776

Includes 5% uplift which Boards have been expected to implement locally on 2020/21 baseline funding for ADPs of £53.8 million. Expectation is that Boards investment in ADPs will be sustained at this increased level.

3. Collectively this funding represents a national investment of over £106 million for ADPs and an increase on 2021-22 funding of 0.3%. Full details of this breakdown by ADP and Healthboard are available in the appendices (appendix 2 and 3).

Note on Reserves

4. The Scottish Government are aware of a significant accumulation of reserves held by Integration Authorities (IAs) on behalf of ADPs. The balance for 2021/22 is currently being collated but based on prior year is expected be in excess of £16 million nationally. Once confirmed, the level of reserves being held will be netted off against the first allocation of funding for 2022-23 in order to avoid a similar build up being carried forward into future financial years.

5. We will monitor reserves on a twice-yearly basis through financial returns and it is our intention to taper the final allocation to match forecast spend, taking into account any in-year slippage that may arise.

6. As noted in paragraph 31, the Scottish Government provide permission that £2 million from reserves can be allocated towards supporting the roll out of long acting buprenorphine.

Baselined Contribution

7. The Scottish Government's direct funding to support ADP projects in 2022-23 has been transferred to NHS Board via their baseline allocations for onward delegation to IAs to be invested through ADPs. Where there is more than one IA, the level of funding should be agreed jointly by the IAs within the Health Board area, however we have provided details of what the ADP allocation of this funding would be using the NRAC formula as an indication of funding at the ADP level. There is no requirement to allocate this funding by NRAC formula.

Additional Programme for Government Uplift - £17million Nationally

8. Since 2018-19 additional funding of £17 million per year has been delegated to IAs for onward use by ADPs as part of the Programme for Government to

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support improvement and innovation in the way alcohol and drug services are developed and delivered as part of the Rights, Respect and Recovery strategy and the Alcohol Framework 2018 Preventing Harm. This funding has been maintained and £17 million is allocated directly to ADPs through the Local Improvement Fund. This funding has been allocated via NRAC and the same amount is available for 2022-23.

National Mission Uplift - £11 million

9. This funding has been allocated via NRAC and the same amount is available for 2022-23 as in 2021-22. It is expected that this funding will be directed towards programmes of work which deliver the outcomes set out in the National Mission Outcomes Framework (appendix 1). This funding stream combines three previously separate funding streams - the general uplift stream (£5m) and specific funding for non-fatal overdose pathways (£3m) and outreach (£3m) - to provide more flexibility at the local level. It is expected that both outreach and nonfatal overdose remain priorities as core parts of the national mission and MAT standards delivery.

Specific programme funding

Medication-Assisted Treatment Standards - £10.3 million

10. The funding agreed with local services in each IA area for the implementation of the MAT Standards follows detailed, local discussion on additional resources required to embed the standards in 2022 to be followed by service improvements and sustaining these through the national mission and beyond. Embedding and improving the MAT Standards is a key priority for Ministers and delivery of these standards must also be key priority for Chief Officers and other leaders in IAs.

11. The PHS National benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards 2021/22 demonstrates that local delivery of this priority is not currently progressing at the pace required across Scotland to address this national challenge. The Minister for Drugs Policy is therefore writing to the Chief Executives of NHS Boards and Local Authorities, and the Chief Officers of IAs, requiring them to personally sign an improvement plan. One senior leader will be nominated locally to take responsibility for driving the necessary changes and areas will report on progress every three months. In areas of particular concern progress reports will be monthly to ensure delivery is on track.

12. Allocation of funding has been based on priority needs – taking into account what each area has already got in place and what each area requires. This has meant that allocation decisions have not been based only on NRAC. In addition, in four areas some funding has been allocated at health board level for programme management. Full details of the MAT funding allocation is in appendix 4

13. In most cases the funding identified is being targeted on employing or re-allocating workforce to meet the MAT Standards. Plans for doing this could see more than 100 new posts in local services.

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14. Public Health Scotland, through the MAT Implementation Support Team will continue to help local areas monitor their progress in implementing the standards over the year and performance against standards will be captured in ADP annual reporting cycles.

Residential Rehabilitation - £5 million

15. Ministers have committed to increase the number of publicly funded placements by over 300%, so that in 2026 at least 1,000 people are funded for their residential rehabilitation. This is an ambitious target and to meet it we require the full support of the sector. This is the second year of this funding uplift to support residential treatment and services associated with preparation or aftercare.

16. While monitoring data from 2021-22 indicates a substantial increase in the number of people accessing treatment via public funding, more work needs to be done to deliver on this ambition.

17. We expect all ADPs to have at least a provisional pathway in place by summer 2022 and to continue to see an increase in the number of people being referred to residential rehab.

18. Healthcare Improvement Scotland will establish regional improvement hubs that will bring together groups of Alcohol and Drug Partnerships and other key parts of the local system to design and improve pathways into, through and from rehab.

19. Public Health Scotland will continue the quarterly monitoring of referrals and spend on residential rehab and ADPs are asked for their continued support of this data collection. Public Health Scotland have also been tasked with developing a comprehensive monitoring and evaluation framework to support the residential rehabilitation programme and further details of this work will be shared in due course.

Whole Family Approach/Family Inclusive Practice: £3.5 million

20. £3.5 million is committed to support the implementation of '*Drug and alcohol services – improving holistic family support: A framework for holistic whole family approaches and family inclusive practice*³' also known as the Whole Family Approach Framework. This was published in December 2021 and sets our expectations for local areas to put in place accessible, consistent, sustained and inclusive support for families.

21. Chapter 11 of the Framework sets out our expectations for implementation for ADPs. In summary, we ask ADPs to;

- Audit existing family provision in terms of quantity, quality and reach
- Work collaboratively to strengthen and expand service provision in their area
- Ensure that the expertise, views and needs of families are included from the outset.

22. It is the expectation of Ministers that this £3.5 million investment is used to implement and strengthen holistic whole family approaches and family inclusive practice, in accordance with the Framework. Working collaboratively with local

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partners, and in particular Children's Service Planning Partnerships (CSPPs) will be vital to improving family support. In particular, we encourage ADPs and CSPPs to view this investment and the additional investment allocated to CSPPs through the Whole Family Wellbeing Fund as part of a programme of investment in families. ADPs and CSPPs should plan accordingly and pool resources to achieve the maximum impact for families.

23. At a minimum, we expect ADPs to be able to demonstrate that they have:

- Undertaken an audit of family provision, including the quantity, quality and reach, taking account of support delivered by paid workers, volunteers and peers, including mutual aid/fellowships.
- Utilised this funding to improve and expand the service provision for families in their area in partnership with relevant bodies.
- Included the expertise, views and needs of families in this work from the outset and have established meaningful feedback loops that seek the views and experiences of families and use them to improve service provision.

24. In the coming months the Scottish Government, in partnership with the Whole Family Approach Implementation Working Group, will be in contact with ADPs to understand their current position in regards to the three expectations set out below and to audit the £3.5 million allocated in the previous financial year (2021-22). This will establish a baseline which we will ask ADPs to report on going forward.

Lived and Living Experience: £0.5 million

25. £0.5 million is being allocated to increase participation of people affected by problem substance use in all stages of prioritisation, planning, implementation and monitoring of services through Lived and Living Experience panels.

26. Ensuring the voices of people with lived and living experience are heard and acted upon is a key priority for the National Mission and is central to the rights based approach laid out in Rights, Respect, Recovery (2018).

27. The National Collaborative will bring forward a human rights-based approach as an integral part of the National Mission. Whilst this will be on a national level, the aim is that good practice at a local level can be identified and shared. The National Collaborative will offer an example for implementing a human rights-based approach at a local level.

28. ADPs are expected to use the Lived and Living Experience allocation across the following two priorities which are aligned to National Mission outcomes:

- Networks and Community Groups:** Develop and support networks of people affected by substance use (this should include people with lived experience, people still using drugs and alcohol and their families and friends).
- Lived and Living Experience Panels:** Set up Lived and Living Experience Panels in your areas to inform prioritisation, planning, implementation and monitoring of services. This includes responding to National Collaborative developments and guidance to develop innovative local approaches.

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29. The measure of success for this work will be based on the impact it has on individuals' lives. The intended outcomes for the National Collaborative include measurable improvements in the following areas (to be determined through peer-led research):

- human rights indicators for people accessing drug and alcohol services
- wider recovery outcomes (e.g. improved physical and mental health; improved feelings of self-worth, confidence; sense of community etc.)
- human rights indicators for family and friends supporting somebody to access drug and alcohol services

New Taskforce response fund

30. Ministers have ring-fenced **£3 million for a new Taskforce Response fund**. This funding replaces the taskforce allocation for ADPs of £3 million in the years 2020/21 and 2021/22. This funding is being allocated now and details of priorities for this funding and how it will be allocated will be communicated in writing in the autumn following publication of the taskforce recommendations in July 2022. As in previous years this funding is allocated on the basis of the prevalence of problem drug use.

Cessation of funding for Long Acting Buprenorphine

31. £4 million was allocated from the drugs policy division budget to expand access to Long Acting Buprenorphine in the financial year 2021-22 as many Boards did not yet have long-acting buprenorphine on formularies. Funding for this prescription medication will now, from 2022-23 come from local prescribing budgets rather than from budgets for drug treatment. However, as stated above, £2 million of the reserves funds can be committed to the continuation of Long Acting Buprenorphine in 2022-23

Context for Delivery

National Mission to Reduce Drug Related Deaths and Improve Lives

32. This is the second year of the National Mission announced by the First Minister in January 2021 and supported by an additional £50 million funding per year for the lifetime of the parliament.

33. The aim of the national mission is reduce deaths and improves lives. To underpin this work, Scottish Government have developed an outcomes framework (appendix 1) and summarised below) which sets out the key outcomes required to achieve this aim.

34. This outcomes framework incorporates and builds on the priorities set out in Rights, Respect and Recovery and the Alcohol Framework which are still relevant. These cover both alcohol and drugs, with the exception of priority 5 which refers to alcohol only:

- A recovery orientated approach which reduces harms and prevents deaths
- A whole family approach
- A public health approach to justice
- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol

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Treatment Target

35. As communicated in a letter on 16 March, we have introduced a Substance Use Treatment Target. This target will ensure that by 2024 there will be at least 32,000 people with problem opioid drug use in community based Opioid Substitution Therapy (OST) treatment in Scotland which equates to an increase of approximately 9%. The intention is that by 2024 the target will be expanded to cover treatment for all drugs and also include alcohol treatment.

36. We are seeking reassurance around the delivery of the target and ask you to provide your projection on how you will achieve the target over the next two years. A format for this is attached at Appendix 5 for completion by your Integration Authority and should be returned to alcoholanddrugsupport@gov.scot by close of business on Friday 29th July 2022. This process will allow you to monitor progress and quickly identify when remedial action is required to remain on track, it will also help us to maintain a national oversight of delivery. Appendix 5 also provides an opportunity to provide comment and this will help us to better understand your plans for delivery and any challenges you foresee. The target for each IA area is attached at Appendix 6.

37. As you are aware there are clear links between the delivery of this target and the MAT Standards. The embedding and implementation of MAT standards is designed to improve the quality of services as well as to increase the number of people in treatment and to make sure they have access to these services for as long as they require them. The target will be a way of demonstrating that this is being put in place.

Drug and Alcohol Waiting Times

38. The Local Delivery Plan (LDP) standard supports sustained performance in fast access to services and requires that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

39. Nobody will wait longer than 6 weeks to receive appropriate treatment. 100% compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland

40. Performance against the Standard will continue to be measured via the Drug and Alcohol Information System (DAISy) with national reports being published on a quarterly basis via Public Health Scotland.

Alcohol policy context

41. Baseline funding and PfG funding is expected to cover both alcohol and drugs. In addition people with alcohol dependence can be supported to residential rehab via the dedicated funding. An update on alcohol policy work is in appendix 7.

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Planning and Reporting Arrangements

42. ADPs are our primary partner in the delivery of the National Mission and the Alcohol framework and key to their success. Therefore a clear commitment to monitoring and evaluation at the local level is vital.

43. In year two of the national mission we are stepping up our commitment to monitoring and evaluation not only to improve accountability but also to support the sharing of what works in different areas and with different communities. We have begun work with Public Health Scotland and analysts within Scottish Government to develop a monitoring and evaluation framework which will be published later this year. It is important that ADPs are involved in developing a monitoring and evaluation process and further information about how to engage with this process will be shared in due course.

44. To improve monitoring and evaluation, and increase transparency, we also expect ADPs to return a quarterly financial report. These will be collected at the end of each financial quarter, and will contribute to the annual report.

45. It is our intention to introduce an annual progress report of the national mission with the year one report published in September 2022. This report will draw on data provided by ADPs and other sources and will set out plans for evaluation going forward. It is therefore important that accurate data recording reporting is prioritised by ADPs and the services they fund.

46. While there are specific reporting arrangements for specific funds detailed above we will also continue to expect ADPs to complete an annual report template. This template is currently being reviewed to ensure it reflects the outcomes framework and complements other reporting processes to reduce burden on ADPs.

47. Much of our ability to understand the impact of funding and progress towards our objectives is reliant on having quality and complete data within the Drug and Alcohol Information System (DAISy). We ask that ADPs work with service providers to ensure that completion of DAISy is a condition of grant.

Additional Funding Available

48. Alongside the funding detailed within this letter there are a number of other funding routes which ADPs are either eligible to apply for or are available directly to services within their areas. These include

49. Heroin Assisted Treatment - £0.4m is being allocated to expand Heroin-Assisted Treatment in the financial year 2022-23. This is being allocated via ADPs by application to the Scottish Government

50. Corra National Drugs Mission funds – Corra will continue to deliver grant programmes on behalf of the national mission in 2022/23. The Scottish Government and Corra encourage all organisations to work closely with the relevant ADPs to ensure projects meet local need and fit in with local strategy. For some funds a letter of support from the relevant ADP chair or coordinator is

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required. Further information can be found here www.corra.scot/grants/drugs-services-funds/.

51. The Rehabilitation and Recovery Fund is administered via the Scottish Government and is for large projects to increase residential rehabilitation capacity. Further information can be found here <https://www.gov.scot/publications/national-drugsmmission-funds-guidance/>.

Living experience SDF support

52. Funding has been allocated to SDF to ensure the voices of people with living experience influence service developments, service delivery, policy and strategy development in the financial year 2022-23. Part of this work includes developing networks of people with living experience both at service and strategic levels- e.g. ADP panels, surveys, national advisory groups and delivering training for people with living experience.

53. If you have any queries on the content of this letter, please contact Fiona Robertson at: Drugsmmissiondeliveryteam@gov.scot

Yours sincerely

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MAT FUNDING	OFFICIAL
MAT Area	Allocation (£)
NHS Ayrshire & Arran (programme management)	67,000
East Ayrshire	215,080
North Ayrshire	250,360
South Ayrshire	340,000
Borders	200,154
Dumfries & Galloway	269,206
Fife	613,148
Stirling & Clacks	230,899
Falkirk	259,191
Aberdeen	462,000
Aberdeenshire	436,600
Moray	154,319
NHS Greater Glasgow & Clyde (programme management)	132,000
Glasgow	1,066,000
E Dun	166,874
E Ren	172,622
Inverclyde	212,767
Renfrew	305,726
W Dun	158,000
Argyll & Bute	171,171
Highland	422,129
North Lanarkshire	570,886
South Lanarkshire	532,991
NHS Lothian (Programme management)	132,000
Edinburgh	753,003
Mid/East Lothian	402,230
West Lothian	250,000
Orkney	45,119
Shetland	43,960
NHS Tayside (programme management)	66,000
Angus	194,443
Dundee	710,034
Perth & Kinross	247,718
Western Isles	60,165
TOTAL	10,313,795

Appendix 4

MAT Standard Implementation – Boardwide Risk Register

Title	Description	Responsible person	Impact	Controls in place
Funding to increase service staffing not yet approved	A number of areas awaiting confirmation from Scottish Government of recurring funding for posts required to support implementation of MAT standards. This is required by HSCPs prior to going out to recruitment, leading to delays in MAT delivery.		Significant delay to full implementation of MAT standards.	Some posts recruitment overseen by NHS Greater Glasgow & Clyde in order to allow for posts to proceed to recruitment; adaptation of key performance indicators to acknowledge impact on service delivery; escalation to PHS and MIST Team.
Recruitment challenges	Competing with other local HSCPs; salary scales; recruitment and induction processes.		Delay to full implementation of MAT standards.	Development of HSCP communication strategy to promote innovative practice; development of HSCP workforce development plan.
Workforce training	Ability to source appropriate training.		Delay to full implementation of MAT standards.	Implementation of HSCP workforce development plan; Utilisation of available training programmes and tools via national organisations.
Data and reporting	Limited ability to extract data required for regular reporting from patient management systems (i.e. DAISy), meaning that reporting to MIST and baseline data collection has limitations; some reporting aspects only able to be done in manual way		Reporting on MAT delivery has limitations, and cannot be delivered in way described by MIST	Escalation of challenges with data extraction from DAISy escalated MIST; development of reporting frameworks using proxy measures.
Electronic prescribing to pharmacy	Electronic prescribing not in place in some areas, where clinicians work (and will be prescribing) across sites.		Delay in implementation of MAT Standards 1 and 2.	Pilot underway to scope electronic prescribing in ADRS in GGC
Shared care arrangements	National guidance and Scottish Government support is required to support local delivery of MAT Standard 7. Potential legal challenges and reputational risks linked to concerns around equity of access.		Significant delay to full implementation of MAT standards.	Escalated to MIST and Scottish Government through PSDs and meetings with MIST team.