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**Item No: 10**

**Meeting Date: Wednesday 28<sup>th</sup> June 2023**

## **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 and Alcohol and Drug Recovery Service (ADRS) Review**

**Purpose of Report:**

The purpose of this paper is to update the IJB on progress of implementation of the Medication Assisted Treatment (MAT) Standards and recommendations from the commissioned independent Review of Glasgow Alcohol and Drug Recovery (ADRS) community services and seek approval to progress recruitment for the Test of Change STARS model.

**Background/Engagement:**

This update follows an IJB paper in September 2022, on [Progress towards Implementation of the Medication Assisted Treatment \(MAT\) Standards in Glasgow City](#).

On 22<sup>nd</sup> August 2022, Public Health Scotland published the [Supplementary Information for the National Benchmarking Report](#) on implementation of the Medication Assisted Treatment (MAT) standards

In January 2021, Glasgow Alcohol and Drug Recovery Services commissioned an external review of service, which reported with 10 Recommendations in September 2021.

**Governance Route:**

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team

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	Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input checked="" type="checkbox"/> Alcohol and Drug Partnership Adult Core Leadership
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the contents of this report; b) support the program of work currently being progressed for the Alcohol and Drug Service Review and MAT Standards Implementation; c) approve investment in the Long-Acting Buprenorphine Community Pharmacy Clinic; d) approve the progression to recruitment for the ADRS STARS Model; and e) request an updated report on Implementation of the MAT Standards in 12 months.
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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:**

<b>Reference to National Health &amp; Wellbeing Outcome(s):</b>	Outcomes 1, 3, 4, 5, 7, 8, 9
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<b>Personnel:</b>	Implementation of the MAT Standards and ADRS Review Recommendations will require workforce investment and development, and investment in third sector providers. Staffside and Council trade unions are involved in all discussions and are key members of the ADRS Review and MAT Standards Implementation Steering Group.
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<b>Carers:</b>	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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<b>Provider Organisations:</b>	Third sector partners are represented on the ADRS Review and MAT Standards Implementation Steering Group and Alcohol and Drug Partnership. Provider organisations will be involved in Test of Change models to inform future procurement activity. Several third sector partners have been awarded Scottish Government National Mission funding through Corra to
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	deliver activity that will support the implementation of the MAT Standards
<b>Equalities:</b>	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. EQIAs may be required with aspects of implementation and will be published as per guidance.
<b>Fairer Scotland Compliance:</b>	None
<b>Financial:</b>	Full implementation of the MAT Standards can only be achieved with investment and additional staffing. This paper includes proposals which total £645,089, which will be met within existing Alcohol and Drug Recovery service budget, supplemented by National Mission allocation where required.
<b>Legal:</b>	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. GCC Legal and Audit provide the support required to ensure that procurement activity is compliant with procurement legislation and the Council Standing Orders.
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	Detailed risk implications are included in the Implementation Plan developed by the Planning and Implementation Group.
<b>Implications for Glasgow City Council:</b>	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.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	NHSGG&C 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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<b>Direction Required to Council, Health Board or Both</b>	
<b>Direction to:</b>	
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 progress towards implementation of the Medication Assisted Treatment (MAT) Standards and recommendations from the commissioned independent Review of Glasgow Alcohol and Drug Recovery community services, seek approval to implement the Long Acting Buprenorphine Community Pharmacy Clinic, and seek approval to progress recruitment for the Test of Change STARS model.

**2. Background**

- 2.1. This update follows IJB papers in [September 2021](#) (MAT Implementation in Glasgow City 2021) and in [September 2022](#) (Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards in Glasgow City).
- 2.2. On 22<sup>nd</sup> August 2022, Public Health Scotland published the [Supplementary Information for the National Benchmarking Report](#) on implementation of the Medication Assisted Treatment (MAT) standards.
- 2.3. Glasgow Alcohol and Drug Recovery Services (GADRS) commissioned an external review in January 2021, to consider the efficacy of the community care and treatment teams and the model of service delivery.
- 2.4. The Review undertook an analysis of service data and consultation with key stakeholders and concluded in September 2021. The report highlighted areas of good practice and key issues that present challenges to the delivery of effective and responsive care and treatment in line with the service specification and the MAT Standards. The final report made 10 Key Recommendations. A summary of the findings can be found in Appendix 1.
- 2.5. An ADRS Review and MAT Standards Implementation Board was developed in November 2022 to direct and monitor implementation. Membership includes Glasgow City HSCP, lived experience representation, Staffside and Local Authority Unison, staff representation and third sector partners.

**3. Implementation – MAT Standards**

- 3.1. Scottish Government set an expectation that Alcohol and Drug Partnership areas fully implement MAT Standards 1-5 by April 2023. This was benchmarked by Public Health Scotland (PHS) following Glasgow’s submission of process, numerical and experiential evidence.

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A summary of confirmed Red/Amber/Green benchmarking (RAGB) for Glasgow City, confirmed by PHS is detailed below:

MAT STANDARD		PREDICTED RAGB	FINAL RAGB (May 2023)
1	Same Day	Provisional Green	Green
2	Choice	Provisional Green	Green
3	Assertive Outreach	Provisional Green	Provisional Green
4	Harm Reduction	Provisional Green	Provisional Green
5	Retention	Provisional Green	Provisional Green
6	Psychological Support	Amber	Amber
7	Primary Care	Amber	Amber
8	Advocacy	Amber	Amber
9	Mental Health	Provisional Amber	Provisional Amber
10	Trauma Informed Care	Amber	Amber

**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 Experiential data was limited following a delay in the Data Protection Impact Assessment approval and subsequent impact on interview sessions that could be completed, which has influenced the RAGB status. In total, 11 service users with lived experience of alcohol and/or drug use were interviewed by staff, and 7 staff members were interviewed by ADP staff. Learning for future submissions is being implemented, with regular interviews to be undertaken throughout the year and a wider range of service usage covered. No family members/carers participated as consent was not provided by any of the service users interviewed. There will be pro-active attempts to engage family members/carers for future submissions.

### 3.4 **MAT Standard 1 – All people accessing services have the option to start MAT from the same day of presentation**

Analysis of referrals over the month of February 2023 indicated that 75% of people who wished an immediate MAT treatment initiation, received assessment and treatment start within 1 day.

Experiential data was particularly strong in relation to MAT Standard 1 with the majority of service users highlighting that they were offered treatment on the same day as presentation to the service, using positive language to describe treatment that is barrier-free and responsive to need. Staff indicated that treatment can always be initiated on the same day, but this is guided by service user choice.

### 3.5 **MAT Standard 2 – All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose**

Of the 33 patients who started Medicated Assisted Treatment in February 2023, 24% were initiated on Methadone, 36% on Oral Buprenorphine, and 40% on Long-acting Injectable Buprenorphine (LaB), highlighting an upward trend in relation to LaB, particularly with treatment initiation. In addition, 16% of all Medicated Assisted Treatment is LaB, exceeding the Scottish Government

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target of 8%. A Test of Change has been agreed to support the increase in delivery of LaB in partnership with a community pharmacy setting in South Glasgow.

Experiential data highlighted that each of the treatment options was explained in detail and service users indicated that they held the decision-making in relation to treatment choice and that there were no barriers to accessing treatment. Staff felt confident in their knowledge of, and ability to explain, MAT options. Service users further indicated that they felt able to request a review of their treatment at any time.

### 3.6 **Test of Change – Long Acting Buprenorphine Community Pharmacy Clinic**

A test of change was proposed as a consequence of the considerable increase in LaB prescribing, and the subsequent impact on ADRS resource and lack of LaB as a treatment choice in Primary Care. Patients who are prescribed LaB currently attend their ADRS team on a weekly or monthly basis for injection.

NHS Grampian and NHS Lothian introduced Tests of Change in 2022 where selected community pharmacies provide LaB administration clinics, and therefore the proposed model is based on shared learning from these Board experiences. Pharmacists working in Community Pharmacies are practitioners experienced in dispensing, assessing, supervising and supporting patients throughout Opiate Substitute Treatment (OST), and many have experience of administering injections within their own setting and are qualified independent prescribers.

The introduction of LaB administration services within a community pharmacy would increase patient choice in terms of where they can receive treatment, delivers the service in the patient's local community and provides greater flexibility due to increased opening hours.

The Test of Change involves one community pharmacy in South Glasgow, that would deliver one LaB clinic per week, with a maximum of 15 appointments per day and therefore capacity for 60 patients in total within the initial test of change period. A new LaB administration page is being developed.

Total costs for the 6 month test of change will be £14,900, which includes a £500 establishment fee and £40 per patient administration fee. This will be funded from existing Alcohol and Drug Recovery Service budget.

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

The Crisis Outreach Service (COS) received 94 referrals between February 2022 and March 2023, with the majority of referrals received from Emergency Departments, Scottish Ambulance Service or ADRS. 79% of people received an assertive outreach response, with a median of 0 days between notification and screening, a median of 1 day between screening and first attempted contact, and a median of 2 days between notification and initial outreach risk assessment.

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COS operates 7 days a week, 8am to 8.30pm, to support people who are identified as being at high risk of overdose and harm. Staff work with the individual until they are engaged with the appropriate community service, providing immediate harm reduction interventions, and a pathway into Medication Assisted Treatment. The wraparound service includes assessment of substance use, as well as mental and physical health assessment to identify requirements for treatment and onward referral. No experiential data was available for MAT Standard 3 as service users interviewed had not experienced the Crisis Outreach Service. This has impacted on the PHS RAG scoring and COS service users will be approached for future interviews.

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

Numerical returns for MAT Standard 4 highlighted that all Core Harm Reduction interventions are available at the same time as MAT delivery within all ADRS treatment centres. These include Blood Borne Virus testing, Injecting Equipment Provision, Naloxone and Overdose Awareness Advice, Wound Care, and Sexual Health advice and signposting. Experiential data from both staff and service users however indicated a gap in Sexual Health provision in terms of initiating discussions with patients and understanding pathways for further Sexual Health support. This will be included in workforce development plans, with a lead identified in each ADRS team to ensure that sexual health harm reduction is available in all sites, and pathways onto specialist service is clear for staff and service users.

### 3.9 **MAT Standard 5 – All people will receive support to remain in treatment for as long as requested**

An audit of ADRS caseloads from March 2023 highlighted that 87% of patients have been in treatment for one year or over. 13 patients were discharged in March as part of their care plan, 62% of whom had been engaging with the service for over 365 days and 23% had been open for between 91 and 180 days. 34 people decided to self-discharge in March, with 70% being open to ADRS for between 6 months and over one year. Further analysis is required on the unsupported discharges to understand whether a trauma informed approach may have impacted on engagement.

Service users reported positive experiences of services, describing staff as non-judgemental and noting a positive difference from previous contact episodes with ADRS.

### 3.10 **MAT Standards 6-10**

Scottish Government expect MAT Standards 6-10 to be implemented by April 2024.

A fuller update will be provided to the Integration Joint Board at a future date. However, Glasgow City are progressing well and the workstreams aligned to the ADRS Review recommendations support the full range of MAT Standards.

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

GG&C ADRS Psychological Therapies Strategy Group has developed a workplan to coordinate service approaches. ADRS has increased its psychological therapies workforce and skill mix to increase capacity to deliver Tier 2 Interventions.

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

Scottish Government Primary Care Directorate wrote to Board Chief Executives on 25<sup>th</sup> April 2023 to outline the need to implement MAT Standard 7, utilising ringfenced monies within the wider Enhanced Services allocation.

The letter sets out indicative ringfencing of £2.217million.

A Review of Shared Care has recommended a model that would support the upscaling of Shared Care delivery and development of all MAT Standards within Primary Care settings.

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

Glasgow City commissions an Alcohol and Drugs Advocacy Service, delivered by The Advocacy Project, however service users interviewed were not aware of the service. Work is being undertaken to ensure information is available in all treatment and care sites, as well as at partnership venues.

Work is progressing to ensure ADRS staff are able to offer initial advice and support to prevent homelessness and understand pathways into housing and welfare support.

- ***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***

Healthcare Improvement Scotland are working with Glasgow ADRS to review and improve ADRS assessment and internal pathways for people who have co-existing mental health difficulties. A review of the NHSGGC Interface between ADRS and Community Mental Health Services is underway, to support joint assessment and clear pathways for people with co-occurring alcohol and/or drug use and mental health difficulties.

- ***MAT Standard 10 – All people receive trauma informed care***

Trauma training at Informed, Skilled and Enhanced practice has begun across Glasgow Alcohol and Drug Recovery Services, alongside support to embed and sustain these approaches such as Reflective Practice and Coaching.

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### 3.11 Prison Health Care and Police Custody Health Care

Full implementation of MAT Standards within Justice settings is extended to April 2026, in recognition of some of the additional complexities.

Glasgow City HSCP is working with MIST to map current progress and implementation status against each of the 10 MAT Standards within Prison Health Care and Police Custody. Additional funding allocation was expected in relation to justice settings however this has not yet been confirmed.

## 4. Alcohol and Drug Recovery Service Review

4.1 An independent review of community services reported in September 2021, with ten recommendations discussed and agreed through HSCP and ADP structures. A number of workstreams were developed to develop plans to address the recommendations, as well as MAT Standards. These include Resource and Capacity, Workforce Development, Performance and Governance, Shared Care, and Residential Services.

4.2 ***ADRS Review Recommendation 1: There is clear evidence that the current level of activity is unsustainable within the current resources of the service. There needs to be a significant investment in the recruitment and retention of staff to safely and effectively manage current and future demand.***

***ADRS Review Recommendation 2: In light of the evidence presented, it is recommended that the service specification be reviewed to address specific issues including continuity of contact and the development of a step up- step down system.***

ADRS and the ADP recognised the challenges associated with recruitment and retention of staff, alongside high volume caseload activity and reduced time to work with people in a psychologically and trauma informed manner to inform holistic care plans.

As detailed in the paper presented to IJB in [September 2022](#), Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards in Glasgow City, the Access model from first point of contact has been implemented, with additional capacity across staffing groups funded by Scottish Government allocation and realignment of existing resource. The model has been developed further with recommendations on caseloads, assessment tools, harm reduction and treatment interventions, and staff training. An assertive outreach approach is embedded within the model, and staff have the capacity to undertake meaningful engagement with service users at the beginning of their treatment and care before discharge or move into the wider service.

As noted in the Review, the vast majority of service users receiving treatment and care are allocated within the wider Core aspects of ADRS. 87% of all service users have been open to the service for over 1 year. The workstream has focused on creating capacity for staff to undertake regular assessments and reviews, respond to need, deliver trauma informed

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interventions, and support recovery from alcohol and drugs. One proposal to support an increase in capacity is to introduce a new model to work with service users who are low risk and may not require specialist care and treatment.

A test of change model has been developed to ensure that specialist treatment and care staff can focus on service users who are at high risk of harm from alcohol and/or drug use or have additional support needs or risk in terms of parenting, offending, and gender-based violence. The model addresses the need to consider a step-down system of care, recognising the current challenges with Shared Care.

### 4.3 Test of Change – Supported Treatment and Recovery Service (STARS)

Covid-19 contingency planning introduced RAG ratings for ADRS service users, based on risk, need and treatment compliance. An analysis of RAG categorisation highlighted that approximately 1200 service users (17% of total caseloads) within ADRS are assessed as low risk and would therefore meet Tier 2 criteria. These service users would benefit from focused recovery and social wellbeing supports rather than intensive assessment and review from a specialist treatment service. As a consequence of resource and capacity issues, these service users receive minimal level of support from ADRS due to the need to focus on service users with higher risk and crisis interventions.

Service users receiving Medication Assisted Treatment and assessed as low risk should move to Primary Care. However, there are challenges associated with this due to the numbers of GPs involved in the Shared Care contract reducing, the need to support Primary Care to introduce long-acting buprenorphine as a treatment choice, and the number of patients on alcohol treatments that are not included as part of the Enhanced Service contract.

The model involves an experienced third sector organisation providing recovery and social wellbeing support to these individuals, whilst treatment is maintained by ADRS.

Care management capacity will be released within ADRS, and service users will receive care appropriate to their needs within a community setting, in line with the IJB's maximising independence agenda and the National Mission Outcomes Framework.

Patients will continue to receive their treatment via ADRS medical and prescribing staff, and communication methods have been developed between ADRS and the third sector to ensure that prescribing remains safe and governed appropriately. A small group of staff within ADRS will be responsible for prescription management, liaison with third sector and prescribing staff, transfers between the services and crisis/ad hoc treatment responses.

Learning from the test of change will inform future service developments and procurement activity. An EQIA and evaluation will be incorporated into the test of change programme, focusing on recovery outcomes for individuals and service user feedback.

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New costings associated with the model are detailed in Table 1 below, funded by existing Alcohol and Drug Recovery Services budget, and supplemented by the National Mission allocation if required. Table 1 outlines the additional staff required for the model to ensure smooth pathways and transitions, consistent and safe prescription management, regular treatment reviews and crisis responses. There will be additional staffing contribution from current ADRS resource of Recovery Senior Practitioners, Medical and Prescribing staff.

**Table 1 STARS model – additional resource requirements**

Post	Grade	Cost	WTE	WTE Cost
Senior Addiction Practitioner	Grade 7	£60,399	3	£181,197
Social Care Worker	Grade 6	£49,832	6	£298,992
WAWY direct award				£150,000
<b>Total</b>				<b>£630,189</b>

- 4.4 **ADRS Review Recommendation 3: *The role of primary care practitioners, and the contractual arrangements by which they deliver services should be reviewed. An effective shared care system should provide synergy between primary and secondary care, based on the changing needs of the individual. Training and resources should be aimed at supporting GPs to be autonomous in their clinical practice for people who use drugs.***

A Review of Shared Care arrangements has been undertaken in relation in response to this recommendation, whilst considering the expectation of MAT delivery in Primary Care. The model involves GPs prescribing and reviewing treatment with service users, with ADRS providing care management through a social care worker. This was delivered in a clinic setting prior to the pandemic, although is variable across the city in terms of delivery and service user contact.

Glasgow City coverage of Shared Care is currently 61% of practices involved with the enhanced service, and therefore 39% of practices do not offer any MAT option to their patients.

It is recognised that the current model of Shared Care is unsustainable due to the decreasing number of GPs participating in the scheme, the resource requirements and implications for ADRS, and the need to invest in an alternative service to meet the needs of patients who meet Tier 2 criteria. Similarly, feedback from GPs involved in the Shared Care scheme highlight frustration regarding a lack of support from ADRS, lack of pathways back to primary care for service users and inconsistent care management input due to sickness absences or vacancies.

Scottish Government reference the model of Shared Care in Lothian health board as an effective model, whereby the service supports GPs through a facilitation team. Lothian do not offer any additional care management support to patients from their treatment and care service.

The Review has considered a range of options and has recommended a blended model that includes a Primary Care Facilitation Team and a

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commissioned third sector recovery and wellbeing support for service users receiving treatment via Shared Care.

The facilitation team would offer guidance and advice to GPs in terms of prescribing practices, assume responsibility for a training and development agenda, progress the roll out of long-acting buprenorphine, proactively identify patients suitable for Shared Care in the teams, and support implementation of MAT Standards within Primary Care.

The third sector provision would offer additional input to service users as described in the STARS model above. Social care staff who are currently allocated to Shared Care would return to ADRS and increase capacity to work with patients who require specialist alcohol and/or drug treatment and care.

Discussions are required with Scottish Government and Primary Care in terms of resourcing a new model as well as the implementation of MAT Standards.

- 4.5 ***ADRS Review Recommendation 5: The SMT should consider conducting a Training Needs Analysis to identify requirements across the service. This would include identifying the training and support needs of first line managers and consideration of initiatives such as mentoring with senior staff.***

A training need analysis was undertaken by the Workforce Development workstream, identifying critical gaps for the service in terms of training and development. The group has developed an integrated health and social care web-based induction tool, which will also hold service information and further development opportunities. The workstream have considered the transforming roles agenda, with the introduction of new roles to the existing skill mix. A range of new training and tools for staff have been, or are in the process of being, rolled out including Suicide Prevention, Cocaine Toolkit, Benzodiazepine and Stimulants, Sexual Health, Trauma Informed skilled and enhanced training, Reflective Practice, Coaching and a Nursing core competency framework.

- 4.6 ***ADRS Review Recommendation 7: The Senior Management Team need to ensure that there are effective measures in place to communicate the vision and strategy for future service provision throughout the service.***

Staff engagement and communication are integral to taking forward any changes to service. In order to achieve effective communication, a range of consultation and engagement methods have been implemented:

- Staff engagement sessions have taken place and will continue on a regular basis
- A staff newsletter is circulated quarterly, highlighting specific areas of work from the MAT Implementation and ADRS Review Implementation Board
- Glasgow ADP facilitate a staff reference group.

## 5. Funding

- 5.1 Ongoing work is required to identify funding for the redesign of Shared Care and the implementation of a Primary Care Facilitation Team and Third Sector

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support service. Further direction will be sought from the Integration Joint Board when this is concluded.

- 5.2 The Long Acting Buprenorphine Community Clinic Test of Change will be funded by Alcohol and Drug Recovery Service core budget.
- 5.3 The STARS Test of Change model will be funded by existing Alcohol and Drug Recovery Service core budget.

**6. Recommendations**

- 6.1 The Integration Joint Board is asked to:
  - a) Note the contents of this report;
  - b) Support the program of work currently being progressed for the Alcohol and Drug Service Review and MAT Standards Implementation;
  - c) Approve investment in the Long-Acting Buprenorphine Community Pharmacy Clinic;
  - d) Approve the progression to recruitment for the ADRS STARS Model; and
  - e) Request an updated report on Implementation of the MAT Standards in 12 months.

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**Direction from the Glasgow City Integration Joint Board**

<b>1</b>	<b>Reference number</b>	280623-10
<b>2</b>	<b>Report Title</b>	Progress towards Implementation of the Medication Assisted Treatment (MAT) Standards and Alcohol and Drug Service (ADRS) Review
<b>3</b>	<b>Date direction issued by Integration Joint Board</b>	28 June 2023
<b>4</b>	<b>Date from which direction takes effect</b>	28 June 2023
<b>5</b>	<b>Direction to:</b>	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
<b>6</b>	<b>Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)</b>	No
<b>7</b>	<b>Functions covered by direction</b>	Alcohol and Drug Recovery Services
<b>8</b>	<b>Full text of direction</b>	Glasgow City Council and Greater Glasgow and Clyde Health Board are directed to implement the LaB Community Pharmacy Clinic Test of Change and progress the recruitment of posts for the Test of Change STARS model as outlined in Section 4.
<b>9</b>	<b>Budget allocated by Integration Joint Board to carry out direction</b>	The total amount required to implement the proposed service model is £645,089. This will be met by existing Alcohol and Drugs Recovery Service core budget funding, and National Mission allocation if required.
<b>10</b>	<b>Performance monitoring arrangements</b>	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
<b>11</b>	<b>Date direction will be reviewed</b>	June 2024

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