

## MAT STANDARDS IMPLEMENTATION PLAN

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

<i>(Integration Authority Area)</i>	<b>DUNDEE CITY</b>
-------------------------------------	--------------------

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

Name	Position/Job Title
<b>DIANE MCCULLOCH</b>	<b>HEAD OF SERVICE HEALTH AND COMMUNITY CARE</b>

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

<p><b><i>(Summary of governance arrangements for local oversight)</i></b></p> <p>To ensure oversight and regular monitoring of the implementation of MAT standards in Dundee, the ADP has set up a multi-agency MAT Implementation Steering Group, chaired by Diane McCulloch (Head of Service Health &amp; Community care for Dundee HSCP), and including representation from the key organisations and services (third sector and statutory) responsible for the frontline implementation of the MAT standards. The steering group also includes the leads for lived experience / experiential data / peer support work to ensure progress is made with developing an appropriate structure to ensure regular feedback and information is included at every stage of the planning and implementation.</p> <p>The steering group reports directly to the ADP (currently on a monthly basis) and the ADP reports to the Dundee Chief Officers' Group (COG) every 2 months. Regular reports on progress with the implementation of MAT standards is provided to the Dundee IJB, and to Dundee Council's Policy &amp; Resource Committee</p> <p>Regular reports are also provided to the monthly meetings of the Dundee Substance Use services group, which includes varied and wide representation from organisations and services supporting vulnerable people at the frontline.</p> <p>Through NHS Tayside PH we have appointed additional information analysis resource to help with MAT reporting. A MAT co-ordinator for Dundee will take post on Monday 3<sup>rd</sup> October.</p>
--


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

Name	Position	Delivery Partner	Date signed
Greg Colgan	Chief Executive	DCC	29 <sup>th</sup> Sept 2022
Vicky Irons	Chief Officer	IJB	29 <sup>th</sup> Sept 2022
Diane McCulloch	Head of Service/ MAT Lead	HSCP	29 <sup>th</sup> Sept 2022
Grant Archibald	Chief Executive	NHS Tayside	30 <sup>th</sup> November 2022

<b>MAT Standard 1</b>	<b>All people accessing services have the option to start MAT from the same day of presentation.</b>	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.
April 2022 RAG status		
<p><b>Feedback from Benchmarking Report:</b>  <i>“This standard is not implemented (red) because there is no evidence that services are in place to enable consistent access to same day prescribing for all people or for a defined group of people. The ADP has plans in place to overcome these challenges”.</i></p> <p><b>Progress with the specific actions suggested by MIST Improvement Plan</b></p> <ul style="list-style-type: none"> <li>• Complete a quality improvement charter – <b>this is currently being finalised.</b></li> <li>• Document pathways and procedures for the test of change – <b>documents have been developed and can be shared on request.</b></li> <li>• Establish systems for the collection of numerical and experiential data to evaluate the test of change (e.g. audit) – <b>in place and can be shared on request</b></li> <li>• Recruit or allocate additional prescribers in the substance use team to the test of change and include third sector partners including We Are with You, Hillcrest futures, Positive Steps and Aberlour - <b>prescribing staff have been allocated to cover the assessment process, and work is being progressed with partner agencies.</b></li> </ul>		
<b>Actions/deliverables to implement standard 1</b>		<b>Timescales to complete</b>
Dundee has a prescribing SOP that offers ‘no barrier’ access to MAT. This includes prescribing clinical guidelines that enable practitioners, including non-medical prescribers, to safely initiate same day prescribing as clinically appropriate		<b>Complete</b>
<p>On Tuesday the 20th September 2022, the Dundee Drug and Alcohol Recovery Service (DDARS) relaunched the direct-access assessment clinics. This will be delivered through a multi-disciplinary direct-access drop-in clinic, which will initially operate two days per week. Individuals are able to have direct, same day access either through the drop-in clinics or, if they prefer, via appointments.</p> <p>The plans for this were discussed and finalised as part of the workshop with MIST (7<sup>th</sup> September). We will continue to monitor and adjust the direct access clinics. A PDSA is in place to review the process and update as required.</p> <p>We will also begin work with the third sector colleagues to discuss their support for this process and what help they need to be able to do so.</p>		<p><b>Complete</b></p> <p><b>In place and will be complete by April 2023 (please note</b></p>

Support that is already in place from third sector partner organisations: Positive Steps provides support for individuals to attend direct access clinics and Positive Living project supports individuals at high risk of overdose to engage with these services. Transport is available through Hillcrest to help individuals with mobility issue attend the direct access clinics.	<b>this relates to wider accommodation issues)</b>
A management model to address waiting lists is being developed (to reduce current waits) – letters sent to all those who are currently on the waiting list, inviting them to attend the direct access clinics. This is being progressed on a staged approach.	<b>In progress, complete by Dec 2023</b>
People are informed of / are offered independent advocacy as part of the assessment process. This is also included in the SOP. Patient information leaflets are available too.  Third sector partners offer support and are linking people to the DDARS for prescribing.	<b>complete</b>
A process has been developed and agreed for Experiential Service User Survey and data collection and this started Monday 26 <sup>th</sup> September.	<b>In place</b>
A system for the collection of numerical and experiential data to evaluate the test of change is in place – a method of collection for the data based on the spreadsheet that MIST has designed has been developed, including for use by and DDARS. We plan to start using this method in the near future.  Patient feedback forms for DDARS are also in place.	<b>Partly in place and progressing. Aim to complete by Dec 2022</b>

<b>MAT Standard 2</b>	<b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b>	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
April 2022 RAG status		
<b>Actions/deliverables to implement standard 2</b>		<b>Timescales to complete</b>
<b>Key feedback from Benchmarking Report:</b> <i>"This standard is partially implemented (amber) because although there is evidence that choice is available, there is partial documentation of procedures, and it is not clear that choice is consistent across the ADP. Plans are in place to scale up and it is expected that the ADP will progress to full implementation soon".</i>		
Dundee has documented guidelines to ensure that methadone and long and short-acting buprenorphine formulations are equally available in local formularies and dispensing locations		<b>Complete</b>
Dundee has Home Office license to allow injectable buprenorphine (stock schedule 2 and 3 CD's), including injectable buprenorphine to be stored on NHS premises – with annual renewal		<b>Complete</b>
Dundee has prescribing guidelines available for each substitute prescribing option, taking into account peoples' treatment goals, enable people to be aware of medication and dose options, and allow them to move from one medication to another. Routine review by key worker and health care support worker as per Governance document.		<b>Complete</b>
Written and verbal information available to ensure people can make informed choices		<b>Complete</b>
All community Pharmacy services have completed medical treatment training and confidently discuss OST prescribing options with individuals		<b>Complete</b>
Community Pharmacy services willing to undertake a TOC to administer Buvidal in the community to aid burden on nursing resource		<b>Dec 2022</b>

Regular reviews process is in place - System in place for prescribing review as indicated. Routine review by key worker and health care support worker as per Governance document.	<b>Complete</b>
Family members or nominated person(s) are included from the start in care planning for individuals who choose this form of support / and are able to provide feedback	<b>In place but require improvement by Dec 2022</b>
The Dundee Residential Rehab Pathway will be implemented as of November 2022	<b>Nov 2022</b>
Process for auditing performance is in place - service dashboard in place to report to DHSCP Clinical, Care and Professional Governance Forum and Group. Service report is being updated to include MAT standards.	<b>Complete</b>
<b>Planned action</b>	
<p>Scale up the provision of long-acting injectable buprenorphine to all clients receiving MAT who choose it – please see figures for the increase in Dundee. To support increase DDARS is currently delivering specific buvidal clinics over 5 days</p>  <p>DDARS Buvidal patients Sep 2020 to</p>	<b>Complete and will continue to be developed as a treatment option</b>

<b>MAT Standard 3</b>	<b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b>	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.
April 2022 RAG status		
<b>Actions/deliverables to implement standard 3</b>		<b>Timescales to complete</b>
<p><b>Feedback from Benchmark Report:</b>  <i>"This standard is partially implemented (amber) because although there is a system in place to follow up non-fatal overdose, there is no documented pathway, and no evidence has been provided that time to assessment is met or that people have same day access to opioid substitution therapy if they need it".</i></p>		
<p>Dundee has a multi-agency (including all the key agencies) NFOD rapid response team, including assertive outreach workers to ensure those at high risk are identified and followed. This team ensures contact is attempted with the individual within 72 hours of an near fatal incident. The team will follow up individuals and link them into services according to their need, this can include access to housing, food banks, social support, benefit agencies, GP services and medical treatment.</p>		<b>Complete</b>
<p>All the relevant service providers in Dundee are signed up to an information governance structures in place to ensure the timely sharing of information about people at high-risk, with partners who can take responsibility for follow-up.</p>		<b>Complete</b>
<p>All service providers in Dundee have a documented process in place to enable staff to access appropriate and timely expertise for child protection or adult protection. In addition, three non-medical prescribing nurses are based within Children &amp; Family Teams to facilitate joint working and fast support to parents at high risk.</p>		<b>Complete</b>
<p>Through NHS Tayside Dundee is in the process of appointing dedicated staff (a band 7 and a band 8a) to support the work of the NFOD rapid response team</p>		<b>Additional staff:</b> Pharmacy Technician 0.4wte appointed; Band 7 NFOD co-ordinator, recruitment process underway.
<p>The Dundee SafeZone outreach service supports people to engage with treatment programmes, and does offer more than outreach crisis support on a Fri/Sat evening.</p>		<b>In place</b>

<p>In addition, staff within third sector partner organisations are trained and experienced at identifying people at high risk through group work and one to one support, and signpost appropriately to Harm Reduction / treatment services using established partner links in these services. Staff also knowledgeable of MAT to encourage / support those in treatment to sustain that treatment.</p>	<p><b>In place</b></p>
<p><b>Community Justice Service (CJS):</b>  The Tayside Council on alcohol (TCA) CJS mentoring service will support people to access and maintain engagement with treatment programmes, for those involved with the justice system. Similarly, the PAUSE Programme would do the same for women involved with CJS. Plans to expand both services will be explored.</p>	<p><b>In place</b></p>



<b>MAT Standard 4</b>	<b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b>	<p>While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.</p> <p>They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.</p>
April 2022 RAG status		
<b>Actions/deliverables to implement standard 4</b>		<b>Timescales to complete</b>
<p><b>Feedback from Benchmark Report:</b>  <i>The standard is partially implemented (amber) because the core interventions (naloxone, injection equipment provision, blood-borne virus testing) are not reported to be consistently available at the same time and place as all MAT appointments. A project plan for the full implementation of MAT standard 4 is in place.</i></p>		
<p><b>Actions completed:</b></p> <ul style="list-style-type: none"> <li>• Tayside wide MAT 4 group established and meeting monthly during initial phase of implementation</li> <li>• Harm Reduction training pack developed and signed off with Specialist Teams trained during June/July 2022</li> <li>• Minimum training requirement agreed for new specialist staff (nursing and SW) including one day induction within IEP setting</li> <li>• Mini Assessment of Injecting Risk (AIR) tool approved</li> <li>• Meeting to discuss sustainable Tayside vaccine service for PWUD held in June 2022. Business Case to be developed in partnership with Immunisation Service</li> <li>• Take Home Naloxone recording form approved and web-based recording system purchased for Tayside</li> <li>• Wound care referral pathways approved</li> <li>• Agreement that specialist services will provide full range of equipment in bases</li> <li>• Outreach IEP pack contents agreed</li> <li>• Expansion of postal IEP service agreed and advertised across the area</li> <li>• A meeting was held to discuss and progress NHS Tayside hospital policy on harm reduction for inpatients (in June 2022)</li> <li>• Specific support from third sector - Harm reduction training complete and ongoing for those who require refreshers or missed the previous dates. Positive Steps and WAWY trained by Harm Reduction and set up for IEP ordering, AIR tool and NEO use with temporary supplies issued by Tayside IEP until 1<sup>st</sup> orders are placed.</li> </ul>		<b>Complete</b>

<p>Outreach nursing bags purchased for all drug treatment and Hillcrest IEP staff. Tayside IEP Postal service subscription service now in place with new SOP agreed.</p> <ul style="list-style-type: none"> <li>• All community pharmacy services trained in Harm Reduction, signposting and administration of naloxone in an emergency</li> <li>• Harm Reduction signposting and referral pathway drafted (to be finalised in Sept 2022)</li> </ul> <p><b>Actions still to be completed:</b></p> <ul style="list-style-type: none"> <li>• Plan underway to develop evaluation of harm reduction services with those with lived and living experience based on “kind and compassionate services”</li> <li>• Agree NEO recording system will be used to capture and monitor IEP data requirements for MAT4 Approve Take Home Naloxone recording form, purchase web-based recording system for Tayside and implement across all THN sites Consideration of harm reduction services for those in custody (Police and Prison) and hospital inpatients</li> <li>• Agree provision of PCR tests from DBS with labs</li> <li>• Further specialist training to be considered (wound care)</li> <li>• Considerations continue regarding further gender sensitive assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Baseline survey recruitment commencing Dec 22 – Feb 23 November 2022</li> <li>• December 2022</li> <li>• March 2024</li> <li>• March 2023</li> <li>• December 2022</li> <li>• March 2023</li> </ul>
<p><b>Actions to progress:</b></p> <ul style="list-style-type: none"> <li>• DDARS Harm Reduction requires a SOP to be developed</li> <li>• MAT 4 to be incorporated into the MAT1 test of change</li> <li>• Establish who will input IEP and Naloxone data into NEO within DDARS</li> </ul> <p>This is being progressed - discussions are on going and options are considered for a peer mentors to deliver this, which would inform the SOP. The relevant equipment has been ordered and manager has a NEO account</p>	<ul style="list-style-type: none"> <li>• March 2023</li> <li>• March 2023</li> <li>• December 2022</li> </ul>

<b>MAT Standard 5</b>	<b>All people will receive support to remain in treatment for as long as requested.</b>	<p>A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.</p> <p>Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.</p>
April 2022 RAG status		
<b>Actions/deliverables to implement standard 5</b>		<b>Timescales to complete</b>
<p><b>Feedback from Benchmark Report:</b>  <i>“Documentation was not provided to demonstrate different models of care, how people choose care options and the procedures in place to retain people in treatment for as long as requested. This standard is partially implemented (amber) because while there is support for retention in treatment on a case by case basis there is no documented system in place that offers a range of models to support people in treatment”.</i></p>		
<p>Flexible, person-centred pathways are in place offering different care packages that range from low to high intensity care and support options – this is in place within hospital, Prison and Court liberation settings; and in development with respect of the assertive outreach model/pathway</p>		<b>In place and progressing</b>
<p>There is detailed understanding of the caseload that can identify levels of risk and need - RAG Status for this open to DDARS has been completed.</p>		<b>Complete</b>
<p>Pathways are being developed (part of the shared Care ToC) to ensure that people are supported to access appropriate primary care services including GPs, community pharmacy,</p>		<b>In development by April 2023</b>
<p>A Shared Care model with GPs that includes proactive and supported transfer of people stable on MAT is currently being tested</p>		<b>In development by Dec 2023</b>

Information sharing protocols are being developed to allow for shared record keeping between the multiagency team providing care including social care, housing, community pharmacy, GPs, Police Scotland, SAS, primary and secondary care and third sector providers	<b>In development by March 2023</b>
A range of strategies are being implemented / developed to manage caseloads and appointment systems, including group or café style clinics, 'corporate' caseloads, a mix of drop-in and fixed appointments, after-hours provision, and pharmacy-based maintenance clinics – managed mainly via third sector partners in Dundee	<b>In place and progressing</b>
Surveys to collate the views of family members / carers and staff are developed ready to go. Quarterly thematic report template developed to provide regular feedback to the Dundee MAT Implementation Group. Currently working with front line services to implement the surveys and start data collection.	<b>In place and progressing</b>
Hillcrest Futures provide drop-in in nine locations across the city, including recovery support groups and SMART Recovery. OST medication is being delivered on behalf of DDARS to people who are unable to attend the pharmacy, to help them continue in treatment.	<b>In place</b>
Community Justice: Positive Connections works with individuals who are incarcerated and on liberation within the community. Individuals are supported to engage with treatment and to attend appointments, drop in clinics. For those who are assessed as high risk of overdose, support is provided around the NFOD pathway, and intense support is offered at liberation.	<b>In place</b>
<b>Advice from MIST – link this to MAT 7</b>	
For example: shared care between DDARS and general practice for patients who are stable on opioid substitution therapy will be prescribed by GPs and supported by Third Sector organisations and GP led multi-disciplinary team with a focus on wider health needs.	<b>In progress / by March 2023</b>
As part of the development of the Dundee Primary Care Drug Service Redesign work, the Third Sector (specifically Hillcrest and WRWY) are developing and implementing key working support. A job description is out for review.	<b>In progress / by March 2023</b>
<b>Planned action</b>	

<p>Improve capacity and the retention in services by continuing to support models of care to support individuals, such as drop-in clinics, input from community pharmacy, expansion of the community wellbeing hubs and more partnership working - initial DDARS drop in established and discussions held with DDARS pharmacy about additional roles.</p>	<p><b>In progress</b></p>
---	---------------------------

<b>MAT Standard 6</b>	<b>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.</b>	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.
April 2022 RAG status		
<b>Actions/deliverables to implement standard 6</b>		<b>Timescales to complete</b>
DDARS Psychology Service has completed a baseline assessment of training needs and identified key evidence-based psycho social interventions (i.e. as per the MATRIX)		<b>Complete</b>
Psychology service has a Tayside wide workforce training plan to support key workers, social and third sector staff in delivering low intensity psychological interventions. Included in this is plan for coaching and supervision of staff. Workforce plan is completed and has been shared with senior staff within DDARS and with NHS Tayside Clinical Educator, Practice, Development		<b>Complete</b>
Psychology training that has been implemented is evaluated and fed back to senior staff within DDARS		<b>Complete</b>
Written protocol/ Clinical pathway has been shared across all Tayside services along with written guidance about consultation process (where psychology meet with staff and clients to support discussion about what interventions may be most helpful for the client at that stage in their recovery)		<b>Complete</b>
Through consultation and supervision, the Psychology service provides low intensity evidence-based strategies and supportive tools to support the delivery of low intensity interventions. These include relapse prevention workbook and group materials, emotion regulation group materials, harm reduction and MI, safety and stabilisation resources and formulation based approach to risk assessment and safety planning		<b>Complete</b>

<p>The Psychology service is providing wellbeing sessions in both group and 1:1 format to staff within DDARS. Staff have also been given information on NHS Tayside's Wellbeing Service and signposted to NHS Tayside support resources, for example <i>The Promise</i>.</p>	<p><b>Complete</b></p>
<p>The Psychology service has delivered trauma informed workshops to all staff in DDARS including reception staff, to become more trauma informed, considering clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate and safe they are for clients using the service</p>	<p><b>Complete</b></p>
<p>All Pharmacy staff employed by Tayside Substance Use Services have completed NES Trauma informed care modules.</p>	<p><b>Complete</b></p>
<p>Motivational interviewing, cognitive behavioural approaches and solution focused therapies as well as mutual aid support groups are provided through third sector partners and is offered to all individuals and families / carers.</p>	<p><b>In place</b></p>
<p><b>Planned action</b></p>	
<ul style="list-style-type: none"> <li>• TDARS Psychology to continue to train new DDARS staff by delivering trauma informed workshops to aid the consideration of clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate and safe they are for clients using the service.</li> <li>• Establish a steering group to oversee the development and implementation of the above delivery plans. Steering groups will be led by addiction psychology and membership should include people with lived and living experience;</li> </ul>	<p><b>March 2024</b></p>

<b>MAT Standard 7</b>	<b>All people have the option of MAT shared with Primary Care.</b>	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.
September 2022 RAG status		
<b>Actions/deliverables to implement standard 7</b>		<b>Timescales to complete</b>
Two Service Level Agreements (SLA) options have been developed to provide a mechanism for patients to move to general practice. There are Third Sector key workers onboard to support patients. The implementation of the SLAs is being progressed through a series of test of change.		<b>Partially complete</b>
The Patient-Criteria has been agreed for both SLAs. The SLAs include developing a GP network and supporting GPs to do the prescribing. These are being built through a series of test and change models. The models build on the knowledge of both service providers and service users to cover all aspects of the patient's support needs.		<b>In progress</b>
Quarterly contractual meetings are facilitating the transfer of patients from DDARS to the GP and third sector		<b>In place</b>
Pathways are being built with guidance from those already involved in service provision and those with lived experience.		<b>In progress</b>
There is a data workstream: an Information Sharing Agreement has been written and is being reviewed by information governance colleagues. A data impact assessment has also been undertaken. All information about the patient will be recorded in the GP patient record and the Third Sector will have read / write access to the records. Data input into DAISy will also be undertaken by the Third Sector.		<b>Complete</b>
Recruitment of GPs and nurses is proving challenging and different approaches are being explored. Training needs and sources for non-clinical practice staff are being explored, including local provision and also from national organisations such as Scottish Drugs Forum.		<b>In progress</b>
The outcomes to be measured by the project have been drawn up, however this is an area of work that is not able to be developed until we are clear on the functionality of the systems for data recording, In the interim period, Third Sector organisations will use their usual outcome tool.		<b>In progress</b>



We actively seek to link this project to other services and projects across Dundee, Tayside and nationally so that we learn and share the activities of the project.

**On going**

<b>MAT Standard 8</b>	<b>All people have access to independent advocacy and support for housing, welfare and income needs.</b>	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.
April 2022 RAG status		
<b>Actions/deliverables to implement standard 8</b>		<b>Timescales to complete</b>
Additional capacity is now in place for the Dundee independent Advocacy Service to support MAT implementation. Partnership agreement is in place with DDARS.		<b>Complete</b>
Plans are in place to deliver awareness raising sessions of the Independent Advocates (IA) role across various professional groups, including both Clinical & SW roles within DDAR's; other professional groups; Third Sector / Faith / Parish Nurses, foodbank, Pharmacists, GP's  The session will demonstrate the value of IA in a therapeutic relationship and will assist with embedding the practice of offering IA support at an earlier stage.		<b>In progress</b>
Advocacy awareness sessions to be part of induction for Social Work / Nursing and clinical staff. Organise discussions with the local universities in relation to embedding the role of IA into training across relevant professions.		<b>In place and progressing</b>
Options are considered of having an Independent Advocate as duty worker to provide support at an early intervention stage. We are currently reviewing where a duty worker would bring most benefit – options include recovery groups/ carer groups / peer support groups / new Community Well Being Centre/Direct Access		<b>In progress</b>
Technology options, including YouTube videos are considered to support awareness raising & early intervention for individuals affected by substance use and their families. These could include Know your Rights / How to prepare for meetings/ how you can be involved in decisions making about your health and wellbeing, amongst other topics. Given IA support resources are finite, by using the technology we would envisage more people will be empowered to self-advocate, ensuring that people who need direct IA support to receive it at the right time, making IA support resources more sustainable.		<b>In progress</b>

Welfare Rights colleagues have developed a cloud-based referral system which will allow quick access (with minimal information) to a professional Welfare Rights Service, who will directly contact the client within 24 hours of notification.	<b>Complete</b>
There are Housing Options Social Workers in post who provide direct SW support in relation to housing and associated issues. Same day support would be available via Social Work Duty or Housing Options Social Work.	<b>Complete</b>
DIAS to develop a training plan to upskill and increase knowledge and experience amongst staff. Will include job shadowing. Progress is also being made with developing collective advocacy group for Dundee	<b>In progress</b>
Staff within a number of third sector partner organisations use the Outcome Star tool to support people holistically and provide direct advocacy where appropriate.  Advocacy support is provided for individuals accessing harm reduction services, including support with cost of living (especially energy costs) needs.	<b>In place</b>

<b>MAT Standard 9</b>	<b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b>	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.
April 2022 RAG status		
<b>Actions/deliverables to implement standard 9</b>		<b>Timescales to complete</b>
The Working Better Together (WBT) substance use / mental health test of change is progressing;  Work is progressing jointly with the mental health / substance use Pathfinder led by the Health Improvement Service (HIS)		<b>End March 2023</b>
<b>Actions for substance use services:</b>		
Procedures in place to ensure substance use services are up to date on knowledge of local mental health services and their referral criteria		<b>In place</b>
Agreed care pathways in place to support any identified mental health care needs and clear governance structures to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use		<b>In progress</b>
Mechanisms in place to enable staff in substance use services to report concerns and advocate for patients at risk of falling between the gaps of services		<b>In place</b>
Assessment protocols in substance use services that include enquiry about mental health, and use of appropriate screening tools - mental health and wellbeing is included in DDARS' Holistic assessment document. The Sainsbury Risk Assessment tool is used both by DDARS and the Mental Health services.		<b>Complete</b>
appropriate protocols to treat and support mental health in house (to level of competency of agency/individual) or support local onward seamless referral – three quarter of DDARS' of staff are mental health qualified staff and provide in house mental health support. Medical staff have conducted a mental health review of DDARS and a training protocol is in place. However, due to vacancies issues, this element of the work is still as a risk.		<b>In progress</b>
protocols in place for effective communication and information sharing with mental health services - Shared Electronic Clinical Record in place, and NHS sharing of information process is in place.		<b>In place</b>

<p>Clear governance structures in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use</p>	<p><b>This is being progressed through the Pathfinder and WBT projects.</b></p>
<p><b>Actions for mental health services</b></p> <ul style="list-style-type: none"> <li>• staff in mental health services are up to date with local substance use treatment pathways and the referral criteria for NHS primary and secondary care services, social care and third sector agencies</li> <li>• mechanisms in place to enable staff in mental health services to report concerns and advocate on behalf of patients at risk of falling between services</li> <li>• agreed referral pathways across the local ROSC to support any identified substance use</li> <li>• at the point of referral a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person</li> <li>• Training is in place through the Psychology service (see details above as part of MAT6)</li> <li>• protocols in place for effective communication and information sharing with substance use services</li> </ul>	<p><b>These items are partly in place and being progressed supported by the WBT and Pathfinder projects</b></p>

<b>MAT Standard 10</b>	<b>All people receive trauma informed care.</b>	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>
April 2022 RAG status		
<b>Actions/deliverables to implement standard 10</b>		<b>Timescales to complete</b>
Through the Dundee Trauma Steering group, the NES Trauma Training Framework is being implemented across the partnerships. Activities include, Trauma Manager Briefings, new Trauma focused role in the Learning and Development Team, updating Dundee City Council policies with a trauma lens, and there is also a Workforce Lived Experience of Trauma Group to support improvement activities across all public protection partnerships.		<b>In place</b>
The Psychology service has delivered trauma informed workshops which have included all staff in DDARS including reception staff to become more trauma informed, considering clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate, non – triggering and safe they are for clients using the service.		<b>Complete and on going</b>
Third sector organisations work in a trauma informed way and staff are trained in trauma informed practice.		<b>In place</b>
Written protocol/ Clinical pathway has been shared across all Tayside services along with written guidance about consultation process (where psychology meet with staff and clients to support discussion about what trauma interventions may be most helpful for the client at that stage in their recovery).		<b>Complete and on going</b>
Plans are progressed to improve the physical location from which services are delivered through the closure of Constitution house and moving to service delivery from community settings.		<b>In progress</b>
Following the research and report of the Dundee Staff Burnout report, plans are progressed to include the issues raised as part of a workforce development programme. This is being progressed jointly with SDF.		<b>In progress</b>

In addition, DDARS staff are receiving wellbeing sessions/ supervision/ coaching from the Psychology service.	<b>In place</b>
<b>Planned Actions:</b> <ul style="list-style-type: none"> <li>• Dundee Protecting People Trauma Steering Group is progressing a multi-agency approach to addressing trauma. The Psychology service to continue to train new DDARS staff by delivering trauma informed workshops to aid the consideration of clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate and safe they are for clients using the service.</li> <li>• The Psychology service use validated psychometrics such as CORE 10, PCL-C, DDARS CGI/PGI with clients. More consideration as to how DDARS screen for trauma is required.</li> <li>• In addition to formulation-based approach to trauma.</li> </ul>	<b>By March 2024</b>