

MAT STANDARDS IMPLEMENTATION PLAN

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

(Integration Authority Area)

Argyll & Bute

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

Name	Position/Job Title
Jillian Torrens	Head of Acute & Complex Care, A&B HSCP

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:

(Summary of governance arrangements for local oversight)

Stakeholders:

NHS Highland

Argyll & Bute Council

Argyll & Bute Health and Social Care Partnership (HSCP)

We Are with You

ADP

IJB

This plan has been developed by the HSCP to provide assurances to Scottish Government that there are arrangements in place to implement the MAT standards in Argyll and Bute. Governance and oversight has been provided by the following two

processes:

- The Strategic Leadership Team of the HSCP with delegated responsibility to services for key action planning.
- The Alcohol and Drug Partnership for oversight of requirements, timescales and progress reporting.

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

Name	Position	Delivery Partner	Date signed
Pam Dudek	Chief Executive	NHS Highland	28.9.22
Fiona Davies	Chief Officer	Argyll & Bute HSCP	28.9.22
John Owens	Chairperson	ADP	28.9.22
Pippa Milne	Chief Executive	Argyll & Bute Council	

DRAFT

<p>MAT Standard 1</p> <p>April 2022 RAG status - SG RED</p>	<p>All people accessing services have the option to start MAT from the same day of presentation.</p>	<p>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.</p>		
<p>Actions/deliverables to implement standard 1</p>	<p>Timescales to complete</p>	<p>Comments</p>		
		<p>Opportunities</p>	<p>Challenges</p>	
<p>Implement a test of change for MAT standard 1 in the Cowal and Bute locality</p>	<p>August 2022 – April 2023</p>			
<ul style="list-style-type: none"> Agree those involved as: Argyll & Bute Addictions Team/Prescribers Rape Crisis We Are with You Specialist Pharmacy Advocacy Included within these agencies are a range of partner members including statutory and non-statutory agencies, lived/living experience, family members and significant others. 	<p>September 2022 – October 2022</p>	<p>Full Partner Involvement in agreeing the parameters of the Test of Change and Process. Providing a wide range of views to inform the process.</p> <p>These agencies include members with lived/living experience and families.</p> <p>Developing One Team Culture for the Change.</p>	<p>Resources available. Successful recruitment of staff</p> <p>Creating resilience in a small team to provide a consistent service</p>	
<ul style="list-style-type: none"> Define the Test of Change Process Describe Test of Change owners and actions Produce Documentation and Pathway for the test of change. 	<p>Oct – Nov 2022 Dec 2022</p>	<p>Full Partner Involvement</p>	<p>Successful recruitment of staff. Risk of non-compliance with MAT Standard if recruitment fails</p>	
<ul style="list-style-type: none"> Develop a Standard Operating Procedure for the new Service 	<p>Sept 2022 – Dec 2022</p>	<p>Develop as for multi-agency use with clear lines of</p>	<p>Clarify the support services that will be available until first MAT prescription achieved if</p>	

<ul style="list-style-type: none"> • Develop Service Protocols • Agree Policies 		responsibility and accountability.	delayed.
<ul style="list-style-type: none"> • Establish systems for the collection of numerical and experiential data to evaluate the test of change (e.g. audit). 	September 2022 – April 2023	<p>Ability to observe and interpret changes/impact of the new service and adapt accordingly</p> <p>Individuals recruited to gather experiential data from varying backgrounds (families, lived/living experience) with training and support provided by Scottish Recovery Consortium.</p>	Requires support from data analyst in evaluating data. Admin resource to support this to protect small frontline staff resources
<p>Create additional prescribing capacity within the service via recruitment and upskilling of existing staff.</p> <ul style="list-style-type: none"> • Funding available for 1x band 7 and 2x band 6 nurses • Senior practitioner for homeless/substance use/mental health input to service • Substance use liaison nurse aligned with service • Non medical prescribers available from other localities for contingency • Encourage existing staff to undertake training for non medical prescribing qualification 	December 2022	<p>In post – band 7 nurse and senior practitioner.</p> <p>5 non medical prescribers currently in post with 1 in training.</p>	<p>Band 6 posts currently out to recruitment. Interviews 29/09/22</p> <p>Substance liaison post currently vacant due to promotion within service</p>
Document pathways and procedures to support test of change	December 2022		Pathways currently under development.

<ul style="list-style-type: none"> Establish and document easy access pathways in collaboration with third sector agencies, primary care, emergency services and justice services <p>Document standard operating procedures for same day initiation of methadone and long and short acting buprenorphine</p>			SOPs in draft form.
Mapping of pharmacy capacity for dispensing arrangements	December 2022		

DRAFT

<ul style="list-style-type: none"> Recruit or allocate additional prescribers in the substance misuse team to the test of change in Cowal & Bute. (1 wte band 7 and 2 wte band 6) 	<p>August 2022</p>	<p>Successfully recruited Band 7 To lead the Test of Change Team</p>	<p>Recruiting to x2 Band 6 Prescriber Vacancies ongoing. If not recruited to there may be resilience challenges in the wider A&B Team to support the Test of Change in Cowal & Bute Clarify the planned working pattern.</p>
<ul style="list-style-type: none"> Recruit 2 WTE Outreach Workers through WAWY 	<p>August 2022</p>	<p>WAWY have successfully recruited x2 Outreach workers with contracts to work across 7 days.</p>	
<ul style="list-style-type: none"> Recruitment to 1 WTE Specialist Pharmacist. 	<p>September 2022</p>	<p>This role will afford the Process the Governance and Clinical Supervision around Safe Practice Prescribing.</p>	<p>No applicants Sept 2022. Out again for recruitment. Critical Post as would carry a caseload. Long lead in for Community Pharmacy involvement</p>
<ul style="list-style-type: none"> Completion of Hub in Cowal as a shared space for all Partners 	<p>January 2023</p>	<p>Will provide a Single Identity in relation to MAT Services. Platform for building trusting and respectful relationships with improved opportunities for communication and team coaching & development</p>	<p>This is crucial for the Bute Team to be able to benefit</p>

March 2023

- Source team premises on Bute

from the Single identity opportunities of the Cowal Team

Scale up the MAT standards 1–10 in the Cowal & Bute	August 2022 – April 2023	
<ul style="list-style-type: none"> • Collaborate with national thematic group 	August 2022 – April 2023	
<ul style="list-style-type: none"> • Establish scale-up plan 	April 2023	
<ul style="list-style-type: none"> • Establish multi agency SLWG to take the work forward • Develop Implementation plan to set out step by step process for Standards 2 – 10 	October 2022	

DRAFT

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.	
April 2022 RAG status - SG RED			
Actions/deliverables to implement standard 2	Timescales to complete	Comments	
		Opportunities	Challenges
Scale up the MAT standards 1–10 in the community	August 2022- April 2023		
<ul style="list-style-type: none"> Collaborate with national thematic group 	August 2022 – April 2023	Sharing of progress/options in other areas s across Scotland	Learn from challenges in other areas
<ul style="list-style-type: none"> Establish scale-up plan 	April 2023		
<ul style="list-style-type: none"> Scale up the provision of long-acting injectable buprenorphine to all clients receiving MAT who choose it, and ensure sufficient process, numerical and experiential evidence is in place to demonstrate progress. 	August 2022 – April 2023	Increase the availability of MAT choices	Providing enough prescribers and outreach/community support around ensuring informed choice for clients
<ul style="list-style-type: none"> Develop Options plan leaflet Capture information (experiential data) Recovery planning with each client captures choice discussion Record of clinical discussion with client of options and choice Develop Client questionnaires 	October 2022 January 2022 – April 2023	Ensure that Recovery Planning is enshrined in the Single Team Approach to facilitate client choice as per Test of Change Co location plans	

<ul style="list-style-type: none"> • Process for changing option (by client) • 			
<p>Inclusion of options discussion within assessment, to include:-</p> <ul style="list-style-type: none"> • Effects and side effects of each option • Contraindications • Levels of supervision required in dispensing arrangements <p>Effects on lifestyle and possible restrictions</p>	<p>December 2022</p>	<p>Associated paperwork highlighting choice exercise in development</p>	

DRAFT

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.		
April 2022 RAG status – SG RED				
Actions/deliverables to implement standard 3	Timescales to complete	Comments		
		Opportunities	Challenges	
Implement a test of change for MAT standards 3, 4 and 8 in justice settings across Argyll and Bute	August 2022 – April 2023			
<ul style="list-style-type: none"> Establish Steering group Conduct mapping of the MAT standards in Argyll and Bute justice settings. Develop and Initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community. 	October 2022 January 2023 April 2023	Overview of Progress Accountability of Action/owners to be clarified by ADP in first instance		
<ul style="list-style-type: none"> Identify where will those at high risk of drug related harm come from: A&E – non fatal overdose, accidents, crisis SAS – referral pathways Liaison nurse mental health General Practice Justice Team Outreach workers link with Prisons Community Justice Partnership – build joint pathways 	October 2022 – January 2023	Developing process for reaching these clients	Buy in from these service providers to the pathways and process	
<ul style="list-style-type: none"> Ensure sufficient process, numerical and experiential evidence to demonstrate progress. 	August 2022 – April 2023	Ability to observe and interpret changes/impact of the new	Requires support from data analyst in evaluating data.	

		service and adapt accordingly	Admin resource to support this to protect small frontline resources
Scale up the MAT standards 1–10 in the community	August 2022 – April 2023		
<ul style="list-style-type: none"> Collaborate with national thematic group 	August 2022 – April 2023		
<ul style="list-style-type: none"> Establish scale-up plan 	April 2023		
<p>Non-fatal overdose pathway</p> <ul style="list-style-type: none"> Currently information filtered through NHS Highland Liaise with SAS to refine A&B contact Reported NFOD follow up by locality service if known Reported NFOD follow up by substance liaison service if not known <p>Ensure access to naloxone training and provision</p>	August 2022		
<p>Liberation from prison</p> <ul style="list-style-type: none"> Email contact from SPS to generic mailbox with possible liberations where MAT requires to be continued <p>Ensure access to naloxone training and provision</p>	August 2022		
<p>Residential rehabilitation access and pathway</p> <ul style="list-style-type: none"> Residential rehab monitoring group to oversee pathway and funding Collaborative working with other agencies including We Are With You pre and post rehab workers <p>Ensure access to naloxone training and provision</p>	August 2022		

Hospital admissions <ul style="list-style-type: none"> Use of existing substance liaison pathways Ensure access to naloxone training and provision	August 2022		
--	-------------	--	--

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	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. 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.
April 2022 RAG status - SG AMBER		

Actions/deliverables to implement standard 4	Timescales to complete	Comments	
		Opportunities	Challenges
Implement a test of change for MAT standards 3, 4 and 8 in justice settings across Argyll and Bute	August 2022 – April 2023		
<ul style="list-style-type: none"> Conduct mapping of the MAT standards in Argyll and Bute justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community. Service Pathways into MATs are clearly mapped for Partners: Police Scotland Criminal Justice Community Outreach Workers HMP Service 	January 2023 – April 2023	Collaborative work between Argyll & Bute Addictions Team and Criminal Justice Team	Conflicting priorities across Services
<ul style="list-style-type: none"> Standard Operating Procedure is in place for 	October 2022 – Dec		

each evidence-based treatment plan.	2022		
<ul style="list-style-type: none"> • Ensure sufficient process, numerical and experiential evidence to demonstrate progress. • Neo data and Naloxone returns, BBV testing 		Ability to observe and interpret changes/impact of the new service and adapt accordingly	Requires support from data analyst in evaluating data. Admin resource to support this to protect small frontline resources
Scale up the MAT standards 1–10 in the community	August 2022 – April 2023		
<ul style="list-style-type: none"> • Collaborate with national thematic group 	August 2022 – April 2023		
<ul style="list-style-type: none"> • Establish scale-up plan 	April 2023		
<p>Harm reduction specialist nurse available across A&B for advice and training to all services. Includes:-</p> <ul style="list-style-type: none"> • Fixed site IEP available in 2 areas • Additional fixed site will be available in The Hub, Dunoon • Pharmacy based IEP service available across all areas • All staff able to provide advice and signposting out with fixed site • All staff able to provide dry blood spot testing for BBV <p>All staff able to provide naloxone training and supply (both intramuscular injection and intra nasal administration)</p>	October 2022	All in place with the exception of fixed site in the Hub.	Timescale dependent on availability of The Hub

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	<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 – SG AMBER				
Actions/deliverables to implement standard 5	Timescales to complete	Comments		
		Opportunities	Challenges	
Scale up the MAT standards 1–10 in the community	August 2022 – April 2023			
<ul style="list-style-type: none"> Collaborate with national thematic group 	August 2022 – April 2023			
<ul style="list-style-type: none"> Establish scale-up plan 	April 2023			
<ul style="list-style-type: none"> Improve capacity and the retention in services by development of flexible, which includes intervention and peer support as well 	October 2022 – April 2023	Retain the Single Identity Theme whilst offering a wide range of psychosocial support	Invest in developing the team and sharing values whilst retaining separate functions	

<p>as the central recovery hub, satellite recovery activities and primary care models.</p> <ul style="list-style-type: none"> • Ensure sufficient process, numerical and experiential evidence is in place to demonstrate progress. 		determined by client choice	and roles
<ul style="list-style-type: none"> • SOP and pathway for access to services and exiting services • Clinical group needs to be in place for robust governance 	October 2022	Clear Process to follow	
<ul style="list-style-type: none"> • Continue to improve access to recovery groups and peer support. 	August 2022 – April 2023		
<ul style="list-style-type: none"> • Improve access to family and carer support with family members being more involved in the design and delivery of services. 	August 2022 – April 2023	Lived experience involvement meaningful to the client and family	
<p>Ensure collaborative recovery planning with service user, significant agencies, family and carers to include:-</p> <ul style="list-style-type: none"> • Treatment options • Psychosocial interventions • Regularity of interventions • Frequency of review and outcome • Future planning 	April 2022 – Jan 2023	Recovery planning in place for everyone accessing treatment services	
<ul style="list-style-type: none"> • Substance liaison service pathways in place for unplanned hospital admissions 	April 2022	Existing pathway in place	
<p>Prison entry and exit planning</p> <ul style="list-style-type: none"> • Service contacted on admission to confirm treatment • Email to service mailbox to plan for liberation 	April 2022	Existing process in place	

<p>MAT Standard 6</p>	<p>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</p>	<p>This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.</p>	
<p>April 2022 RAG status – self assessment AMBER</p>			
<p>Actions/deliverables to implement standard 6</p>	<p>Timescales to complete</p>	<p>Comments</p>	
		<p>Opportunities</p>	<p>Challenges</p>
<p>Scale up the MAT standards 1–10 in the community</p>	<p>August 2022 – April 2023</p>		
<ul style="list-style-type: none"> • Collaborate with national thematic group 	<p>August 2022 – April 2023</p>		
<ul style="list-style-type: none"> • Establish scale-up plan 	<p>April 2023</p>		
<ul style="list-style-type: none"> ○ Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Enhance support and training for psychologically informed treatment and trauma-informed care. WAWY and Primary Care service, Guided self help link workers, and others ○ WAWY and ABAT staff all Trauma Informed trained – data and 	<p>April 2023</p>		

<p>information on training and service delivery needs captured</p> <ul style="list-style-type: none"> ○ Referral plan/pathway for Psychology services required 			
<p>All staff to complete NES Developing your Trauma Skilled Practice 1,2,3&4 Listed as mandatory training within the team</p>	September 2022		
<p>Service uses a biopsychosocial model of care which places equal emphasis on physical treatment, emotional well being and social interactions. As an integrated health and social care service, these are actioned in collaboration with psychiatrist, nursing staff and social workers.</p> <ul style="list-style-type: none"> ● Recovery planning as detailed in MAT standard 5 <p>Encourage use of peer led and mutual aid groups</p>	April 2023	Recovery planning in place as per standard 5	

MAT Standard 7	All people have the option of MAT shared with Primary Care.	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.		
April 2022 RAG status – self assessment AMBER				
Actions/deliverables to implement standard 7	Timescales to complete	Comments		
		Opportunities	Challenges	
Scale up the MAT standards 1–10 in the community	August 2022 – April 2023			
<ul style="list-style-type: none"> Collaborate with national thematic group 	August 2022 – April 2023			
<ul style="list-style-type: none"> Establish scale-up plan 	April 2023			
<ul style="list-style-type: none"> Cowal and Bute currently have 4 GP practices providing a level of shared care GP’s would like to be able to step up/down with consultant Psychiatrist Pathways need to be developed when Psychiatrist is in place 	April 2023			
<p>Some GPs across A&B will not participate in shared care – this can’t be easily resolved at a local level</p> <ul style="list-style-type: none"> Community Pharmacists could be a potential solution (long term solution) 	April 2023			

<p>Shared care agreements are in place throughout A&B with some exceptions</p> <ul style="list-style-type: none"> • Support existing shared care arrangements with GP practices • Modify existing model to increase clinical support to GP practices via advanced nurse practitioners, non medical prescribers and consultant psychiatrist to expand treatment options <p>Consult with community pharmacy around possibility of prescribing pharmacists to increase access to treatment</p>	<p>31/12/2022</p>	<p>Clinical support increased</p>	<p>vacancy remains for consultant psychiatrist. Recruitment ongoing Recruitment ongoing for specialist pharmacist</p>
<p>Areas where GPs do not participate in shared care:</p> <ul style="list-style-type: none"> • Model is nurse led with advanced nurse practitioner and non medical prescriber under the supervision of consultant psychiatrist <p>Consideration to be given to purchase of GP sessions should recruitment remain an issue</p>	<p>31/12/2022</p>	<p>Existing processes in place.</p>	<p>Recruitment ongoing for consultant psychiatrist</p>

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.	
April 2022 RAG status – self assessment AMBER			
Actions/deliverables to implement standard 8	Timescales to complete	Comments	
		Opportunities	Challenges
Implement a test of change for MAT standards 3,4 and 8 in justice settings across Argyll & Bute	August 22- April 23		
<ul style="list-style-type: none"> Conduct mapping of the MAT standards in Argyll & Bute justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community 	January 2023 – April 2023		
<ul style="list-style-type: none"> Ensure sufficient process, numerical and experiential evidence to demonstrate progress 	April 2023		
LAAS lead on this work in Cowal & Bute Housing first nurse WAWY Outreach workers	April 2023	Use of peer advocacy workers with lived/living experience. Training provided through Scottish Drugs Forum.	
Scale up the MAT standards 1-10 in the community	August 2022 – April 2023		
<ul style="list-style-type: none"> Collaborate with national thematic group 	August 2022 – April 2023		
<ul style="list-style-type: none"> Establish scale-up plan 	April 2023		

<ul style="list-style-type: none"> ○ Increase rights-based advocacy support to people in treatment by commissioning dedicated advocacy input 	April 2023		
Post of senior practitioner for housing/mental health/substance misuse	October 2022	Current service available	
Social worker for substance use: <ul style="list-style-type: none"> • Input with adult support and protection • Input with children and families social work services • Income maximisation <ul style="list-style-type: none"> ○ Welfare rights 	December 2022	Social worker available as part of integrated health and social care team. One social worker available for East localities	vacancy in West. Recruitment ongoing

DRAFT

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.	
April 2022 RAG status – self assessment RED			
Actions/deliverables to implement standard 9	Timescales to complete	Comments	
		Opportunities	Challenges
Scale up the MAT standards 1–10 in the community	August 2022 – April 2023		
<ul style="list-style-type: none"> Collaborate with national thematic group 	August 2022 – April 2023		
<ul style="list-style-type: none"> Establish scale-up plan 	April 2023		
Joint working practices across Mental Health, Addiction services	April 2023		
<ul style="list-style-type: none"> Joint protocols developed Pathways developed and strengthened Look at capacity and ways to increase this Look at other MH provision inc 3rd sector Band 7 ANP can take on elements of this work 	April 2023		
Senior practitioner for housing/mental	December 2022	Practitioner in post.	

<p>health/substance misuse</p> <ul style="list-style-type: none"> • Post within the remit of test of change service providing link between services <p>Develop pathway with mental health services</p>		Pathways in development	
<p>Develop joint working protocols in order for people to access the right service at the right time</p>	December 2022		Protocols in development
<p>Input from psychological therapies</p> <ul style="list-style-type: none"> • Availability of staff trained within the service in Cognitive Behavioural Therapy • Scope out possibility of dedicated input from psychological therapies 	December 2022		<p>Dependent on availability of finances.</p> <p>Scoping exercise.</p> <p>Encourage additional training in CBT approaches</p>
<p>Identify training opportunities for staff across each area</p> <ul style="list-style-type: none"> • Undertake training needs analysis for the service • Develop training plan following needs analysis • TURAS learning module on co-occurring substance use and mental health <p>Modules available via Scottish Drugs Forum</p>	<p>December 2022</p> <p>January 2023</p>		
<p>Senior practitioner for housing/mental health/substance misuse</p> <ul style="list-style-type: none"> • Post within the remit of test of change service providing link between services <p>Develop pathway with mental health services</p>	December 2022	Practitioner in post.	Pathways in development.

DRAFT

<p>MAT Standard 10</p>	<p>All people receive trauma informed care.</p>	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>	
<p>April 2022 RAG status – self assessment AMBER</p>			
<p>Actions/deliverables to implement standard 10</p>	<p>Timescales to complete</p>	<p>Comments</p>	
		<p>Opportunities</p>	<p>Challenges</p>
<p>Scale up the MAT standards 1–10 in the community</p>	<p>August 2022 – April 2023</p>		
<ul style="list-style-type: none"> • Collaborate with national thematic group 	<p>August 2022 – April 2023</p>		
<ul style="list-style-type: none"> • Establish scale-up plan 	<p>April 2023</p>		
<ul style="list-style-type: none"> ○ Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Enhance support and training for psychologically informed treatment and trauma-informed care. 	<p>August 2022 – April 2023</p>		
<p>Ensure all staff are Trauma trained – gather data</p>	<p>January 2023</p>		

All staff to complete NES Developing your Trauma Skilled Practice 1,2,3&4 Listed as mandatory training within the team	September 2022		
Collaborative recovery planning as identified in MAT standard 5	April 2022 – January 2023	Existing process in place as per standard 5	
Encouragement to access peer led and mutual aid groups	October 2022	Existing process in place.	

DRAFT