

Involvement of People with Lived and Living Experience and Key Stakeholders to support the Implementation of the Medical Assisted Treatment Standards

Involvement Plan: Improvement Support for
Medication Assisted Treatment (MAT) Standards
Implementation Programme

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Introduction

Scotland continues to face significant challenges relating to harms caused by alcohol and drugs, including rising numbers of [Alcohol-specific deaths](#) and [Drug-related Deaths](#). In response to these challenges, the Scottish Government launched a new national mission to reduce drug related deaths and harms [National mission - Alcohol and drugs - gov.scot \(www.gov.scot\)](#) which included the introduction of the [MAT Standards](#).

The MAT (Medical Assisted Treatment Standards) were developed to support the reduction of drug related harms, including drug related deaths. The aim being to make holistic treatment and support for people available quicker, offering more choice and joined up care with other key services and organisations as part of the Recovery Oriented System of Care (ROSC), which is person centred for people who experience drug use in Scotland.

Background

In 2022, Healthcare Improvement Scotland (HIS) was commissioned by the Scottish Government to deliver the Improvement Support for Medication Assisted Treatment (MAT) Standards Implementation programme by March 2025.

The overall aim of the programme is to support national progress towards timely access to effective care and treatment for people at risk from drug (and alcohol) related harms.

The involvement of key stakeholders, including people with Lived and Living Experience (LLE) as well as family members/carers is a central part of the programme, ensuring that their contribution is meaningful, that the engagement is co-produced, person centred, and trauma informed.

Why we involve people in our work

The involvement of people with lived and living experience in the development of services enables service providers to understand needs, be more accountable, open, and transparent with people who access their services, therefore, building a more person centred, and trusted service ([Involving people with lived and living experience of alcohol, drug and homelessness services](#)).

As part of the implementation of the MAT standards, it is important to understand the needs and experiences of people who access drug (and alcohol) treatment and support services, as well the experiences and insights of family members and/or carers. The MAT Standards are focused on ensuring people are empowered to engage in their own recovery, as well as accessing recovery information in a way that is accessible and person centred. This includes

the involvement of recovery organisations who can support care and treatment planning within the ROSC.

The Charter of Patient Rights and Responsibilities ([Charter of patient rights and responsibilities - revised: June 2022 - gov.scot \(www.gov.scot\)](#)) states that people have the right to be involved in the development of health and social care services they access, as well as placing responsibilities on health services to ensure people are involved in decisions about their care. Learning from personal experiences of people makes services safer, more efficient, improves person centeredness and effectiveness, particularly when people who use services are involved in a meaningful way ([improving-quality-through-participation-jun11.pdf \(hisengage.scot\)](#)). Participation of people who use services is a key element of a human rights-based approach, which requires that people are supported to be active citizens and are involved in decisions that affect their lives. ([Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov.scot \(www.gov.scot\)](#)).

As part of the Scottish Governments National Mission on Drugs, the National Collaborative was created to integrate human rights into drug and alcohol policy in Scotland, through the development of a human rights based approach, placing people at the centre of policy and decision making ([National Mission on Drugs: National Collaborative - gov.scot](#)) leading to better outcomes for people affected by substance use ([National Collaborative - Lived experience](#)). Following on from this, the National Collaborative has published a [Charter of Rights for People Affected by Substance Use](#) to support people who have experience of alcohol and/or drugs, as well as supporting service providers to understand how to implement the human rights which belong to people affected by substance use.

The engagement approach we take

Working with organisations who facilitate and nurture engagement from people who use services as well as their families and loved ones, increases the range of ways people can get involved in the design and delivery of health services, whilst simultaneously creating safe spaces, peer support and incentives that encourage participation. The involvement of people with lived and living experience in the development of services enables service providers to understand needs, be more accountable, open, and transparent with people who access their services, therefore, building a person centred, and trusted service ([Rhic-involving people with lived and living experience of alcohol drug and homelessness services](#)).

Involvement and engagement should be based on good practice guidance and co-production with third sector organisations when planning and carrying out engagement with people who have experience of substance use. Safeguarding and trauma informed practice must be in place, to ensure people are safe, their needs are met, and support is in place from trusted peers and organisations before, during and after the engagement.

Co-production with third sector organisations, as well as family members/carers, ensures the methods of engagement meet the needs of those taking part, involving trusted staff

members/peers to support the engagement, in an environment that is familiar and safe, leading to meaningful, trauma informed and person-centred engagement.

The involvement plan will consider the engagement of people with protected characteristics through the ongoing development of the Equality Impact Assessment ([HIS MAT Standards EQIA](#)). It is important to think about the impact for people being disproportionately affected by substance use, for example, socio-economic deprivation and the needs people have in relation to protected characteristics such as mental health, associated trauma and other health and social related issues.

Figure 1 illustrates good practice engagement and guidance implemented by HIS.



Figure 1: Good practice guidance and engagement examples

Involvement Plan

The involvement of people with lived and living experience, family members and key stakeholders will contribute to a number of programme outcomes. The involvement areas highlighted will lead to the development of focused engagement plans that will sit alongside workplans, detailing methods of engagement, co-production with key stakeholders, outcomes and feedback, ensuring that engagement work is carried out with third sector support organisations to ensure people with lived and living experience are safeguarded throughout their engagement. Working with third sector organisations and co-producing the engagement with people with lived and living experience will ensure a trauma informed and person-centred approach.

It is important that the needs of people with protected characteristics are considered, the involvement and subsequent engagement plans will sit alongside the programme Equalities Impact Assessment (EQIA), to highlight areas where people can be negatively affected and barriers they may face, ensuring that the engagement considers specific need.

As part of the EQIA there are socio-economic considerations, in 2023, people in the most deprived areas were 15 times as likely to have a drug related death than those in the least deprived ([Drug-related deaths in Scotland in 2023 - National Records of Scotland \(NRS\)](#)). The Hard Edges Scotland report ([hard-edges-scotland-full-report-june-2019.pdf](#) ([therobertsontrust.org.uk](#))) found that those who experience 3 or more disadvantages are 4 times more likely to live in the poorest places as people with no disadvantage, this can lead to people experiencing severe and multiple deprivation such as housing, mental health and substance use. Socio-economic considerations will be a focus for all areas of engagement moving forward, highlighting the need to co-produce the engagement with people involved to ensure their needs are met.

Engagement so far

In 2024, to inform the development of the MAT Standards National Improvement Programme, engagement with a range of stakeholders was completed to inform understanding and insights, leading to [recommendations for improvement](#).

Firstly, a scoping exercise was carried out to identify Health and Social Care Partnership (HSCP) areas where drug related harm was more prevalent. From this, engagement with people with lived and living experience and other key stakeholders was carried out in 6 HSCP areas across Scotland. In addition, Prisons were identified as an area of engagement due to the potential complexities of the implementation of the MAT Standards.

Engagement methods included online and in person discussions through existing contacts where the relationship was already established, working alongside third sector organisations and recovery groups to ensure the safeguarding of people taking part. In total 42 people with lived and living experience, 23 organisations and 33 professionals were engaged with.

Engagement was also carried out with a range of stakeholders in assessing the impact and implications of the MAT standards on community pharmacy services [MAT Pharmacy Impact report \(ihub.scot\)](#). Six focus groups with key stakeholders, including people with lived and living experience were conducted in 6 HSCP areas across Scotland.

All engagement information is tracked using a CRM (Customer Relationship Management) system, which will continue throughout the programme, this enables the tracking of data and information that can inform measurement and impact planning, as well as feedback to key stakeholders such as Scottish Government.

These engagement activities helped identify and inform the areas of involvement detailed below.

Areas of involvement moving forward to March 2025

Moving forward, the improvement support for MAT standards implementation will continue until March 2025. Considering the wider ROSC, the involvement plan will highlight key areas for engagement with people with lived and living experience, family members/carers and other key stakeholders such as alcohol and drug services, third sector organisations/recovery organisations and housing services.

Development of EQIA and consideration of inequalities

Focus will continue in the development of an EQIA, updating key insights based on learning from engagement, understanding the negative impacts, barriers and enablers for people with protected characteristics in accessing MAT standards, as well as the wider ROSC. Ensuring we understand the inequality that people (and their family members/carers) experience when trying to access the care and treatment services they need.

Involvement of family members and carers (and significant others)

As family members are often the people supporting their loved one navigate access to services, throughout the involvement work, through the support of relevant third sector organisations, we will aim to ensure that family members and carers have the opportunity to be involved and share their insights and experience, feeling listened to. Scottish Families Affected by Alcohol and Drugs (SFAD) [Ask The Family - SFAD](#) report highlights that on average, 11 other people are affected by harms associated with a loved one's substance use. Following on from this, it is important that family members and carers have access to support out with that of their loved one, previous engagement has highlighted that family members often feel overwhelmed navigating their loved one's care and treatment, which can have a negative effect on their mental health ([Family member case study](#)).

Scottish Justice System

Building on the insights that have been developed, engagement work already undertaken and areas of good practice, linking in with established networks and key stakeholders to consider the capacity to embed MAT standards in prisons and justice services. Looking at care co-

ordination involving different stakeholders and support networks in treatment and recovery, including aftercare support, which is important when people are returning to a community after a period in prison. Treatment choices such as access to the prison to rehab pathway and how people can be prepared to access rehabilitation support from prison, can also be considered.

Enhancing person centred experience through Community Pharmacy

All commissioned pharmacy services should deliver person led care and support, taking a human rights approach, ensuring the full involvement of people with lived and living experience and key stakeholders in their design and review ([MAT Pharmacy Impact report \(ihub.scot\)](#)). Moving forward, and building on previous engagement, people with lived and living experience will support the development of a Community Pharmacy Person Centred Charter for delivering services with people who experience substance use, providing a trauma informed, psychologically safe environment for people accessing the pharmacy as well as their family members/carers.

Right to Housing in Recovery

Housing needs should be identified as early as possible in a person's recovery journey; therefore, consideration will be given to the involvement of housing services throughout future engagement. Housing services and housing needs assessments should be embedded into treatment and recovery care planning using a multidisciplinary approach, where people are aware of relevant housing legislation. This includes people leaving prison, residential rehabilitation/detox, acute/hospital setting, and unsafe living environments that include risks of substance use. Ensuring key stakeholders have awareness of Recovery Housing in recovery and treatment services, as well as the associated policy connections.

Women, pregnant women, and women with children

It is acknowledged that females account for a high proportion of single parents in the UK [Families and households in the UK - Office for National Statistics \(ons.gov.uk\)](#). The EQIA and previous engagement work has highlighted that barriers exist in accessing services needed for ongoing recovery because of the lack of accessible childcare services, or where the environment is not appropriate for a child. This disproportionality affects women more than men because of the greater likelihood of being the main care giver.

Moving forward, consideration can be given to engagement with child services to help parents who have childcare responsibilities access the recovery services they need, looking at opportunities to create local referral pathways to ensure that services supporting children have a way to seek support for parents and carers to access the treatment services they need. Linking in with the appropriate stakeholders including residential rehabilitation providers who support women and their children.

Advocacy

Advocacy is a key service for people who have experience of substance use, as well as for their family members/carers, advocacy often provides navigation support for people through their treatment and recovery journey. It is important that advocacy services apply a person centred, trauma informed approach where people are safeguarded, meeting a range of needs outlined in the MAT standards (specifically MAT Standard 8), where commissioned advocacy services are able to provide expert knowledge, support and advice that meets the need of those accessing it. Moving forward, the NICE guidelines for Advocacy services for adults with health and social care needs, will be reviewed to determine their applicability with MAT, working with key stakeholders to gain best practice insights.

Building the accessibility and availability of recovery information

Recovery groups, third sector organisations and people with Lived and Living Experience can support others through their recovery journey, and should be empowered to engage in care planning, working with the local treatment and recovery system. Building on the previous engagement, consideration can be given to working with local authorities/ADPs to establish recovery groups/networks, including the development of a peer support model and involvement of people with lived and living experience.

MAT Standards National Learning System

There will be continued engagement with key stakeholders through National Learning Sessions, spreading learning between services and key stakeholders, further information on the MAT Standards National learning Sessions can be found here [Improvement Support for MAT Standards Implementation - Programme updates \(ihub.scot\)](https://ihub.scot.gov.uk/improvement-support-for-mat-standards-implementation-programme-updates).

Our Stakeholders

This list is not exhaustive and will be built upon as engagement plans are developed.

- Third sector organisations and recovery organisations
- People with lived and living experience and family members/carers
- Residential rehabilitation providers
- Health and Social Care Partnerships
- Local authorities
- Alcohol and drug partnerships
- Alcohol and drug services
- Housing services
- SPS, prison and justice services
- EQIA and consideration for people with protected characteristics.

Involvement plan summary table

Key areas for involvement	Key stakeholders	Key resources, policy and guidance
• Development of EQIA • Involvement of family members/carers • Scottish Justice System • Enhancing experience through Community Pharmacy • Right to Housing in Recovery • Women, women with children and pregnant women • Advocacy • Building the accessibility and availability of recovery information • HIS MAT Standards National Learning System	• Third sector and recovery organisations • People with lived and living experience • Family members/carers/ significant others • Residential Rehabilitation Providers • Health and Social Care Partnerships • Local Authorities • Alcohol and Drug Partnerships • Alcohol and Drug services • Housing/Homelessness Services • Justice services, SPS and Prisons	• Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov.scot (www.gov.scot) • Human Rights Based Approach Scottish Human Rights Commission • National Standards for Community Engagement SCDC - We believe communities matter • National Collaborative Charter of Rights For People Affected by Substance Use • New substance use resource for Trauma Informed Practice NHS Ed (scot.nhs.uk)

Figure 2: Involvement report summary table

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