Case Study: South Ayrshire (ADP) Alcohol & Drugs Partnership: Involving lived & living experience in the design and development of alcohol and drug services.

Introduction

Meaningful involvement of people with lived and living experience is a crucial step in the design, delivery and evaluation of alcohol and drug services.

This case study aims to:

1. Understand the steps South Ayrshire Alcohol and Drugs Partnership (ADP) have taken to embed lived and living experience in their planning and design of alcohol and drug services.

2. Understand how this involvement has directly influenced the development of recovery services in this area.

3. Share learning to help strengthen how lived and living experience is involved across Scotland.

Situation

'*We believe, and have seen, that everyone can recover from problematic alcohol or drug use with the right support and opportunities at the right time*.' Recovery is Reality strategy, South Ayrshire ADP (2023–2026).

South Ayrshire ADP are committed to coordinating local responses to implement a Recovery Oriented System of Care (ROSC). A ROSC model focusses on person-centred support for individuals

at all stages of their recovery journey. It recognises that each person's recovery journey is unique, and relapse may be part of their journey.

The partnership made a commitment to embed lived and living experience throughout decision-making processes. This helped support the development of local peer led recovery communities.

A collaborative commissioning approach was followed to plan, fund, design and evaluate the ROSC. Collaborative commissioning brings partners together to share responsibility, understand needs, gaps, and opportunities. It encourages ongoing reflection, testing new ideas, and adapting services based on feedback and outcomes. Decisions are guided by data, research, and lived experience. Using this approach, the partnership identified improvements. These included involvement of lived and living experience in initial service the development stages.

Approach to embedding lived and living experience

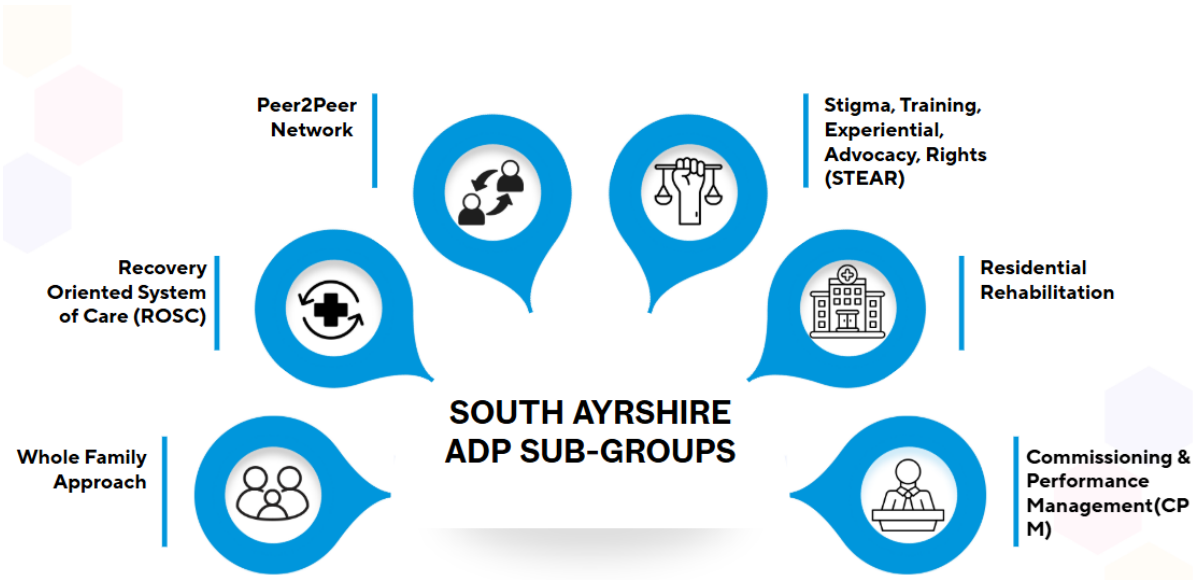
The approach describes the steps South Ayrshire Alcohol and Drugs Partnership (ADP) have taken to embed lived and living experience in their planning and design of alcohol and drug services.

Early actions prior to 2015 laid the foundation for lived and living experience leadership within the ADP. This included:

- **Creation of a lived and living experience group –** representatives from the five commissioned services to feed into the ADP.
- **Peer-led initiatives –** raising awareness of recovery through recovery groups and activities, training and hosting events.
- **Investment in lived and living experience -** development of a Volunteer Peer worker programme and the creation of new posts for those with lived experience. Also establishing a peer worker pathway.

Representation in governance

Lived and living experience has since been embedded in the formal governance structure of the ADP. There are several working groups within this structure. Each working group has a specific focus on strategic priorities of the *Recovery is Reality strategy* (2023–2026).



Each working group has joint chairs from both statutory and third-sector organisations. The chairs of each of these are ADP members with voting rights who represent the voice of their working group. Membership of the working groups are open to people with lived or living experience, their families, and others with relevant service experience. This ensures individuals they are involved in the review and development of services.

Review and scoping

The ADP undertakes regular review, assessment and needs analysis. This ensures an intelligence-led approach to service delivery. It led to expansion of the Commissioning and Performance Management group to oversee implementation of the ADP strategy.

This group, on behalf of the ADP, makes recommendations for service improvement activities. it also leads on scoping studies to inform learning for any new commissioning and service improvement activities. A scoping study includes identifying demand, walk-through workshops and evidence review which lived experience play a crucial part in.

To date, scoping studies have been conducted on topics including:

- Evaluation of the ROSC mode
- Residential rehabilitation model
- Whole family approach
- Support for women
- Multiple and complex needs

Medication Assisted Treatment (MAT) experiential interviews

The local lived experience recovery charity lead on the MAT Experiential process on behalf of the ADP. They undertake interviews with individuals accessing MAT and related support, and family members. The experiential process is guided by the FAIR (Facts Analysis Identification Review) framework. This provides a human rights lens to service improvement activity. The thematic review of experiential feedback informs service improvement activities for the year ahead.

Impact on service design

Using this approach, lived and living experience has directly contributed to establishing service need for the area. This has led to the commissioning of services that promote the ROSC in South Ayrshire. These services include:

Connect4Change

In 2019, an intensive support service was established. This was due to rising concerns about drug-related harms and the need for rapid support for people at high risk of alcohol or drug related harm. Connect4Change, led by the third sector, works collaboratively with a multiagency and multidisciplinary (nursing, recovery workers and lived experience workers) team. They provide person centred, intensive and assertive outreach support for vulnerable individuals (aged 16+). This includes those who have experienced a recent non-fatal overdose, and who are disengaging from

services. Additionally, there are those who may require support during challenging times or transitions i.e. leaving prison or hospital or transition between services.

Recovery out of Alcohol and Drugs Service (ROADS)

In 2021 the ADP approved the recommendations from the Residential Rehabilitation Scoping Study. This saw implementation of a funded placement model and support during pre, during and post residential rehabilitation. The ADP adopted a collaborative commissioning approach creating a co-located and managed team with A Team Leader, Family Worker and Peer Worker. These come from three third sector organisations who have specialist knowledge and experience in each area.

Connexions

In 2023, the ADP approved a coordinated single point of access for young people (under 26 years). This offered support with their own alcohol or drug use and whole family support for anyone affected by someone else's alcohol or drug use.

This was done through collaborative commissioning approach. The approach was informed from consultation and test of change activities to support the implementation of a whole family approach. Connexion provides:

- Individual and group work activities
- Support; prevention and early intervention inputs in education settings
- Peer-based support
- Social and fun activities

Overall, it ensures the voices of young people and families inform service improvement activities.

Compass

The ADP approved the proposal to develop a Hub and Spoke Model in South Ayrshire. this was following completion of the Multiple and Complex Needs, and One Stop Shop Scoping Studies. The Compass hub aims to improve the health and wellbeing of people with multiple and complex needs. It offers a multiagency and multidisciplinary space through which access to different kinds of support can be more quickly and effectively coordinated. Compass opened in 2024 and is unique as being led by Recovery Navigators who have lived experience of recovery. Compass offers drop-in and appointment-based support six days a week, including evening and weekend. Over 20 partners provide support from Compass. Amongst these are:

- Advice relating to alcohol and drug use,
- Harm reduction, naloxone supply, BBV testing,
- Advice and support in relation benefits,
- Fuel and food vouchers,
- Housing and advocacy and links to the local recovery community.

Key learning

The following section outlines emerging key learning. These insights can inform future improvement across the wider system.

	**Leadership and Partnership Commitment** Securing buy-in from leadership is essential to the success of embedding lived experience in the design and development of alcohol and drug services. Where senior leaders demonstrate visible support and allocate resources to ensure that lived and living experience engagement is embedded and sustained. Equally, commitment from the wider partnership is required to foster a culture of co-production across agencies.
	**Flexibility in Approach** A flexible approach is critical. Engagement methods should be adapted to suit diverse groups and changing circumstances. This may involve varying meeting formats, offering hybrid participation, or tailoring support to individual needs. Flexibility helps maintain inclusivity and ensures that lived and living experience is not tokenistic.
	**Valuing Lived Experience** Lived experience has intrinsic value and must be recognised as such. Compensation, whether through vouchers or other forms of support, demonstrates respect for participants' contributions. Importantly, these resources should not be the first to be cut during budget pressures. Sustained investment signals that lived experience is a priority, not an optional add-on.
	**Support Structures for lived experience in volunteering and paid roles** It is critical to create supportive structures for lived experience. This is to support each person's wellbeing and support them to grow in confidence within their role. Peer networks, mentoring and reflective practice, along with appropriate support and supervision are examples of these.
	**Reflection** The partnerships should be prepared to pause, reflect, and invest in careful planning before implementation of changes to the ROSC. This reflective approach ensures contributions are meaningful and authentic.
	**Time** Embedding lived experience in the design and development of the ROSC requires time to build trust and understand the needs of the people involved.

Next steps

South Ayrshire ADP have plans to embed further improvements to sustain and enhance elements of recovery, linked to wider outcome frameworks and guidance. These include

	**Ethical Commissioning framework** A person-centred, and human rights-based approach to service design and delivery with a focus on high quality care. In addition to involvement of lived experience throughout it also encompasses fair work practices.
	**National Collaborative Charter of Rights for people impacted by substance use** To support services to understand the human rights belonging to people impacted by substance use and embed a rights-based approach throughout service design.

A variety of resources including the most recent recovery strategy can be accessed on the South Ayrshire ADP website.

If you have any questions or queries relating to the content of this case study, you can contact ourselves at his.mat@nhs.scot.