

AOD recommissioning co-design project

Update 1

This document contains an update on the recommissioning process for \$2.5m of alcohol and other drugs treatment activity per year to better meet the needs of our community. For more information visit nwmpnh.org.au/aodrecommissioning2021

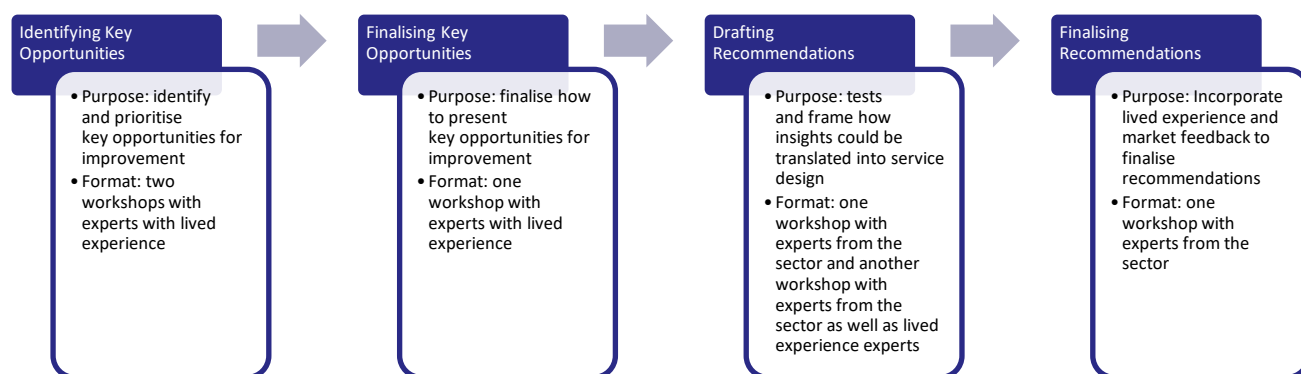
The insights from this process will inform our recommissioning process, consistent with the [Primary Health Network Guidelines and Policies for Drug and Alcohol Treatment Services](#).

WHAT ARE WE WORKING ON?

North Western Melbourne Primary Health Network (NWMPHN) is preparing to recommission alcohol and other drug (AOD) services. To do so, we are undertaking a series of co-design workshops to inform the tender that we will adopt in the recommissioning of AOD services. To facilitate this process, we have partnered with the Association of Participating Service Users, Clear Horizon and Harm Reduction Victoria.

The workshops are intended to co-design opportunities for improving (AOD) service delivery with experts with a lived experience and experts from the sector (see Figure 1 for an overview of the design process). We have just finished the fourth workshop in the series (*Drafting Recommendations*) and are looking to collect market feedback on the work to date.

Figure 1. Process overview



WHAT HAPPENED?

A series of three workshops have been conducted with nine AOD lived experience experts to explore what they envisioned as key elements for AOD services that could better meet their needs, wants and aspirations. The insights (opportunities) generated in these workshops are summarised below. Following the workshops with lived experience experts, a workshop with representatives from the sector was conducted this included subject matter experts from AOD and intersecting sectors. The

purpose of this workshop was to form the insights generated by lived experience experts into draft recommendations for tender specifications. The workshop was attended by 12 experts from the sector, including people with expertise in AOD, housing/homelessness, pharmacy, primary care, LGBTIQA+, CALD, family violence, Aboriginal health, mental health, and justice. The summary of outputs from the workshops are outlined below. Please note that this is a working document, and the draft recommendations continue to be tested and refined through the co-design workshops.

Core themes from lived experience expert workshops

1. Services that **do not just focus on the AOD use, but also attend to the holistic needs** of the person, including physical and mental health, spiritual wellbeing, social and welfare support needs such as financial counselling and housing support, post recovery social activities, as well as other holistic wellness and preventative support (e.g., self-care, anger management, gym access).
2. Services that **understand and address consumers’ individual histories and contexts**, including personal and intergenerational trauma and living conditions, rather than rely on surface level solutions (e.g., over prescription of anti-depressant).
3. Services that **work collaboratively with family members and the care team** to support the whole family network and respectfully building consensus about how to best support the consumer.
4. Services that ensure consumers continue to receive **support in ‘gap’ moments**, such as between referrals, during holiday seasons and late at night, which are often peak crisis times.
5. Services that **provide a warm and safe environment** where you can immediately talk to someone who ensures that they are linked with the right support worker/service on the spot without a delay (e.g., walk-in). This also includes staff who uphold safety, such as a drug free environment.
6. Services that provide a team of workers who all **understand consumers’ specific situation so that they don’t have to re-tell their stories** and **can** connect them to other services.
7. Services provided by **workers who are non-judgemental and compassionate, celebrate success, and work with the consumer’s goals and aspirations**. These goals and aspirations may include entry into peer support work.
8. Services that have a **learning culture**, where workers’ knowledge and practices are regularly updated to reflect emerging evidence.

Draft recommendations by Sector Representatives

Core Insight	Draft Recommendation
Services that do not just focus on the AOD use, but also attend to the holistic needs	<ul style="list-style-type: none"> • Moving from just providing integrated care to holistic care, including providing more clinical case management and considering other underlying mental and physical diagnoses

	<ul style="list-style-type: none"> • Trauma informed approach throughout all processes (policies, HR, induction) • Co-location of AOD service, target group organisations (e.g. Aboriginal controlled and LGBTQI+ health services), and multidisciplinary teams • Developing meaningful partnerships and collaboration with target groups organisations (e.g. Aboriginal controlled and LGBTQI+ health services) to attend to both AOD and other needs <ul style="list-style-type: none"> ○ Starting from funding application, ○ Shared funding and ownership and mutual exchange of expertise, ○ Referral pathways to services that can augment expertise
Services that understand and address consumers' individual histories and contexts	<ul style="list-style-type: none"> • Trauma informed approach throughout all processes (policies, HR, induction)
Services that work collaboratively with family members and the care team to support the whole family network	<i>* for further development</i>
Services that ensure consumers continue to receive support in 'gap' moments	<ul style="list-style-type: none"> • Co-location of AOD service, target group organisations (e.g. Aboriginal controlled and LGBTQI+ health services), and multidisciplinary team • Rapid response, not only crisis response (to limit waitlist)
Services that provide a warm and safe environment where you can immediately talk to someone	<ul style="list-style-type: none"> • Support workers at service to prevent relapse • Make sure leaders are accountable for their organisational culture and ensuring that a warm and safe environment is a part of their values as an organisation • Incorporating rapid response to limit waitlisting (in addition to crisis response) • Ensure proper consumer engagement and the option for consumer and peer navigation • Ensure a well-trained, well supported peer work • Implementing a trauma informed approach throughout all processes (in policies, HR, induction etc.)
Services that provide a team of workers who all understand consumers' specific situation so that they	<ul style="list-style-type: none"> • Having one or two integrated services to refer people to (but this means less choice and people drop through gaps). • Co-location of AOD service, target group organisations (e.g. Aboriginal controlled and LGBTQI+ health services), and multidisciplinary team

don't have to re-tell their stories and can connect them to other services	<ul style="list-style-type: none"> • Implementing a trauma informed approach throughout all processes (e.g. in policies, HR, induction etc.) • Meaningful partnerships and collaboration with target groups organisations (e.g. Aboriginal controlled and LGBTQI+ health services) to attend to both AOD and other needs <ul style="list-style-type: none"> ○ Shared funding and ownership and mutual exchange of expertise ○ Referral pathways to services that can augment expertise
Services provided by workers who are non-judgmental and compassionate, celebrate success, and work with the consumer's goals and aspirations	<ul style="list-style-type: none"> • Ensure proper consumer engagement and the option for consumer and peer navigation • Ensure a well-trained, well supported peer work • Locate support workers at service providers to prevent relapse • Implementing a trauma informed approach throughout all processes (in policies, HR, induction etc.) to ensure this is enabled at all levels, from the direct service workers to the board and executive levels.
Services that have a learning culture	<i>*for further development</i>

WHAT COMES NEXT?

NWMPHN will host a fifth workshop on Friday, 26 March 2021. At the workshop, the draft recommendations will be presented to the experts with lived experience for feedback. As the recommendations are further developed, these will be shared with stakeholders and used to inform the tender for AOD treatment services. Prior to the workshop, the sector representatives will continue working on the draft recommendations.

Should you have any queries or wish to share feedback please contact tenders@nwmpnhn.org.au

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



T (03) 9347 1188 | **F** (03) 9347 7433 | **E** nwmpnhn@nwmpnhn.org.au | **W** nwmpnhn.org.au
 ABN 93 153 323 436 | **Level 1, 369 Royal Parade, Parkville VIC 3052** | **PO Box 139, Parkville VIC 3052**

