phn NORTH WESTERN MELBOURNE
An Australian Government Initiative

AOD recommissioning co-design project

Update 2

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 nwmphn.org.au/aodrecommissioning2021

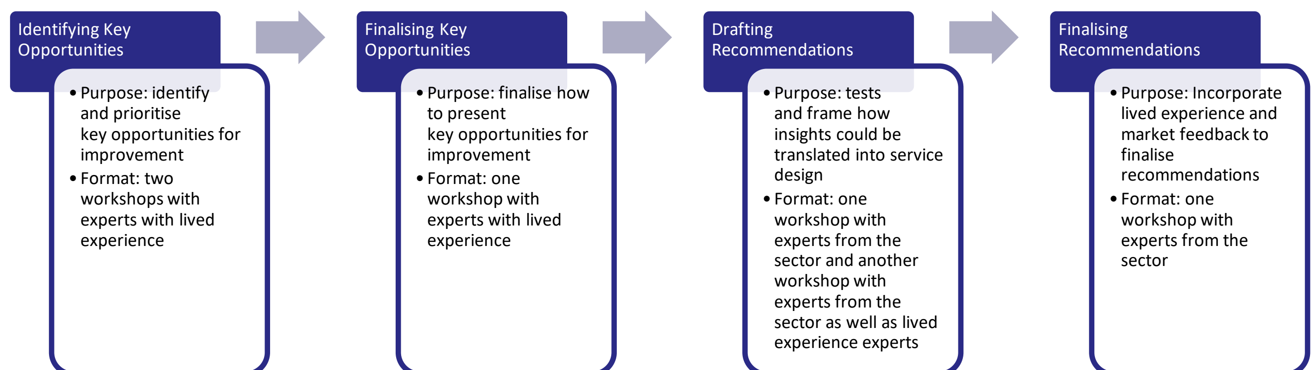
The insights from this process will inform our recommissioning process, consistent with the Primary Health Network Guidelines and Policies for Drug and Alcohol Treatment Services.

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 specifications 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 fifth workshop in the series (*Drafting Recommendations*) and are looking to collect stakeholder 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 (see Attachment 1. Previous Workshop Outputs). Following the workshops with lived experience experts, a workshop with subject matter experts from AOD and intersecting sectors was held to develop the insights generated by lived experience experts into draft recommendations to be included in tender specifications (see Attachment 1. Previous Workshop Outputs).

The workshop was attended by 12 experts from the sector, including people with expertise in AOD, housing/homelessness, pharmacy, primary care, lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual/sistergirls or brotherboys (LGBTIQA/SB+), culturally and linguistically diverse (CALD), family violence, Aboriginal and Torres Strait Islander health, mental health, and justice.

A fifth joint workshop was held with lived experience experts and subject matter experts. The purpose of this workshop was to present the outputs drafted by subject matter experts to the experts with lived experience in order to collect feedback and finalise the recommendations. The outputs of this workshop are captured below.

Iterated recommendations by sector representatives

1. Provide evidence that the provider incorporates integrated/holistic care which addresses co-existing and underlying social, psychological and physical conditions.

2. Provide evidence of how the provider tailors support based on consumer needs, such as specialist support catering for First Nations people, CALD, people with disability, people with recent experience of incarceration, and people who are LGBTIQA/SB+.

3. Demonstrate how a trauma informed approach has been implemented throughout the provider's organisational and service delivery processes. This includes within organisational policies, HR processes, staff induction etc.

4. The provider incorporates a rapid response option into service provision to limit waitlisting.

5. Demonstrate how the provider engages in meaningful and active collaboration and partnership with other AOD and non-AOD services. Examples of how this may be done are:

    a. co-location of the AOD service with other target group organisations
    b. partnering and sharing funding/ownership with other services from the earliest stage (i.e., funding application)
    c. streamlined and direct referral pathways that ensure multidisciplinary, cross-organisation/sector collaboration (for example: one or two key partner services to refer people to).

6. Demonstrate how the provider connects consumers to well trained and supported peer worker service, including CALD, Aboriginal and LGBTIQA/SB+ peer worker services.

7. Provide evidence of how the provider facilitates deep and active consumer engagement that ensures consumers are easily able to navigate, and remain with services (for example: provision of peer navigation service).

8. Demonstrate that the provider's leadership group is accountable for implementing positive organisational culture and values that ensure provision of a warm and safe environment. Example of this may include evidence of:

    a. affirmative action that has been implemented, such as quotas to ensure representation of cultural and gender diversity on the Board and at Executive levels all the way down to direct workers
    b. support provided to staff to prevent their own AOD relapse
    c. organisation-wide practice and language that are safe for marginalised groups.

Feedback on recommendations from lived experience experts

- Recommendations need to include a focus on specialist services for single parents, those who cannot attend services, and those who are experiencing violence or coercive control from a person they care about.

- Support for families and other significant relationship holders are essential and needs to be included in both service delivery and training for service workers. Families and other significant relationship holders can be better engaged by services, especially to access information to support their loved ones.

- Services should be engaged in whole of organisation training regarding the availability of other AOD and non-AOD services in the service system. This will ensure that everyone in the organisation is knowledgeable about referral services and that knowledge does not sit with just one person.

- Funded services need to reflect the kinds of services and location of services that are in demand. Keeping known services in place means that people know where to go and who to contact if things get difficult or where needs arise.

Information about what services are available, who they are delivered by and their scope (what they do) needs to be easily accessible in a simple format and regularly updated. This includes the use of easy to understand and concise language as well as the tailoring of information to the needs of the specific individual instead of generic information, lists or booklets. This includes the use of easy to understand and concise language as well as the tailoring of information to the needs of the specific individuals instead of generic information, lists or booklets. Videos or face to face information provision also makes information dissemination easier and more accessible.

WHAT COMES NEXT?

NWMPHN will host a sixth workshop on Tuesday, 30 March 2021. At the workshop, feedback collected from experts with lived experience and other stakeholders will be used to finalise recommendations to inform the tender for AOD treatment services.

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

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

Attachment 1. Previous Workshop Outputs

Core themes from lived experience expert workshops

1. Service 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 (for example: 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 (for example: 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 (for example: 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	• Moving from just providing integrated care to holistic care, including providing more clinical case management and considering other underlying mental and physical diagnoses • Trauma informed approach throughout all processes (policies, HR, induction) • Co-location of AOD service, target group organisations (for example: Aboriginal controlled and LGBTIQA/SB+ health services), and multidisciplinary teams • Developing meaningful partnerships and collaboration with target groups organisations (for example: Aboriginal controlled and

	LGBTIQA/SB+ health services) to attend to both AOD and other needs ○ 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	• 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	** for further development*
Services that ensure consumers continue to receive support in 'gap' moments	• Co-location of AOD service, target group organisations (for example: Aboriginal controlled and LGBTIQA/SB+ 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	• 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 don't have to re-tell their stories and can connect them to other services	• 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 (for example: Aboriginal controlled and LGBTIQA/SB+ health services), and multidisciplinary team • Implementing a trauma informed approach throughout all processes (for example: in policies, HR, induction etc.) • Meaningful partnerships and collaboration with target groups organisations (for example: Aboriginal controlled and LGBTIQA/SB+ health services) to attend to both AOD and other needs

	○ 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	• 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	**for further development*