WESTERN VICTORIA PRIMARY HEALTH NETWORK
& GRAMPIANS COMMUNITY HEALTH

Grampians Wimmera Alcohol and Other Drugs Regional Co-design Project 2018

FINAL REPORT

31 October 2018

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An Australian Government Initiative

Grampians Wimmera Alcohol and Other Drugs Regional Co-design Project 2018

FINAL REPORT 31st October 2018

This document is the Grampians Wimmera Alcohol and Other Drugs Regional Co-Design Project 2018 final report to Western Victoria Primary Health Network.

This report is submitted by Grampians Community Health in accordance with reporting obligations identified in the Services Agreement with Western Victoria Primary Health Network, specifically to provide a final written report including recommendations by 31st October 2018.

Project Details			
Organisation:	Grampians Community Health		
Project name:	Grampians Wimmera Alcohol and Other Drugs Co-Design Project 2018		
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INTRODUCTION

In May 2018 Western Victoria Primary Health Network commissioned Grampians Community Health to lead a co-design project across the Grampians Wimmera sub-region with a completion date of October 31st 2018. The overall aim of the project was to collaboratively develop recommendations to inform Western Victoria Primary Health Network in the development of a region-wide Alcohol and Other Drugs (AOD) service system plan. The project sought to identify the specific, local needs of consumers and approaches to building an effective, efficient and sustainable client centred AOD service sector that is directly relevant to the Grampians Wimmera sub-region.

The commitment was to undertake a co-design process based on a genuinely open and inclusive approach to engage with the broad range of people who are at the forefront of interaction with our local alcohol and other drugs system.

We were overwhelmed with the level of commitment to progress this project. There was an extraordinary level of support and readiness across all sectors to play an active role in this co-design process. Everyone involved was ready to contribute their experiences and views and welcomed the opportunity to do so. This project has provided an opportunity for people to express well-founded ideas that could really make a difference.

The recommendations presented here reflect the combined aspirations of a broad range of people who are directly involved with, and are committed to ensuring that people in the Grampians Wimmera Region have the best available opportunities to proactively manage issues arising from the use of alcohol and other drugs. Everyone involved has recognised that there is no 'quick fix' and that the way forward is to have a solid strategic approach to working collaboratively together.

Particular recognition Is given to Grampians Pyrenees Primary Care Partnership for their valuable contribution and expertise to the establishment and development of the project through the Project Steering Committee, Leadership Workshop facilitation and development of the Project Evaluation Plan.

PROJECT AIM AND OBJECTIVES

Aim

The overall aim of the project was to collaboratively develop recommendations to inform Western Victoria Primary Health Network in the development of a region-wide AOD service system plan. The project sought to identify the specific, local needs of consumers and approaches to building an effective, efficient and sustainable client centred AOD service sector that is directly relevant to our Grampians Wimmera.

Objectives

The specific objectives of this project were defined as follows:

1. Establish an alcohol and other drugs cross-sector partnership that demonstrates local area service skills, knowledge and expertise and a commitment to co-design principles to provide rigorous and informed oversight to the project.
2. Design and undertake a consultative process across the sub-regional community to identify the most appropriate alcohol and other drugs service system design.
3. Ensure the views, experiences, expectations and diverse needs of consumers and service providers are integral to all aspects of project implementation.
4. Develop recommendations to inform the development of an integrated, effective and sustainable alcohol and other drugs service model that meets the needs of the Grampians Wimmera community and guides

Western Victoria Primary Health Network broader activities, including procurement in the area of alcohol and other drugs services.

5. Meet all project timelines and reporting requirements.
6. Systematically evaluate processes and impacts of the project

PROJECT PARTNERS

The essential element of success in this co-design project was the willing and active involvement of our community and agencies across the region. Community members enthusiastically embraced the opportunity to be part of the consultation process. Participation from a broad range of organisations was formalised through a willingness to enter into memoranda of understanding and letters of support.

In addition to the range of agencies that contributed to the consultation process, project partners included:

- Budja Budja Aboriginal Co-Operative
- Community And Consumers / Carers
- East Grampians Health Services
- Edenhope And District Memorial Hospital
- Goolum Goolum Aboriginal Co-Operative
- Grampians Community Health
- Grampians Pyrenees Primary Care Partnership
- Rural North West Health Service
- Stawell Regional Health
- Tristar Medical Group
- West Wimmera Health
- Western Victoria Primary Health Network
- Wimmera Health Care Group
- Wimmera Primary Care Partnership

PROJECT STRUCTURE

Project Co-ordination

A suitably skilled and experienced Project Co-ordinator was appointed by Grampians Community Health at commencement to co-ordinate all aspects of project development, implementation, evaluation and reporting. An additional Project Support Worker was allocated mid-project to support undertaking consultation activities and collating data. Senior management support was provided directly by General Manager People and Community Support, Grampians Community Health.

Project Steering Committee

The Project Steering Committee was chaired by Grampians Community Health (General Manager People and Community Support) with core membership from Grampians Community Health (Chief Executive Officer, Manager Gambling, Alcohol & Other Drugs Services), Grampians Pyrenees Primary Care Partnership (Executive Officer, Integrated care Co-ordinator) and the Project Co-ordinator. The purpose of the Committee was to provide leadership and guidance to project development, providing input from a range of perspectives. The Committee undertook collaborative planning and delivery for key project activities including the Active Leadership Workshops.

Active Leadership Group

The Active Leadership Group, led by Grampians Community Health (Chief Executive Officer) comprised senior representatives from project partner organisations and community representatives. The schedule for the Group coming together was based around two facilitated workshops with the purpose of establishing key directions for the project development, direct input into identifying current system issues and opportunities and development of recommendations.

Additional resourcing

Grampians Pyrenees Primary Care Partnership was engaged to provide additional resources to the project though workshop facilitation and development of the Project Evaluation Plan.

CONSULTATION AND ENGAGEMENT PROCESS

The most inspiring aspect of our consultation and engagement process has been the enthusiasm and readiness of community people and agencies to participate throughout the duration of this project to articulate and our shared goals. It was clear from the outset that this conversation needed to happen and the broad and genuine input from so many people has demonstrated the solid and shared commitment to continue to build on our shared aspirations.

Our commitment was to engage with the diverse range of people and services who make up our region to capture the broader demographic of the catchment community including small rural communities, larger regional towns as well as cultural, gender and age diversity.

This inclusive approach has already achieved gains in our community capacity building through confirming a strong community partnership commitment to owning a collaborative approach to forward planning.

Key considerations throughout consultation were:

- Opportunities to leverage services already available
- Improved service integration
- Identification of service gaps
- Geographic and demographic equity
- Focus on early intervention
- Focus on cultural appropriateness

Our consultation was based around essential, open questions regarding our AOD service system:

- What do you know about or contribute to our currently available AOD service system?
- What is working well and why?
- What is not working well and why?
- What are the specific improvements we could make?

Key informants to the consultation process included:

- Consumers and carers
- Broader community
- Specialist AOD service providers
- Non-specialist / allied service providers
- General practice

Consultation opportunities were provided across our community in a number of ways to ensure that everyone we engaged with had an appropriate chance to contribute. Consultation methods included:

Active Leadership Group Workshops

Active Leadership Group Workshop 1: Making Sense of the System (1st August 2018)

The Group came together for a half day workshop with eighteen participants representing nine agencies from across the sub-region. Participants were invited to present and contribute to developing a shared understanding of how each is currently contributing to the AOD service system. Organisations were asked to consider what is currently working well and what is not working well (and why). Participants then worked in small groups to consider system strengths and opportunities.

Active Leadership Workshop 2: Developing Recommendations for our Sub-Regional Alcohol and Other Drug Service System (12th October 2018)

A second workshop was held where key findings from consultations were presented and considered by nineteen participants – four community representatives and representatives of eight regional agencies. Active participation in the facilitated workshop allowed for recommendations to be further developed and prioritised.

Individual key informant interviews (face to face, phone)

Seventeen individual interviews were undertaken with a broad range of agencies across the region. This included people working in: ADO (specialist), Aboriginal health, carer support, disability, aged care, police, Department of Corrections, family violence, homelessness, youth services, community health, acute health. Four individual interviews were undertaken with community members.

Group key informant focussed discussions

Fourteen group interviews were undertaken with existing community groups representing a diverse cross section of people including young people, people living with disabilities, older people, Aboriginal people, men and women. Six group interviews were undertaken with a range of service provider organisations.

Written Consumer Voice questionnaires

Current AOD service users were invited to complete a brief written survey (assisted by the service provider in attendance if required). Six consumers provided direct feedback in this way.

DOMINANT THEMES AND RATIONALE FOR RECOMMENDATIONS

Through the consultation, dominant themes emerged from a wide cross section of contributors which provide the rationale for the development of these recommendations..

Rural/remote

- Need to emphasise the 'rural' and 'remote' nature of the sub-region as very different to 'regional'
- Extensive geographical spread needs to be considered in providing outreach and colocation of services
- PUBLIC TRANSPORT!! Availability is scarce which has a considerable impact on people's ability to access services
- Need more funding
- Need flexible funding models
- Increase access to specialist services
- Need to strengthen partnerships to improve regional integrated service planning

The geographical coverage of the project included six local government areas spaning a total of over 38,000 square kilometres and a total population of approximately 58,700.

(see ATTACHMENT 1: GRAMPIANS WIMMERA SUB-REGION – SUMMARY PROFILE)

Accessing services

- Confusion and 'disconnect' between different intake and assessment systems
- Current approach to intake is not meeting consumers' needs – not 'person centred'
- Strong belief that many people who seek services are 'falling through the gaps'

Complexity and intersectionality

- Services are not able to be responsive to the unique, complex needs of many people (seeing people as 'one problem' and not considering everything that has happened or is going on in their lives)
- Need to recognise trauma as the key underpinning feature of consumers' experiences and provide therapeutic responses accordingly.

Community perspectives

- Need to reduce stigma and shame associated with alcohol and drug problems
- Issues around recognising the need for support, choosing to seek support early and knowing where to start.
- The importance of where services are provided from to ensure personal comfort, confidentiality, accessibility
- The importance of the ways services are provided
- Individual complexity of issues and experiences
- 'Alternative' support options driven by community. Creative, localised solutions that local people connect with.
- The need to build in opportunities for community people to have a say on what services are available, where they are and how they are delivered.
- Service providers are not always considered suitable / appropriate by consumers (e.g. age, experience, and understanding of all the issues a person faces.)

Service provider perspectives

- Difficulties servicing rural communities through outreach
- Poor access to bed-based services
- Good range of services but not enough capacity
- Need to improve communication between services
- Need to improve Care Co-ordination

Workforce issues

- Considerable challenges in recruitment and retention of staff due to:
    - Short term positions
    - Part-time positions
    - Rural / remote locations
- Access to professional development

Current service system strengths

- Strong established relationships between services
- Strong commitment to advocacy for clients' needs
- Variety of services available

- Quality of services available
- Regional collaboration
- Home and community based service availability

Data Collation

Data was collated using the recommended Reporting Matrix, allocating data into the range of domains ('system-client journey'). Key themes from within each domain were then extracted and summarised.

(See Attachment 2: Data Collation Matrix)

RECOMMENDATIONS

After analysis and consideration of the broad input into the consultation process, a range of recommendations have been developed to reflect the current and future needs of people in the Grampians Wimmera sub-region. While a number of recommendations rely on an increased investment into our AOD service system, many are based on consolidating and leveraging existing services and inputs. Recommendations are presented here within the elements of a broad-based Alcohol and Other Drug service system – partnerships, community, services and workforce.

Establishment of a Grampians Wimmera Regional Leadership Group to oversee implementation and monitoring of the following recommendations:

Partnerships	**Establishment of a Grampians Wimmera AOD Strategic Advisor** role to support the ongoing collaborative and integrated AOD service system design and monitoring with specific consideration to the needs of people living in our rural/remote sub-region. Increased investment in broad-based and targeted prevention strategies using community-wide, settings based approaches that are informed directly by our rural/remote communities. Advocacy for changes to funding models that ensure stable ongoing funding commitments to reduce fractional, short term roles and aim to address workforce recruitment and retention issues that have considerable, detrimental impact on people who need services.. Advocacy with a focus on the unique challenges associated with rurality and remoteness, in particular increased placed-based support and increased access to public transport. Collaboration between agencies to capitalise on available resources through formal agreements to share what we have in place. Collaboration between agencies to capitalise on professional development opportunities and advocacy to state-wide peak bodies to increase the availability of local delivery training and professional development. Partnering with a Registered Training Organisation to become self-sufficient in growing our regional workforce to meet current and emerging workforce needs.
Community	Community led strategies to increase community awareness and health literacy to encourage seeking support and accessing service support earlier. Increase consumer/community representation in service planning and evaluation through formalised approaches including co-design, consumer/carer representatives, place-based engagement approaches relevant to rural/remote communities.

	Development of community led, place-based initiatives that recognise and draw on existing community strengths including: • 'Community Champions' (supporting local community people to become opportunistic 'peer leaders-educators' to build community health literacy) • Structured peer education community programs (for example, modelling the Stanford Chronic Conditions Self-Management Model) • Strategies that aim to reduce stigma around alcohol and other drugs • Strategies that emphasise health and wellbeing opportunities alongside treatment services (for example, connecting with environment and arts, community connectedness).
Services	Re-orientation of services to reflect the evidence of the vital need to embed trauma informed practice theory in all aspects of service planning and delivery. Streamlined, person-centred referral pathways and service navigation with particular consideration of the challenges identified in the current approach to intake and assessment. Retain all existing services with increased investment and capacity for broader geographical coverage through extension and co-location of: • Brief Interventions Program • Better Life Dual Diagnosis Program • Home-based Withdrawal Service • Community-based rehabilitation services • AOD Care and Recovery Program • AOD Counselling Increase in early intervention services that are flexible and readily accessible with a particular focus on the diverse communities living in our rural / remote communities. Increase in outreach capacity through more flexible funding models with consideration for time and costs associated with provision of outreach services in our rural/remote areas. Establishment of rural/remote area residential treatment services (withdrawal and rehabilitation) (for example, services provided in Horsham). Establishment of post-treatment services (for example, post non-residential rehabilitation 'Making A Plan' currently being piloted by Ballarat Community Health; post-counselling group programs; family support groups.) Explore more co-location opportunities across the diverse range of services throughout the region (for example, within General Practice, Urgent Care Centres, Emergency Departments, rural health services). Explore 'alternative', innovative service options to add value to the existing service mix: • Navigators (for example, drawing on the experience of this newly developed role in the Family Violence sector. Navigators would be highly skilled workers who support consumers and carers to find the services they need and have the flexibility and capacity to support them through all stages of engaging with the AOD system.) • Wellness Co-ordinators (based on the innovative model developed by Rural Northwest Health in partnership with Western Victoria PHN's Chronic Conditions Model of Care Program)

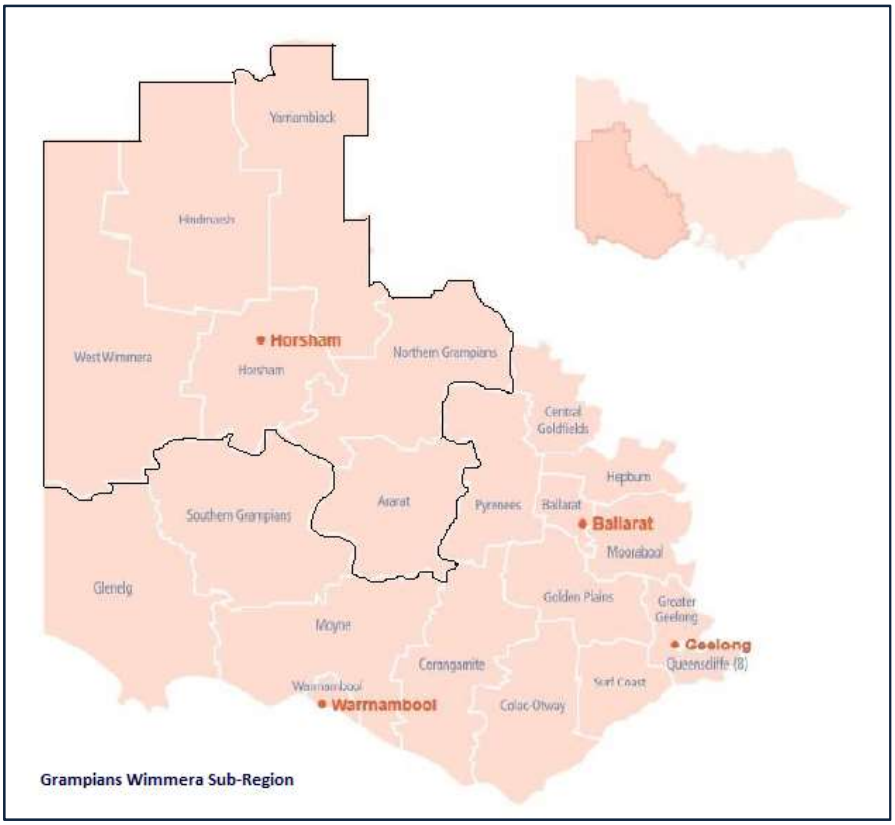
	• AOD Nurse Specialist Advisor / Nurse Practitioner (to work across the specialist and non-specialist service system to provide comprehensive holistic assessments, requests for relevant diagnostic tests, initiating and maintaining medications relevant for drug and alcohol treatment, making appropriate referrals and providing secondary consultation). Exploration of viable and acceptable options for extending electronic access to services (for example, via Skype, on-line portals) with recognition of rural/remote challenges of connectivity and individual client needs.
Workforce	Build the capacity and capability of the specialist and non-specialist AOD service system through development of a long term Regional Workforce Plan. The aim is to build an Alcohol and Other Drug workforce for the future by attracting and retaining diverse staff with ongoing training and development opportunities to strengthen: • Stable, ongoing funding commitments to reduce fractional, short term roles • Staff recruitment • Staff retention • Specialist skills development In collaboration with WVPHN, DHHS, PCPs, LGAs and local other agencies, commit to a sustained workforce recruitment campaign to attract qualified and experienced people to locate to our region.

FUTURE DIRECTIONS

It has been an exciting opportunity for Grampians Community Health to be able to lead this project and hear firsthand the challenges and opportunities in the Grampians Wimmera Alcohol and Other Drugs service system. Partners involved have expressed a strong desire to maintain the momentum and commitment to collaboration grow together.

Grampians Community Health looks forward to ongoing collaboration with Western Victoria Primary Health Network as we continue to build on strong, positive cross sector relationships and local rural service provision for the communities we serve.

ATTACHMENT 1: GRAMPIANS WIMMERA SUB-REGION – SUMMARY PROFILE



The geographical coverage of the project included six local government areas with a total of over 38,000 square kilometres and a total population of approximately 58,700.

Local Government Area	Total population (approx.)	Total area (approx.)	Most populous townships	Township population (approx.)
Rural City of Ararat	11,000	4,200 sq. km	Ararat Willaura	8,300 530
Shire of Hindmarsh	5,500	7,500 sq.km	Nhill Dimboola	2,300 1,700
Rural City of Horsham	20,000	4,300 sq.km	Horsham Haven	17,000 940
Shire of Northern Grampians	11,500	5,900 sq. km	Stawell St. Arnaud	6,000 2,600
Shire of West Wimmera	4,000	9,100 sq. km	Edenhope Kaniva	980 800
Shire of Yarriambiack	6,700	7,200 sq. km	Warracknabeal Hopetoun	2,340 740

	Partnerships	Prevention	Intake / Assessment	Early Intervention	Treatment	Post Treatment
Client	Involve people who are affected by AOD in relevant community consultation.	Need more whole of community understanding of existing agencies services, need Key people to go to for support needed. Ongoing community and youth education including self-reflection. Drug testing at festivals. Recognition of role model behaviour in youth.	Client choices, confidentiality, respect, prompt available service, need a familiar person, welcoming system in person. No wrong door. Reduce perception of stigma. Graduated Access to services that support a variety of needs across the journey of an individual.	Increase awareness of AOD through education. Tap in tap out style service for youth, according to each individuals needs along their journey.	Continue support for people accessing MAC Make a Change, Brief Intervention and Youth AOD Counselling, BLDD Better Life Dual Diagnosis, HBW Home Based Withdrawal, Respite, withdrawal AOD services, and their families. Better transport/Video Conferencing systems needed to access services. Need timely services, local access to bed based respite.	Individualised agreed planned follow up services are needed for people who have accessed AOD services and do not have ongoing case management
Service	More formal meeting, co-location and shared resource training, case studies, working opportunities will strengthen the good relationships with Grampians Wimmera AOD providers and external allied services to support referrals and shared care planning as required.	Flexible funding for Outreach services to utilise the existing service/community networks to build relationships supporting good AOD public education in remote communities. Continue good community policing especially for those with cognitive disabilities.	People need a multi-level entry system to suit each individuals need. Improve initial contact in health services through the development and introduction of Wellbeing officers, drop boxes, wellbeing health questionnaires. Flexible and responsive service to people with AOD issues needs	Increase in funding for early intervention services and strategies such as an Increase Outreach to support community education in remote areas. Strengthen and maintain existing networks that enable supported timely referrals.	Maintain the existing face to face services, increase the service capacity with telehealth option, reduce waitlists. Advocate for Detox and bed based Rehab services locally, and more care and recovery funding.	Flexible Funding for ongoing case management or a regular service to follow up with clients post treatment as defined in an agreed post treatment contract. Ongoing informal support needed for those with cognitive impairment.
System	Share interagency resources/facilities for outreach delivery in Rural Remote areas through strengthening networks and developing MOU's etc. The NDIS system is not integral to this system of care.	Increase investment in prevention strategies such as a broad community education campaign to change culture and remove stigma, implement an online tool like the the Kids helpline online model. Implement a planned transition for people exiting Corella Rise into the community.	ACSO Australian Community support Organisation as a system is obstructive to access and to timely service delivery. Get rid of red tape, make access points easier, need a system responsive to community needs. Support combined systems of entry.	Support the development of a Vicpol "across the board operational practice" for people identified to be referred to a GP. Put AOD services on the GP funded referral list. Enhanced referral pathways with GP clinics & Emergency Departments	Removal of competitive funding supporting agencies to work better together to provide quality services based on client needs. Increase outreach capacity through more flexible funding models	More care and recovery funding. Fund and Extend the MAC Make a Change service to allow transition to MAP Make a Plan.
Workforce	Funding to establish work and volunteer networks for collaborative training opportunities, information and resource sharing, improving referral and shared care planning outcomes.	Development of a long term Regional Workforce Plan to guide staff recruitment, retention and development - Train more generalist youth workers with AOD skills.	Regionally 'alternative', innovative service options are being implemented with good outcomes and can be explored further. Systems Navigator, Wellness Co-ordinator, AOD Nurse Specialist, Advisor / Nurse Practitioner Broader training of wellbeing people to support the client journey from intake into health services	Everyone trained with an understanding of Disability. Trauma informed practice to underpin all services.	Reduce treatment wait lists through longer term funding agreements to increase employment stability and by upskilling generalist AOD counsellors to forensic AOD counselling.	More funding, more positions, additional outreach workers, and travel considered in the funding for rural areas
Stakeholders	Establish a Regional Systems Co-ordination role to support a more integrated strategic approach. Increase investment in prevention strategies	Establish a Regional Systems Co-ordination role to support a more integrated strategic approach. Increase investment in prevention strategies	Explore more co-location opportunities across the diverse range of services throughout the region. Information sharing gaps addressed at the referral stage (eg NDIS) through streamlined referral pathways and service navigation	Utilise existing Community groups/clubs identify and provide their key individuals as community champions/ peer leaders educators with AOD community education. Take the stigma and judgement out of AOD in the community	Collaboration with available resources. Advocate for increased access to public transport	An ongoing support network for the person with a disability having facilitated social contracts after the first series of AOD service sessions.