



ACT
Government

ACT Health

STIBBV Policy Workshop #1: Sexually Transmissible Infections

Commissioning services to meet the needs of people living with or at increased risk of sexually transmissible infections (STI) in the ACT

Health Protection Service, ACT Health Directorate



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'Bush Medicine Leaves'
by Louise Numina



David R Horton (creator), AIATSIS, 1996



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Community Services

Purpose of the session

- Provide a refresher about commissioning and commissioning process in the STIBBV subsector.
- Provide an overview of data specific to STI burden of disease in the ACT.
- Reflect on what we have heard from the sector to date.
- Structured question and discussion session to elicit specific information to inform commissioning in the STIBBV subsector.

Housekeeping and introductions

Who we are as a service sector and what we do?

The ACT STI service sector

Primary health services

- General Practitioners (private and bulk-billing)
- Non-government primary health services (e.g SHFPACT and the Junction)
- Publicly funded primary health services (e.g ACT Walk-in-Clinics and Justice Health)

Speciality services

- Canberra Sexual Health Center (only ACT specialist service)

Tertiary Services

- Hospital services including emergency departments and gynaecology inpatient units

Key service types

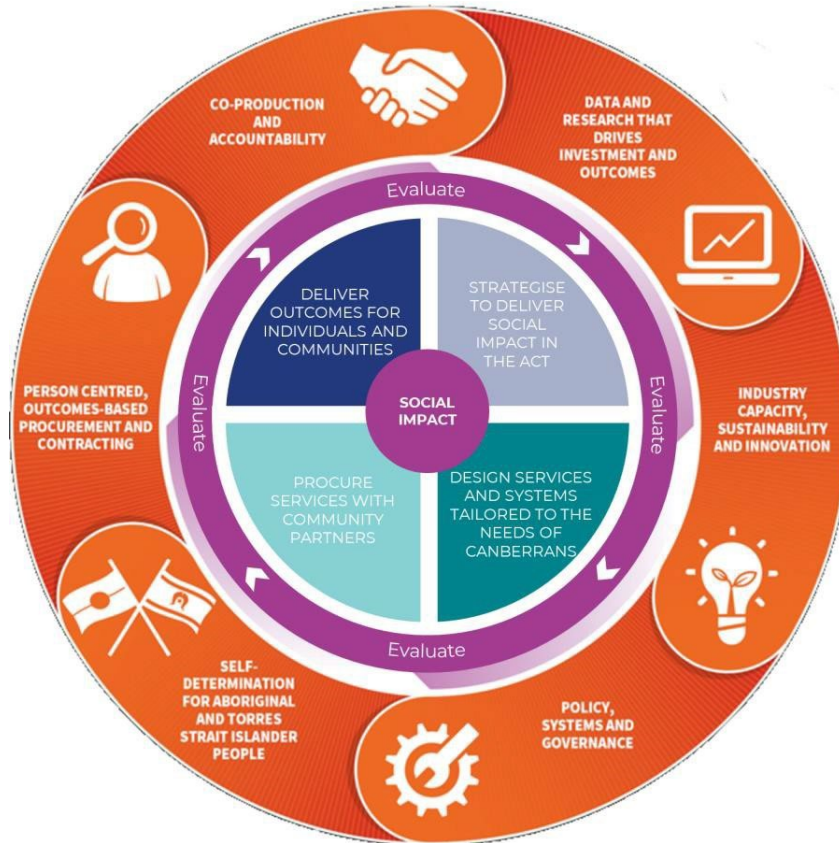
1. Clinical services (screening, diagnosis and treatment)
2. Prevention and harm reduction initiatives (including provision of condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and needle syringe programs)
3. Health promotion and education programs
4. Support and advocacy
5. Community development and engagement activities
6. Workforce training and development
7. Clinical and practice support services
8. Disease surveillance, data management and research

Sector stakeholders

Primary stakeholders for commissioning	Potential ACT Government Stakeholders	other non-Government stakeholders
The STIBBV Health Advisory Committee		
Consumers	STIBBV Policy Unit (ACTHD)	The Junction Youth Health Service (Anglicare)
Meridian Incorporated	Communicable Disease Control (ACTHD)	Winnunga Nimmitjiah Aboriginal Health Service
Sexual Health and Family Planning ACT	Canberra Sexual Health Clinic (CHS)	Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
Hepatitis ACT	The Liver Clinic/Emergency and gynaecology departments (CHS)	Directions ACT
Capital Health Network-HIV Program	The Women's Health Service (CHS)	Sex Worker Outreach Program (SWOP)
Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)	Health System Strategies and Program Support (Health planning) (ACTHD)	The Scarlett Alliance
Haemophilia Foundation ACT	Justice Health	The Youth Coalition of the ACT
	Other commissioning subsectors/business units (including AoD, Family & Inclusion, Chronic Conditions, Aboriginal and Torres Strait Islander Health & Mental Health)	Health Care Consumers Association
	The Commissioning Team (ACTHD)	A Gender Agenda
	ACT Walk-in Centers	The Kirby Institute
	The School Youth Health Nurse Program (CHS)	Gugan-Gulwan Youth Aboriginal Corporation
	The Child at Risk Health Unit (CHS)	Companion House
	Forensic and Medical Sexual Assault Care (CHS)	Multicultural Hub Canberra

Commissioning...a refresher

The Commissioning Cycle



Commissioning cycle

1. Strategise

- Data gathering
- Understand current services and population need
- Identify current over-servicing and service gaps
- Identify current and emerging priorities
- Define system outcomes we are seeking to achieve
- Engage with service providers, service users and other stakeholders to test and refine understanding

2. Design

3. Procure

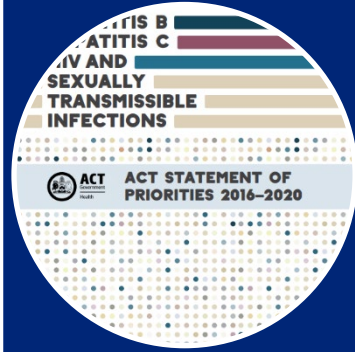
4. Deliver

Continuous evaluation

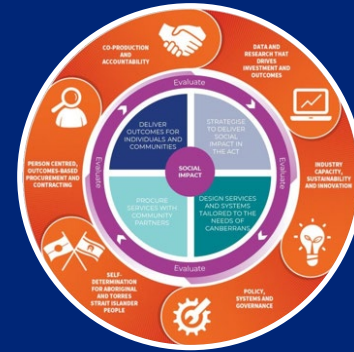
Strategic alignment



The Kirby
Institute
ACT
Surveillance
Report



Statement of
Priorities



Commissioning



Sexual Health
Services Plan

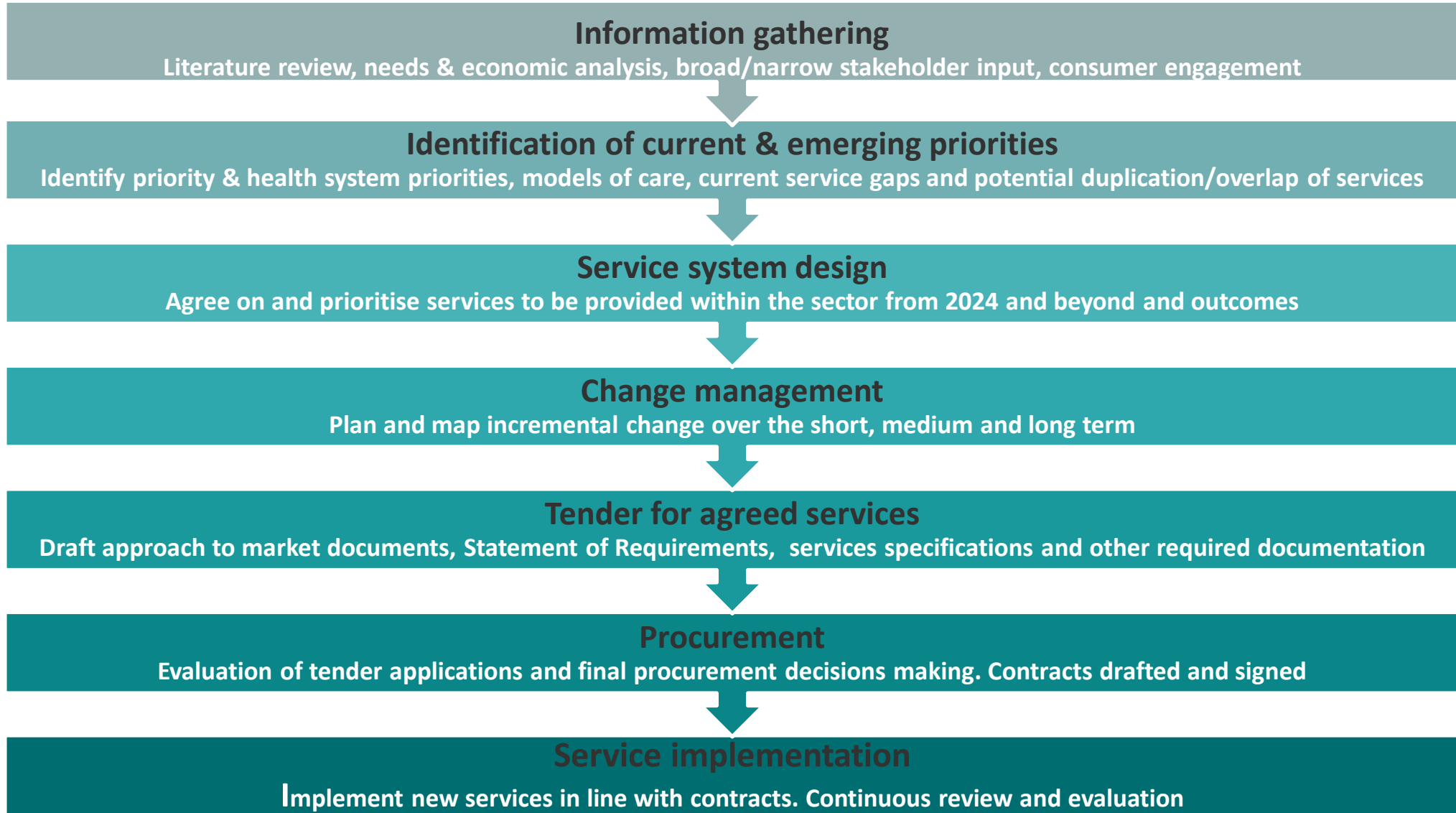


Scope for commissioning in the STIBBV subsector

- To define scope for commissioning activities, the following World Health Organization definition will apply:

‘Sexually transmissible infections (STIs) and blood borne viruses (BBVs) are infections which are spread through unprotected sexual contact and through contact with infected blood and blood products. Some STIs and BBVs can also be transmitted from mother to infant during pregnancy and childbirth.’

Framework for Commissioning in the STIBBV subsector

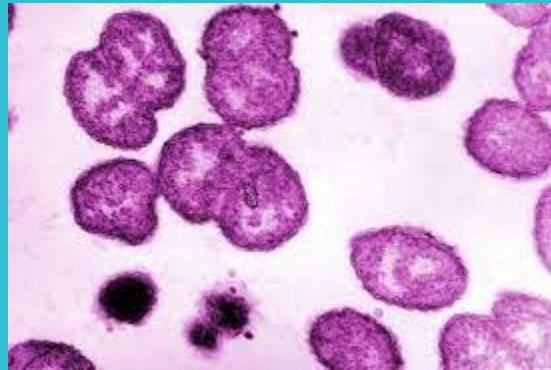


Questions, comments and queries???



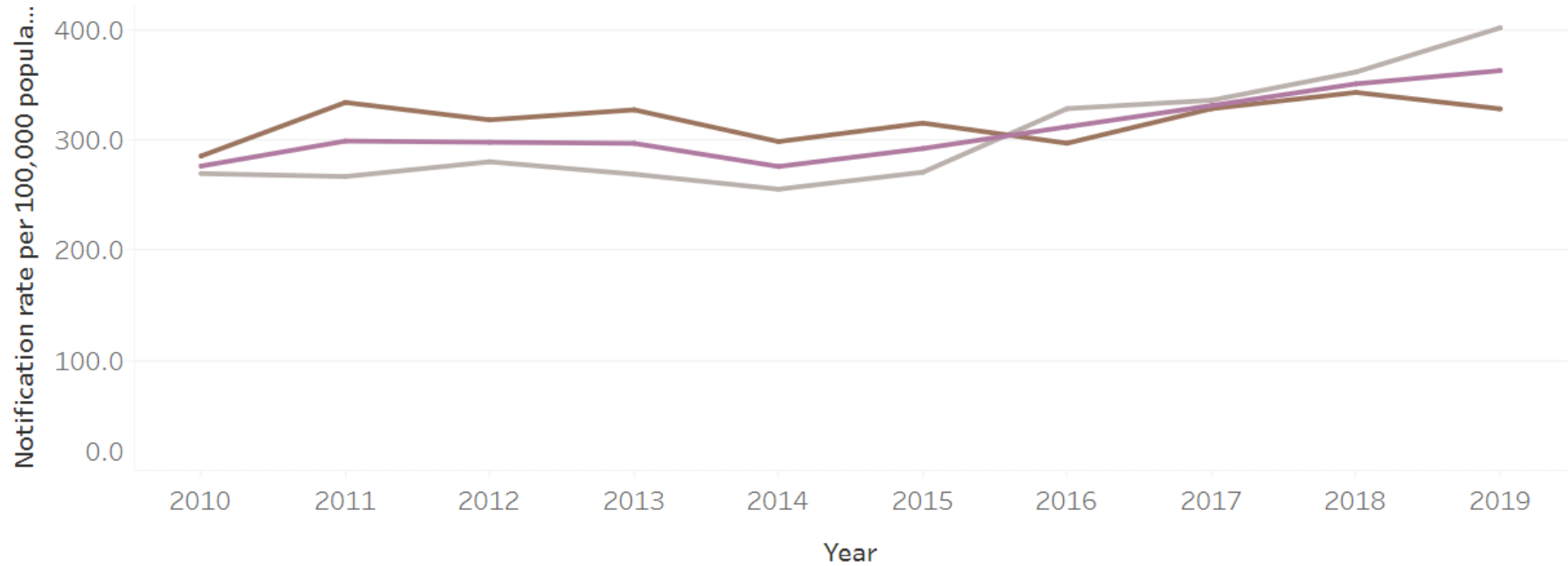
Setting the scene

Sexually Transmissible Infections in the ACT



Chlamydia in the ACT

Notification rates per 100,000 population

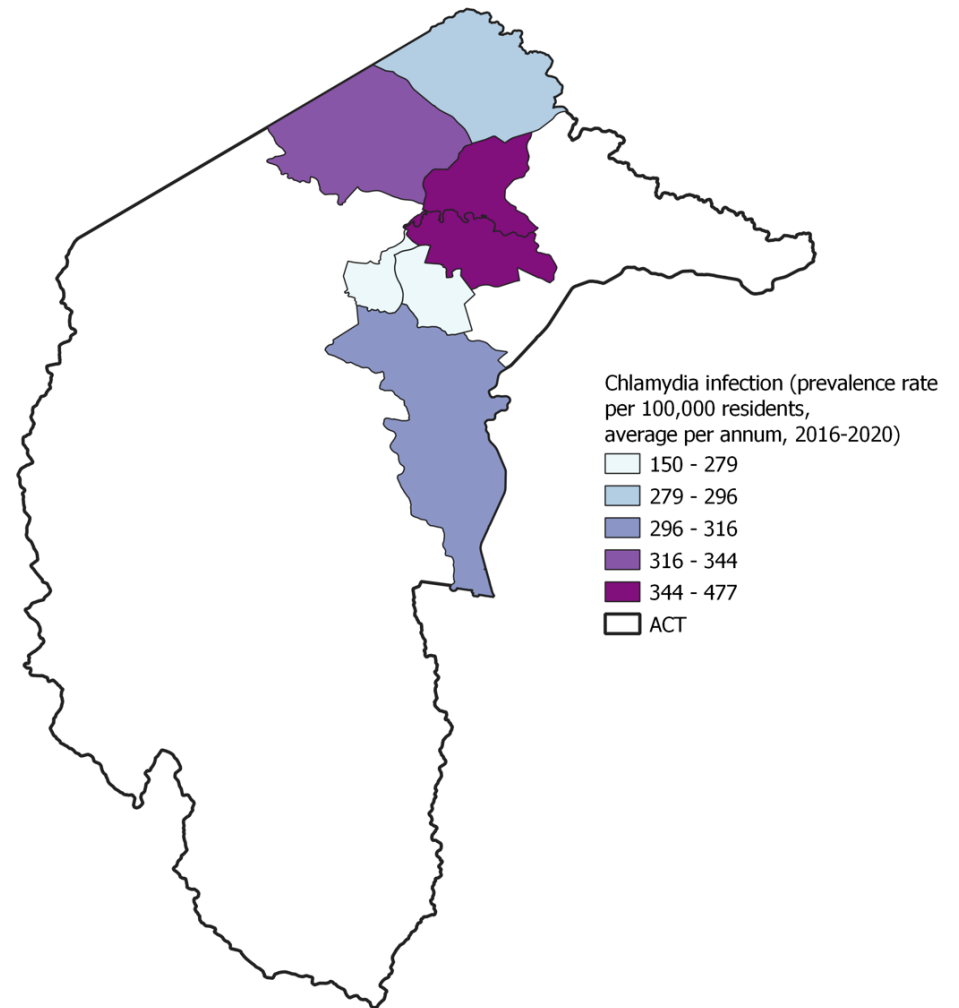


Population
ACT
ACT female

ACT male

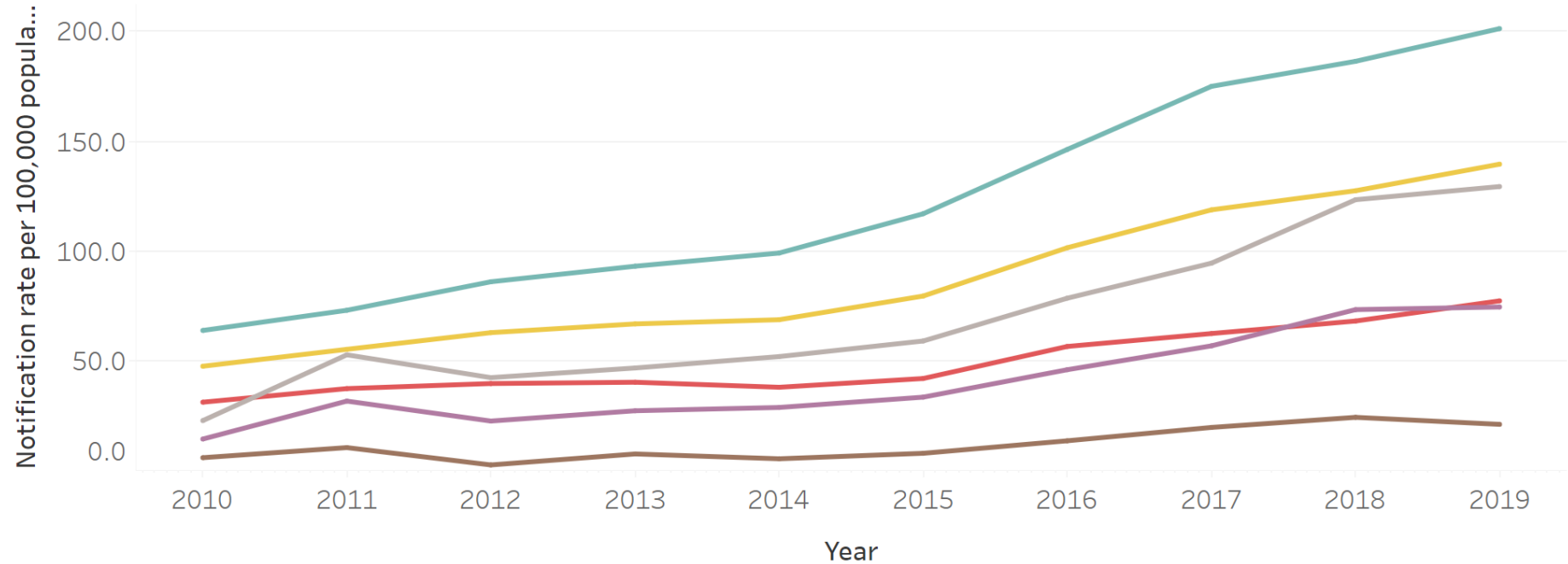
Chlamydia in the ACT

The highest number of chlamydia notifications is observed in individuals residing in the **inner north, center and inner south** regions of Canberra followed by **Belconnen and Tuggeranong**.



Gonorrhoea in the ACT

Notification rates per 100,000 population

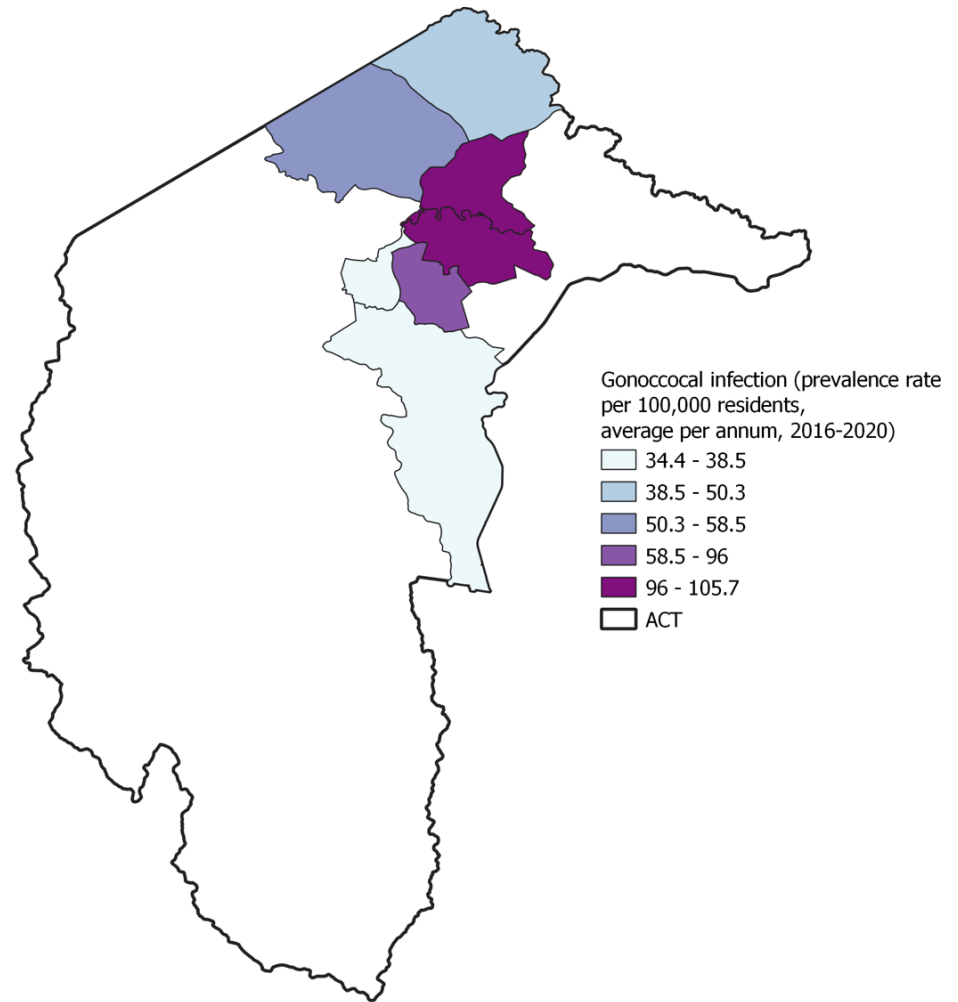


Population

- ACT
- ACT male
- Male
- ACT female
- Female
- Overall

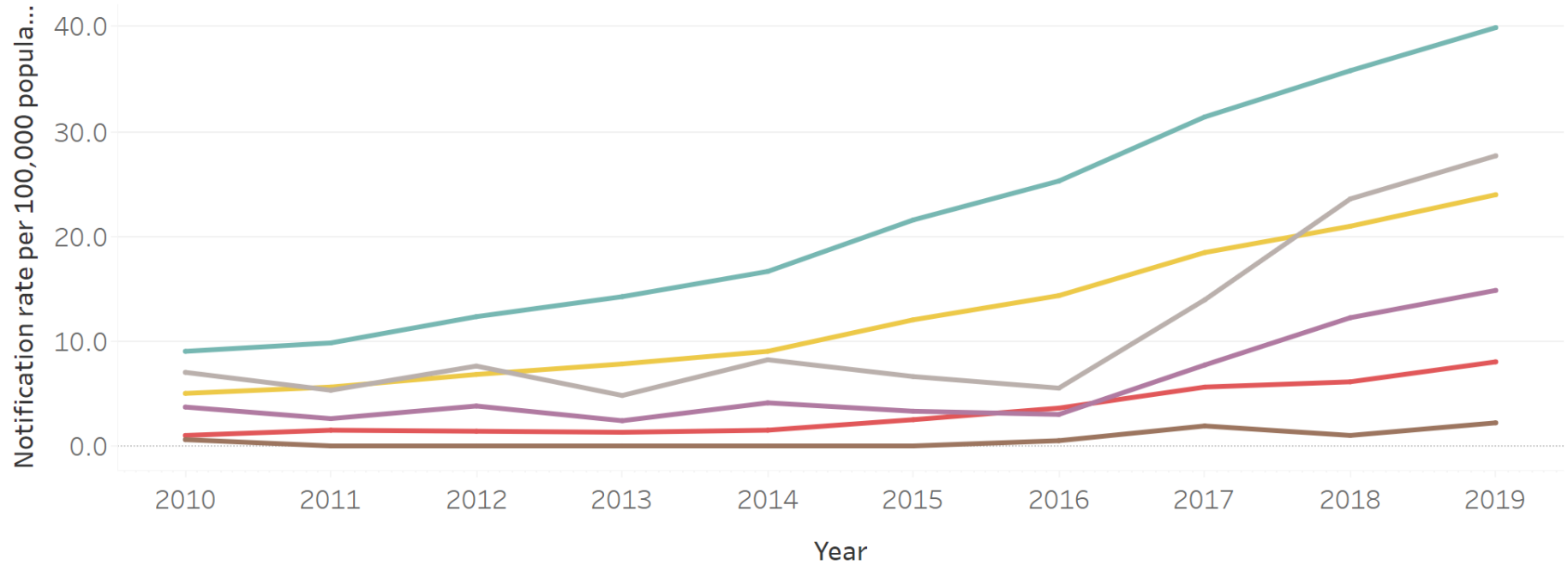
Gonorrhoea in the ACT

Highest number of notifications for gonorrhoea are observed in the **inner north, central and inner south** regions, followed by **Woden and Belconnen**.



Infectious syphilis in the ACT

Notification rates per 100,000 population

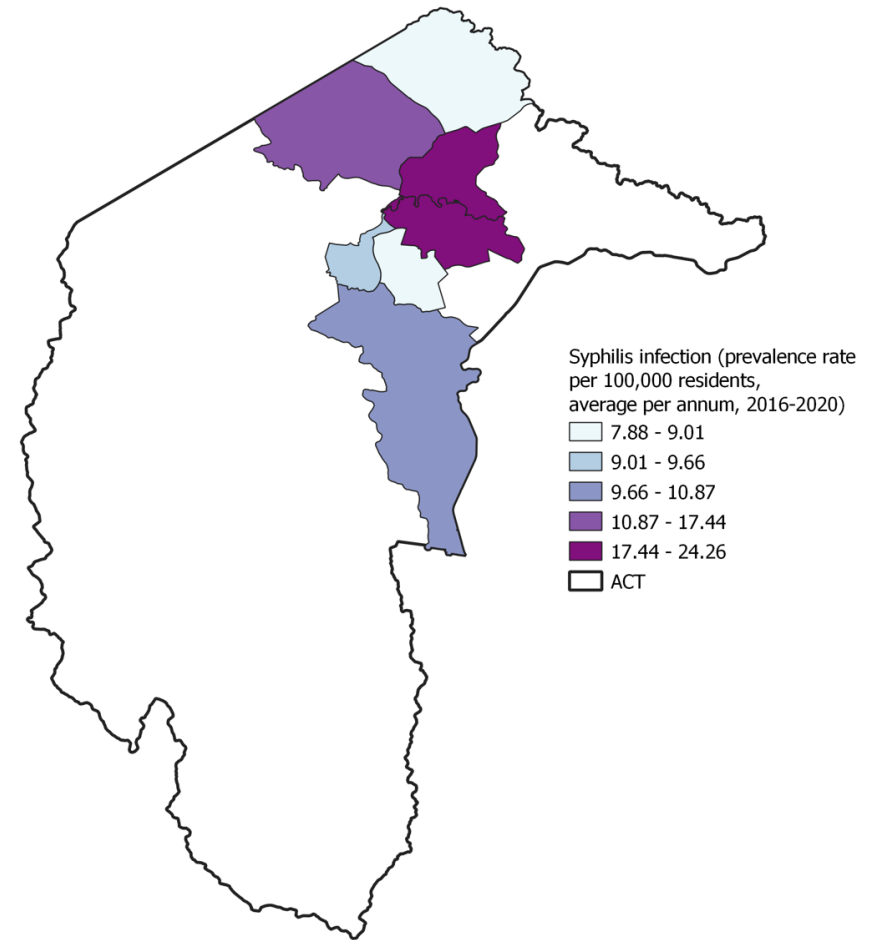


Population

- ACT
- ACT male
- Male
- ACT female
- Female
- Overall

Infectious syphilis in the ACT

Highest rates of infectious syphilis are notified in people residing in the **inner north, center and inner south** regions of Canberra, followed by **Belconnen** and **Tuggeranong**.



Questions, comments and queries???



Priority populations

Current priority population groups

Young people

- Young people aged between 15 and 29 years continue to be significantly impacted by STI
- Greater exposure to risk factors of STI (eg high risk sexual contact, misuse of some illicit and licit drugs and risky alcohol consumption)

Aboriginal and Torres Strait Islander people

- Notification rates of chlamydia, gonorrhoea and syphilis are significantly higher in the Aboriginal and Torres Strait Islander population, particularly in young people in this population.

Gay men and other men who have sex with men

- High prevalence and incidence of almost all STI in this priority population.

Current priority population groups

Sex workers

- Sex workers experience specific barriers to accessing health services, including stigma and discrimination and regulatory and legal issues—criminalisation, licensing, registration etc.

People with culturally and linguistically diverse (CALD) backgrounds

- Studies have indicated a high prevalence of certain STI in CALD populations, a lack of knowledge of STI and the potential for the emergence and increasing incidence of STI in urban CALD populations.

Travellers and mobile workers

- Fly-in fly-out and seasonal workers, and the communities they have contact with, are important sub-populations for consideration in the response to STI.

Current priority population groups

People in custodial settings

- There is often limited access to STI prevention education and the tools for prevention for this population, both within and outside of the custodial setting.

Emerging priority population groups

Women of reproductive age

- In light of increasing notifications of gonococcal in women of reproductive age in the ACT as well as increasing cases of infectious syphilis in other jurisdictions.

People living with a disability

- Conjecture in the literature in terms of risk of STI compared with people not living with disability, however experience vulnerability in terms of stigma and healthcare and community attitudes, impaired knowledge or health literacy, access to services and risk for abuse/exploitation

Questions, comments and queries???



Potential priorities to address through commissioning

What we've heard from the sector thus far

- Access to education, testing and treatment for STI requires improvement
- Need for holistic models/bundles of care which combine testing, treatment and health promotion.
- Need for innovative models of care (e.g nurse or peer led STI care)
- Need for flexible models of care where people live, work and learn
- Need for integration of STI services with other health and community services including AoD and CALD services.
- Need to support, train and upskill health workforce to better opportunistically screen for STI across health and community settings
- Need access to STI testing pathology data

What we know from the data

- We need to build on recent successes to further drive down chlamydia notifications
- We need to decrease gonococcal notifications in women of reproductive age give risk for congenital transmission.
- We need to continue to monitor outbreak of infection syphilis in Aboriginal and Torres Strait Islander populations across other jurisdictions and increase capacity to respond quickly and appropriately if notifications rise in the ACT.
- Priority populations (including young people) continue to experience barriers to STI care in the ACT (including geographic location, opening hours, cost and concerns around stigma and confidentiality).

Questions, comments and queries???



Discussion...

Question 1 (15 minutes)

How are current services working well to meet STI-related need in the ACT? What are our strengths as a sector?

- What is working well and what does success look like in the sector?
- What priority population groups are currently being appropriately or over-serviced?
- What type/mode/models of service are yielding the strongest impact?
- Where are the strong referral pathways?
- How can we leverage and build on successes further through commissioning?

Question 2 (15 minutes)

What challenges are services facing which impacts their ability to meet STI-related need in the ACT?

- What are services struggling with?
- What priority population groups are currently being under or inadequately serviced?
- Where are the friction points within and between services?
- What/where are the current service/service system shortfalls?
- Where can services improve to better meet community need?
- Where do referral pathways need development?
- Where is further integration or coordination of services required?

Question 3 (15 minutes)

What structural/contextual issues are having an impact on the STI service system (either positively or negatively)?

- E.g. service frameworks, regulation, funding, the policy landscape, the broader political sphere, media etc
- What could be done to capitalise on or mediate the identified issues?

Question 4 (15 minutes)

What are the short (0-2yrs), medium (3-5yrs) and long-term (6-10yrs) priorities to address STI related need in the ACT?

- What are your top 2 priorities for either the short, medium, or long term?
- What would constitute an easy win (cheap and quick to implement)?
- What would constitute a longer-term win (more expensive and time/resource-intensive to implement)?
- What specific actions could we take as a sector to address the priority areas identified?

Question 5 (15 minutes)

What outcome measures will best determine and describe success and impact of services and why?

- Quantitative (what/who/how?)
- Qualitative measures (what/who/how?)

Next steps...

Phase 1 (strategise)

Next workshops:

- Viral hepatitis this Friday 4th March
- HIV next Wednesday 9th March

July 2022-Dev 2023 contract variations

- Consultation and drafting March-May
- Final sign off June 2022

Consumer engagement:

- Engaging consultant: February-March 2022
- Phase 1 (surveys): March-April 2022
- Consumer one-on-one interviews and focus groups: April-May 2022

Phase 2 (collaborative design)

- Five smaller round table discussions to be scheduled monthly between June and October
- Decisions from those will be distributed for wider consultation Nov-Dec 2022

Phase 3 (procurement)

- Approach to market documents: January-March 2023
- Subsector tender process March-September 2023
- Tender application review: October 2023
- Final procurement decisions and contract drafting: November-December 2023

Phase 4 (deliver outcomes)

- Implementation of new contracts: January 2024

*** We are also currently consulting for the next iteration of the Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities which is due for release later this year

Commissioning Evaluation

The ACT Health Directorate is undertaking an evaluation of Commissioning

- The baseline survey (left) is now available on the ACT Health Commissioning website and has also been widely circulated to NGO partners.
- The Post-Activity Survey (left) should be undertaken by all attendees post any commissioning engagement activity.

The screenshot shows the ACT Commissioning website. The header includes the ACT logo, the word 'Commissioning', and a search bar. The navigation menu lists: Home, News, Our Journey, Background and Document Library, Sectors in Progress, Commissioning in Practice, Commissioning Conversations, Frequently Asked Questions, and Evaluation of Commissioning. The main content area is titled 'Baseline Survey' and contains the following text:

A short baseline survey has been developed to gather perspectives on commissioning from Government and NGO Sector staff before most commissioning processes get underway.

The survey comprises ten (10) questions and is focused on existing relationships and the current level of confidence with commissioning. It is being undertaken via Microsoft Forms and is expected to take approximately 4-5 minutes to complete. Your response will be collected anonymously.

The Baseline Survey can be accessed by following this [link](#).

Follow up annual surveys will seek to measure the change in confidence and relationship between Government and NGO Sector Partners as a result of commissioning.

If you have any questions about the Baseline Survey please do not hesitate to contact the CSD Commissioning Team at CSDCommissioning@act.gov.au.

Commissioning Process - Post-Activity Survey

The survey will take approximately 5-10 minutes to complete.

Commissioning is a different way for Government to work with stakeholders to plan, design and procure services for the community. Commissioning Teams are undertaking this survey to gather participants views on how the commissioning activity you recently took part in went for you. This will assist us in understanding what worked well and what could have been done better, which will enable us to make changes for future activities to ensure that processes are effective and in-line with the Shared Priorities and Principles for Commissioning.

We recognise that commissioning and collaborative design processes may be new concepts to many of you. This is why we have included options to let us know if you are "unsure" about how to answer a question. This is a completely reasonable response and will support our understanding of general perceptions of commissioning over time as future evaluation surveys are undertaken. A further comment box is attached to each question if you would like to provide additional details.

Your response will be collected anonymously so please be mindful of making comments which may identify you if you would prefer to not be identified

<https://www.communityservices.act.gov.au/commissioning/evaluation-of-commissioning/baseline-survey>

[Commissioning Process - Post-Activity Survey \(office.com\)](https://www.office.com)

Questions, comments and queries???



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Images

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<https://www.npr.org/sections/health-shots/2016/06/10/480643381/despite-rise-of-superbugs-syphilis-still-has-a-kryptonite>

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