



**ACT**  
Government

**ACT Health**

# Commissioning in the sexually transmissible infections and blood borne viruses (STIBBV) subsector:

## A progress update



ACT Health Protection Service



ACT Health

# Commissioning intent

**The goal of commissioning in the sexually transmissible infections and blood borne viruses (STIBBV) subsector is for ACTHD, in partnership with community partners to collaboratively design a STIBBV service system which meets the evolving needs of the ACT community.**

ACTHD envisions a service system which is appropriate, equitable, accessible, and affordable for all individuals, with a particular focus on priority populations as identified in the *Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities*.

# ACTHD position:

---

## Commissioning in the STIBBV subsector

- STIBBV service providers in the ACT have demonstrated their **willingness** and **capacity** to adapt and respond to emerging needs and growing demand, particularly in light of the COVID-19 pandemic, and more recently, monkeypox.
- Nonetheless, we recognise that burden of disease is constantly shifting and there is scope for exploration of how services can **innovate** and **integrate** to best meet current, emerging and future demand.
- We are also aware that some individuals continue to experience barriers to STIBBV care in the ACT. We endeavour to **seek clarity** around service access constraints so that they can be addressed through commissioning.

# Strategic alignment

Global policy

Sustainable Development Goals

WHO Global Sector Strategies on HIV, viral hepatitis and Sexually Transmissible Infections 2022-2030

National Policy

5 National Strategies

National clinical guidelines

ACT policy

Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections ACT Statement of Priorities

ACT Health Services Plan, Sexual Health Services Plan, ACT Preventive Health Plan, Wellbeing Framework, Triple Bottom Line Assessment & ACT Procurement Framework

# Aligning key work in the STIBBV subsector





# Stakeholders

## Consumers

### The STIBBV Health Advisory Committee

Currently funded community partners	ACT Government Stakeholders	other non-Government stakeholders
<b>Meridian Incorporated</b>	STIBBV business unit in HPS (ACTHD)	The Junction Youth Health Service (Anglicare)
<b>Sexual Health and Family Planning ACT</b>	Communicable Disease Control (ACTHD)	Winnunga Nimmityjah Aboriginal Health Service
<b>Hepatitis ACT</b>	Canberra Sexual Health Centre (CHS)	Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
<b>Capital Health Network-HIV Program</b>	The Liver Clinic/Emergency and gynaecology departments at the Canberra Hospital (CHS)	Directions Health
<b>Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)</b>	The Women’s Health Service (CHS)	Sex Worker Outreach Program (SWOP)
	Health System Strategies and Program Support (Health planning) (ACTHD)	The Scarlett Alliance
	Justice Health	The Youth Coalition of the ACT
	ACT Walk-in Centers	Health Care Consumers Association (HCCA)
	The Commissioning Team (ACTHD)	A Gender Agenda
	The School Youth Health Nurse Program (CHS)	The Kirby Institute (UNSW)
	The Child at Risk Health Unit (CHS)	Gugan-Gulwan Youth Aboriginal Corporation
	Forensic and Medical Sexual Assault Care (CHS)	Companion House
	Other commissioning subsectors/business units	Multicultural Hub Canberra
	Chief Minister, Treasury and Economic Development	The Forcibly Displaced Person’s Network
		Australian National University and University of Canberra Medical and Counselling Services
		Local General Practice services



## The STIBBV subsector

---

**STIBBV stakeholders comprise a collective of government and non-government organisations who provide a multitude of local responses to address the burden of STIBBV in the ACT. Key initiatives include:**

- clinical services (including screening, diagnosis, treatment, care, and monitoring);
- prevention and harm reduction initiatives (including provision of condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and needle syringe programs);
- health promotion and education programs;
- support and advocacy (including counselling services)
- community development and engagement activities;
- workforce training and development;
- clinical and practice support services; and
- disease surveillance, data management and research.



# Timelines and progress

<h2>Strategise</h2> <p>August 2021-July 2022</p>	<h2>Design</h2> <p>August-December 2022</p>	<h2>Procure</h2> <p>January-December 2023</p>	<h2>Deliver</h2> <p>January 2024 onwards</p>
<ul style="list-style-type: none"><li>• Identify key stakeholders</li><li>• Identify data sources</li><li>• Identify current and emerging health needs</li><li>• Literature review</li><li>• Amalgamate findings</li><li>• Consult and provide feedback</li><li>• Consumer engagement</li></ul>	<ul style="list-style-type: none"><li>• Discuss findings from phase 1</li><li>• Solidify health needs</li><li>• Prioritise health needs</li><li>• Explore evidence based care considerations to address identified needs</li><li>• Explore outcomes and metrics to determine success</li><li>• Articulate commissioning intentions</li></ul>	<ul style="list-style-type: none"><li>• Finalise programs/services for procurement</li><li>• Clarify procurement processes in line with legislation and guidelines</li><li>• Draft approach to market documents</li><li>• Undertake tender process</li><li>• Communicate to providers</li><li>• Draft new agreements</li></ul>	<ul style="list-style-type: none"><li>• Implement new agreements</li><li>• Continuous evaluation</li></ul>



# Commissioning - A new approach to delivering and procuring services



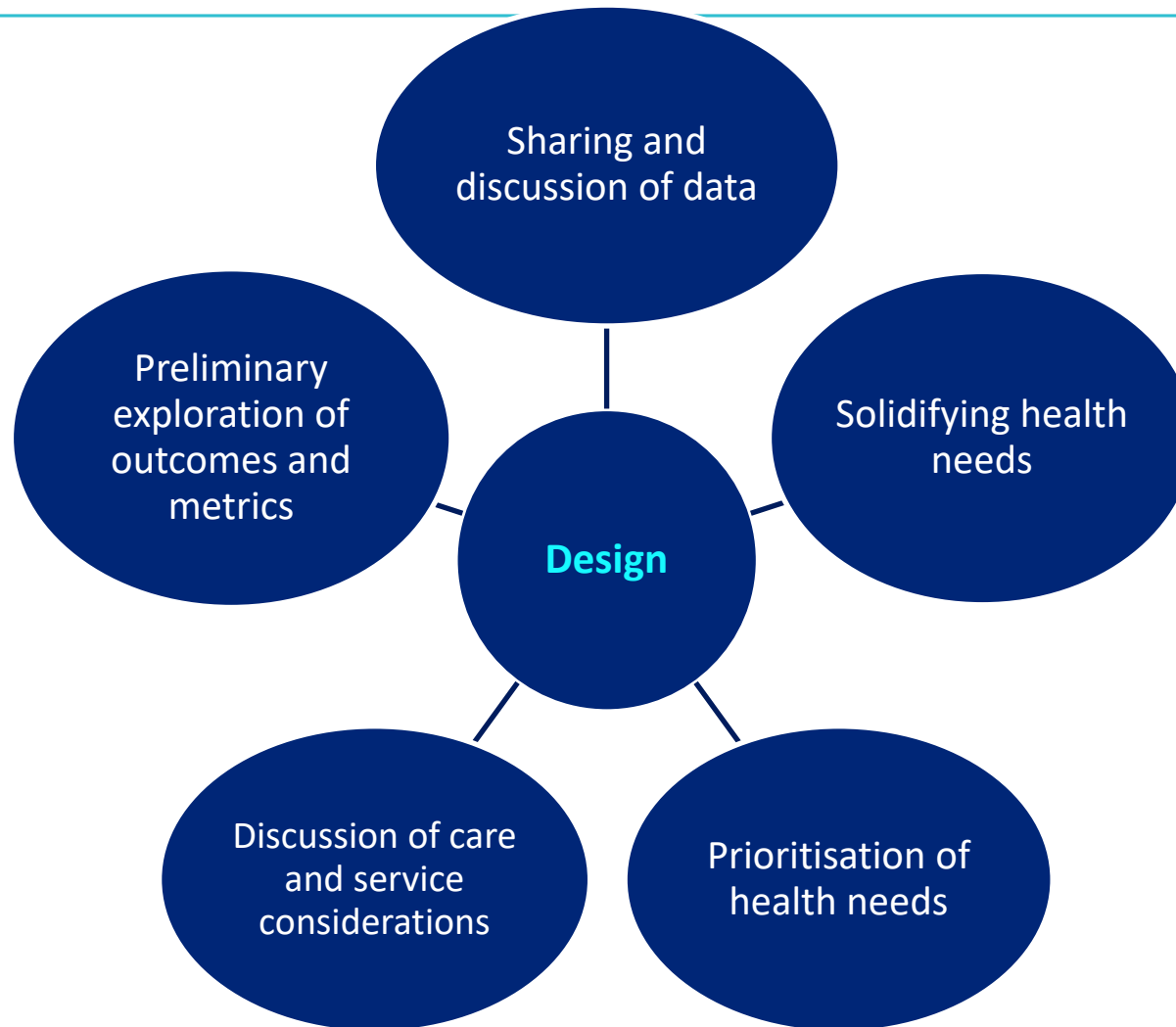


# Snapshot of phase 1 activities





# Snapshot of phase 2 activities





## Successes and celebrations

---

- Stakeholders have demonstrated **commitment** and willingness to engage with commissioning as a change management process for sector sustainability.
- Strong **relationships** between the business unit and a broad range of stakeholders strengthens connectivity and visibility within the sector.
- Regular and ongoing opportunities for stakeholder **engagement** has facilitated the exchange and sharing of valuable information and expertise to inform commissioning.
- **Amplifying the voices of consumers** and services users has been critical to inform commissioning in the STIBBV subsector.
- The Planning and Funding Framework and Health Needs Analysis brings together a comprehensive range of **information** to inform commissioning and other STIBBV related policy activities.





## Lessons learnt

---

1. Explore capacity for additional **resourcing** early on within business units. If you are considering procuring consultants to support your commissioning processes, clarify process, expectations and intended outcomes early to avoid miscommunication. Allow enough time to procure consultants in line with ACTHD policy and allow sufficient time for consultants to complete their work effectively. Business units need to factor these elements into overall commissioning timelines.
2. Subsectors need to factor in additional **time** for commissioning activities noting there may be amendments to business unit work demands and timelines throughout the process. **Flexibility** with activities may be required in response to stakeholder feedback or to address specific commissioning or research questions which arise during the process.
3. Ensure phase one (strategise) has completely wrapped up before commencing phase two (collaborative design) and ideally with a break of a few weeks in between. This **break** allows the sector and business unit to reset for maximum engagement and productivity. This should also be applied in the **transition** from phase two (collaborative design) into phase three (procurement).



## Lessons learnt- continued

---

4. **Communicate** regularly with stakeholders to maintain buy-in and engagement and so that issues and concerns can be addressed early. Communicate stakeholder participation expectations clearly from the outset so that activities are focused and productive.
5. Don't be afraid to change the flow/content/timing of commissioning activities following stakeholder feedback (subject to your overall timelines). This demonstrates that you are **listening and learning** through the process.
6. Hybrid engagement activities (a mix of online and in-person participation) are not optimally productive as online participants are often not engaged equitably. Consider **facilitation** either completely face-to-face or completely online, noting online may be preferable and practical to maximise wider stakeholder attendance.
7. Develop a plan for managing **probity** and mitigating probity risks early. Communicate probity constraints and boundaries with stakeholders clearly.

# Questions and comments

