



ACT
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ACT Health

STIBBV Policy Workshop #3: HIV

Commissioning services to meet the needs of people living with or at increased risk of HIV in the ACT

Health Protection Service, ACT Health Directorate



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'Our journey'
by Leah Cummins



David R Horton (creator), AIATSIS, 1996



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Purpose of the session

- Provide a refresher about commissioning and commissioning process in the STIBBV subsector.
- Provide an overview of data specific to HIV 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 HIV service sector

Primary health services

- General Practitioners (private and bulk-billing)
- Non-government primary health services (e.g Meridian and CHN-HIV Program)
- 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 infectious disease units.

Key service types

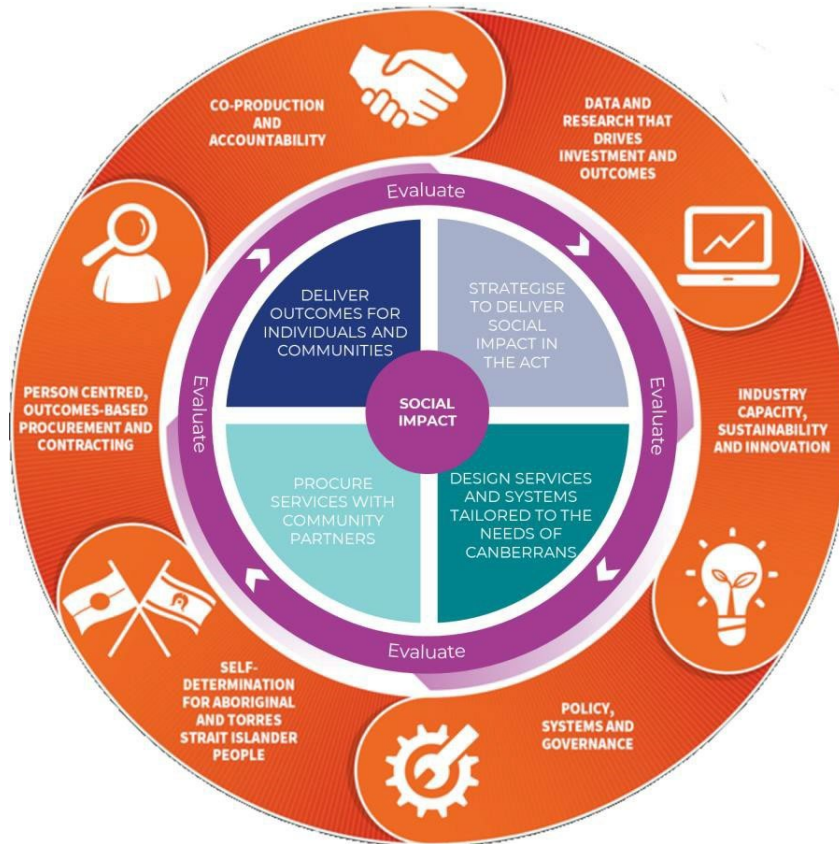
1. Clinical services (screening, diagnosis and treatment)
2. Prevention and harm reduction initiatives (including provision of condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and needle syringe programs)
3. Health promotion and education programs
4. Support and advocacy
5. Community 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 Health
Capital Health Network-HIV Program	The Women's Health Service (CHS)	Sex Worker Outreach Program (SWOP)
Australasian Society for HIV, HIV 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

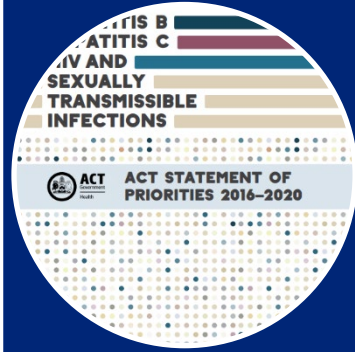
4. Deliver

Continuous evaluation

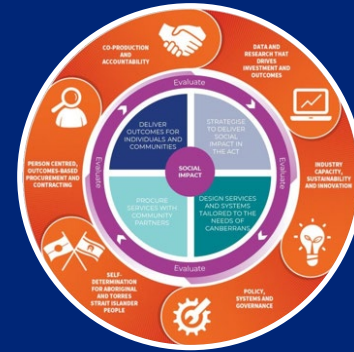
Strategic alignment



The Kirby
Institute
ACT
Surveillance
Report



Statement of
Priorities



Commissioning



Sexual Health
Services Plan

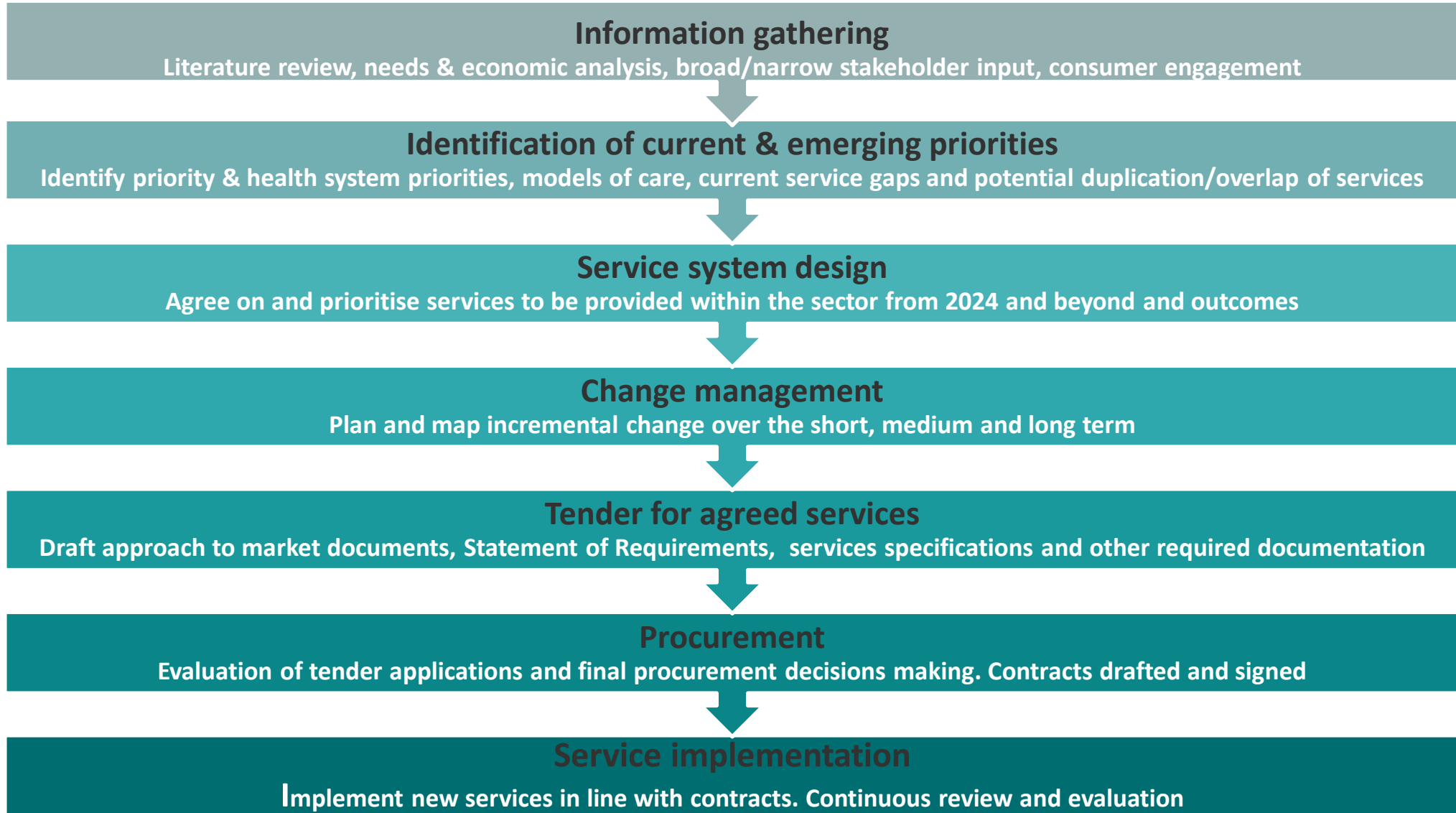


Scope for commissioning in the STIBBV subsector

- 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

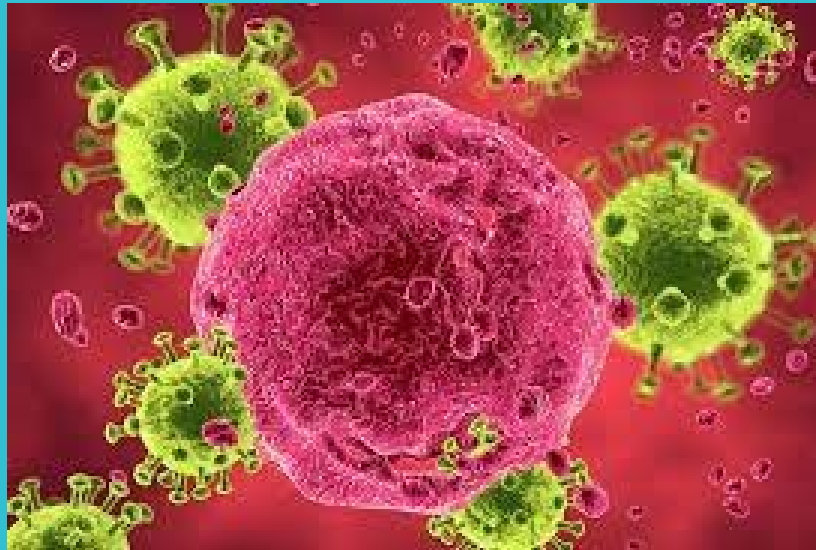


Questions, comments and queries???



Setting the scene

HIV in the ACT

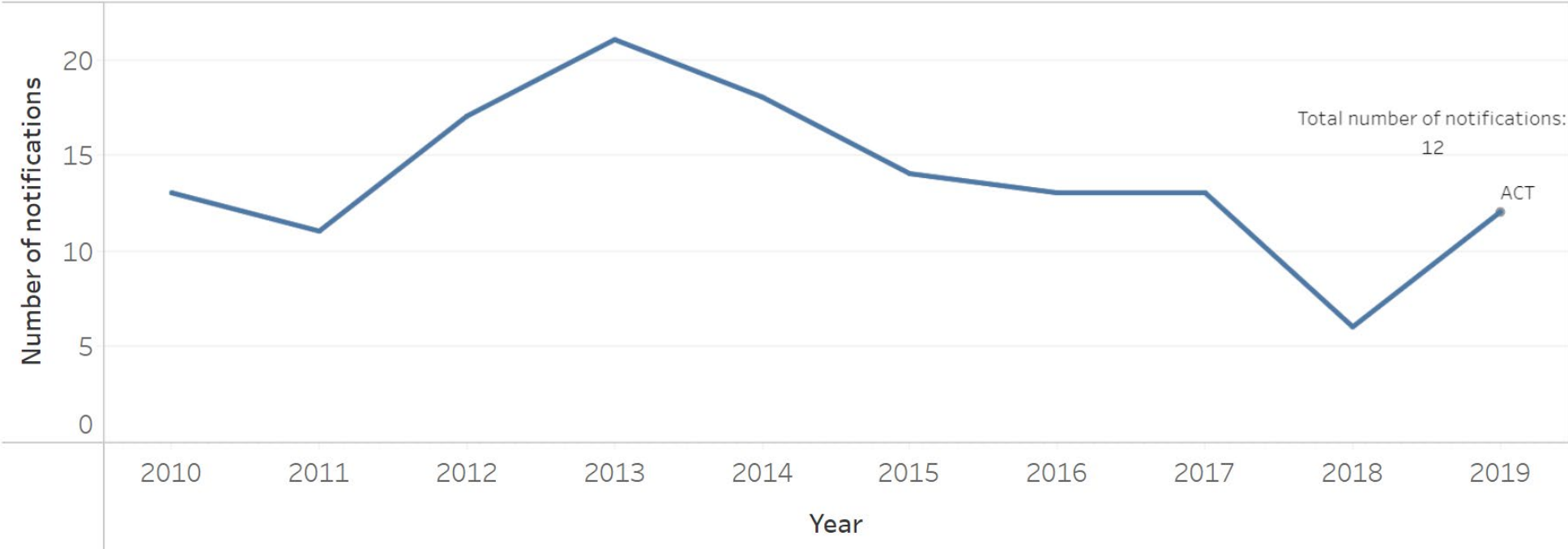


Questions, comments and queries???



HIV in the ACT: Incidence

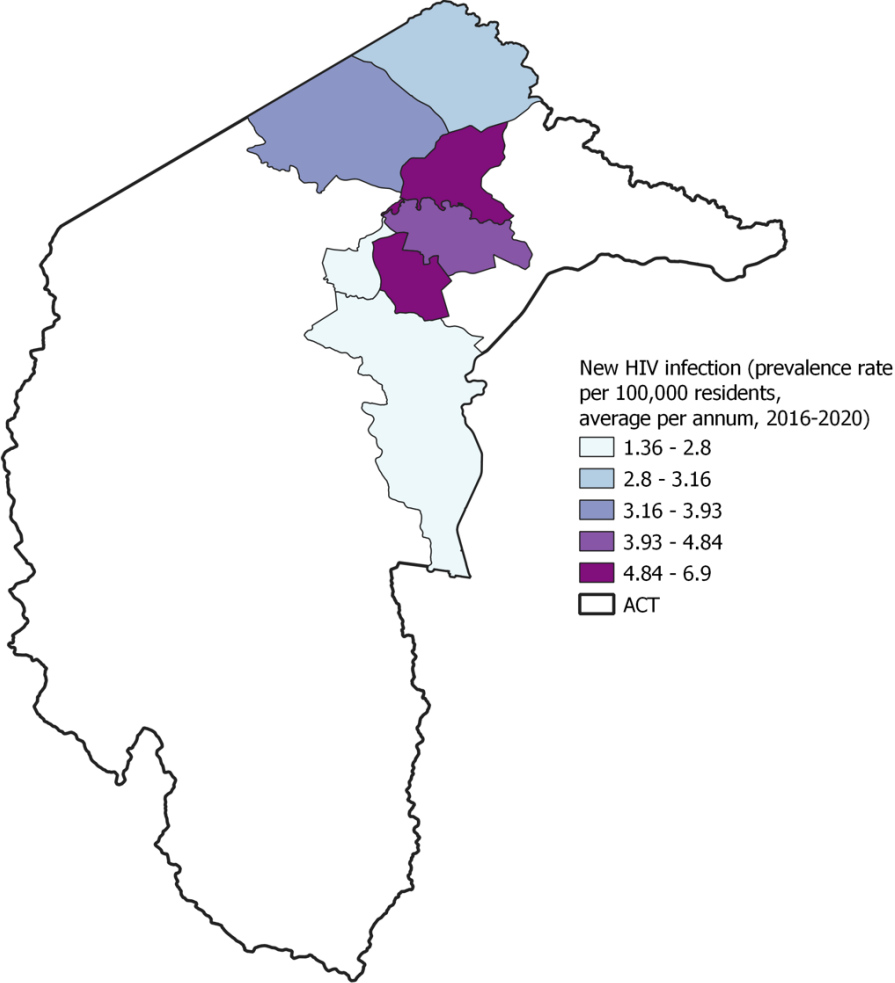
Number of HIV notifications by year



Legend

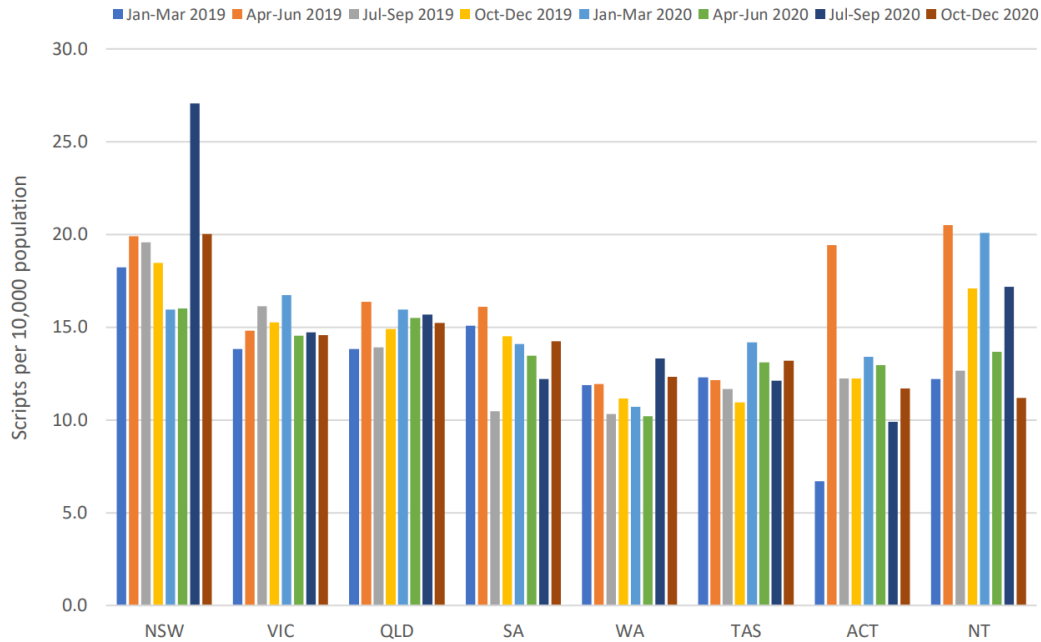
■ ACT

HIV in the ACT: Incidence

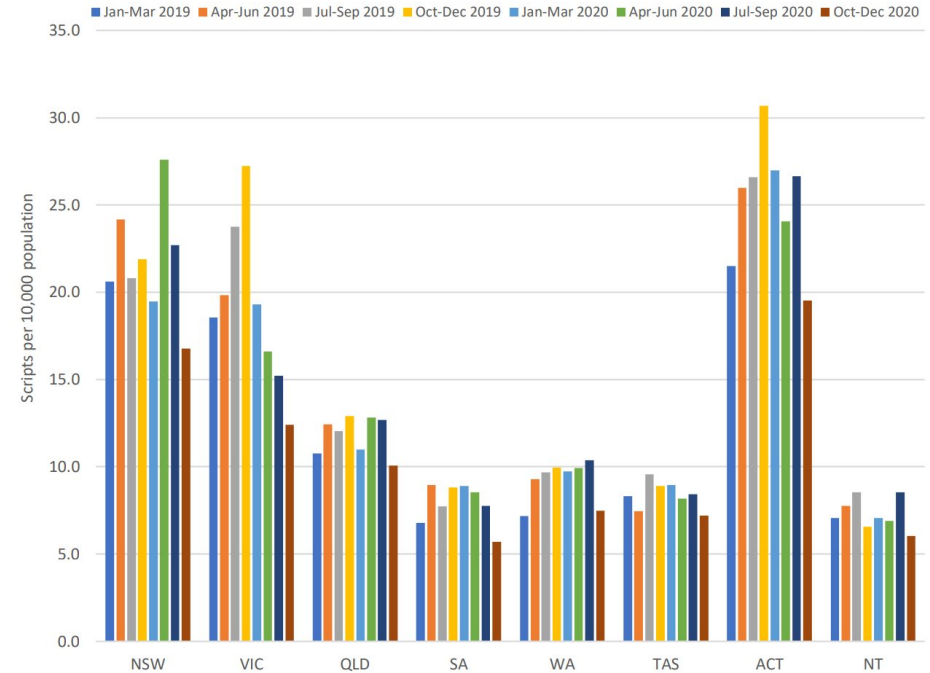


HIV in the ACT: Treatment

HIV treatment (non-PreP) scripts per 10,000 population, by state/territory and month, 2019-2020



HIV PrEP scripts per 10,000 population, by state/territory and quarter, 2019-2020



MaLachlan, J. (2021). Impacts of COVID 19 on BBVSTI testing, care and treatment: Medicare data analysis. WHO Collaborating Center for Viral Hepatitis. Doherty Institute for Infection and Immunity.

Priority populations

HIV priority populations in Australia

People with HIV

- Despite the availability of effective antiretroviral treatments, people with HIV also experience comorbidities and other health issues associated with HIV infection.

Gay men and other men who have sex with men (MSM)

- HIV in Australia remains concentrated among gay men and other MSM.

Aboriginal and Torres Strait Islander people

- In this population, gay men and other MSM remain the group at greatest risk of HIV.
- However, Aboriginal and Torres Strait Islander people more likely to acquire HIV from heterosexual contact and needle and syringe sharing when compared with non-Indigenous populations.

HIV priority populations in Australia

Culturally and linguistically diverse people from high HIV prevalence countries, people who travel to high-prevalence countries, and their partners

- New HIV diagnoses have increased for people from high HIV prevalence countries and their partners

Sex workers

- Sex workers are a priority population due to the potential higher exposure risk associated with sex work.

People who inject drugs

- Low infection rates, but remains priority due to potential risks associated with receptive needle and syringe sharing

People in custodial settings

- At higher risk of shared use of injecting equipment, unsafe tattooing and condomless sex.

Trans and gender diverse people

- Minimal data in Australia, yet potentially increased prevalence of HIV

Questions, comments and queries???



Potential priorities to address through commissioning

What we've heard from the sector thus far

- Additional peer-led sexual health promotion, STI/BBV prevention and early intervention activities in community-based settings particularly among priority, hard-to-reach or vulnerable groups.
- Increased education and training for health professionals around discrimination and stigma.
- Importance of practice support initiatives (including GP, primary care and emergency departments).
- Need for a community-based led PrEP Clinic (beyond existing outreach testing) to meet increasing community demand and relieve pressure on GPs and other services.
- Need for more flexible, innovative models of care where people live, work and play
- NGO's highlighted a need for rapid HIV testing and comprehensive sexual health testing in outreach settings.
- Need for holistic health and social case management including support for long-term chronic complications as well as aged care, housing, AoD and legal supports
- Need for increased psychosocial services to support people living with HIV and their partners/families.
- Need to explore free and more subsidised treatment options for HIV
- Need to increase the S100 prescribing workforce

What we know from the data

- The small numbers of HIV in the ACT present some difficulties when analysing and interpreting data. Incidence of HIV has remained relatively stable over the last ten years and thanks to the ongoing efforts, numbers of HIV in the ACT remain very low.
- While men who have sex with men (MSM) are a priority group, rates of heterosexual transmission of HIV is rising.
- A high proportion of people with HIV are engaged in treatment, however there is work to be done in engaging some priority groups in screening, treatment and ongoing care.

Questions, comments and queries???



Discussion...

Question 1 (15 minutes)

How are current services working well to meet HIV-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 HIV-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 HIV 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 HIV 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)

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 HIV: 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 and the word 'Commissioning'. A search bar is visible. The navigation menu includes: 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.



Acknowledgement of Country

We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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

<https://www.theemra.com.au/products/our-journey-home-network-b?variant=40416757514389>

https://www.google.com/search?q=HIV&safe=active&rlz=1C1GCEA_enAU953AU953&sxsrf=APq-WBszhfDfwj0p5l11vSlgA1yR0q5yLQ:1646173660437&source=lnms&tbm=isch&sa=X&ved=2ahUKewjS95Li-qX2AhWd63MBHZ3fDnIQ_AUoAnoECAIQBA&biw=1280&bih=619&dpr=2

https://www.google.com.au/search?q=%3F&safe=active&sxsrf=APq-WBvp_KJrAWmubi3gsSJxexL48vedw:1645930033089&source=lnms&tbm=isch&sa=X&ved=2ahUKewjjusmX7572AhU3wjjGHR2yB2cQ_AUoAnoECAEQBA#imgrc=f1w-9FUXA_gWRM

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