



Commissioning in the Sexually Transmissible Infections and Blood Borne Viruses Subsector



Discussion Paper

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Table of Contents

Commissioning in the Sexually Transmissible Infections and Blood Borne Virus subsector	3
Version control.....	3
Introduction	3
Rationale.....	4
Commissioning in the ACT	4
Commissioning stages	6
<i>Strategise</i>	6
<i>Design</i>	7
<i>Procurement</i>	8
<i>Deliver outcomes</i>	8
<i>Evaluation</i>	8
The Sexually Transmissible Infections and Blood Borne Viruses Subsector	8
<i>Meridian Incorporated</i>	9
<i>Capital Health Network- HIV Program</i>	9
<i>Haemophilia Foundation ACT</i>	10
<i>Hepatitis ACT</i>	10
<i>Sexual Health and Family Planning ACT</i>	10
<i>The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)</i>	10
The sexually transmissible infections and blood borne viruses policy landscape	10
Scope for commissioning in the Sexually Transmissible Infections and Blood Borne Viruses Subsector ..	11
Governance structure.....	11
<i>Opportunities</i>	12
Brief analysis of need	12
<i>Sexually transmissible infections</i>	12
<i>Blood borne viruses</i>	13
<i>Feedback received from the Sexually Transmissible Infections and Blood Borne Viruses Subsector</i> ..	14
Commissioning approach in the Sexually Transmissible Infections and Blood borne Viruses Subsector ..	16
<i>Consultation</i>	16
<i>Intent of the commissioning process</i>	16
Timeline of activities.....	16
Next Steps	19
Contact us	19

Commissioning in the Sexually Transmissible Infections and Blood Borne Virus subsector

Version control

Version 004

Introduction

Commissioning of Health Services in the Community is aligned to key policy strategic frameworks and plans that guide the service direction of the ACT public health system.

The *Commissioning Roadmap – For NGO services in the community 2021 – 2023*¹ (the Commissioning Roadmap) established the approach that the ACT Health Directorate (ACTHD) and the Community Services Directorate (CSD) will take to the commissioning of services in the community.

*Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030*² is focused on integrating services across three areas of health—preventive health, community-based services and care in hospital, ensuring they are innovative, effective and sustainable.

The Territory-wide Health Services Plan (TwHSP) is a key deliverable under *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030*. The Plan will set the direction and priorities for a system wide approach to health services in the ACT that is person-centred, culturally safe, and integrated.

The commissioning objectives (aligned with the TwHSP), provide a guide to the intent of commissioning for health and community services in the ACT to:

- Better respond to community need, both existing and emerging.
- Improve integration across the service systems to support seamless and holistic care, and transitions between services.
- Reduce the pressure on our hospitals and other crisis services.
- Improve equity in health and life outcomes for priority population groups.
- Improve sector sustainability through closer partnerships and better understanding the needs of our service delivery partners.

¹ The Commissioning Roadmap, for NGO Services in the Community 2021-2023. Available from: https://www.communityservices.act.gov.au/_data/assets/pdf_file/0006/1815189/ACTHDCSD-Commissioning-Roadmap-2021-2023.pdf

² ACT Health Directorate, 2020, *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020– 2030*. Available from: <https://www.health.act.gov.au/about-our-health-system/planning-future/accessible-accountable-sustainable-framework-act-public>.

Rationale

ACT Health Directorate (ACTHD) values the important role of sector partners in supporting the delivery of health services in the community and are seeking to engage stakeholders regularly throughout the commissioning process.

The ACT Approach to Commissioning³ (the ACT Approach) includes the principles and shared priorities to guide the way government and Non-government Organisation (NGO) sector partners will work together to undertake commissioning. The ACT Approach was developed following consultation with NGO sector partners.

With the release of the Commissioning Roadmap and [the ACT Approach](#) on 5 August 2021, the Minister for Health, Families and Community Services and Aboriginal and Torres Strait Islander Affairs stated the shared vision for commissioning is to work collaboratively so that,

“together we support Canberrans to thrive in the community. We approach commissioning as an opportunity; to do things better, to foster greater flexibility, creativity, innovation and early support”.

The commissioning approach involves working collaboratively with sector partners, and people with lived experience, to plan, design and deliver the best health and support services for Canberrans.

Through this process, commissioning will provide greater opportunities for innovation by adopting an integrated, partnered approach to delivering and procuring services. The ACT Government is listening to sector partners and individuals to inform the future health services.

We will continue to listen and learn as we work together and focus on achieving significant and meaningful outcomes for Canberrans.

Commissioning in the ACT

The commissioning approach for the ACT is a staged and iterative process of working with community, including community and health sector partners, service users and other key stakeholders to shape and deliver services in our community.

The ACT Government’s priority is to maintain stability for services users and ensure they continue to have access to high quality support.

The Commissioning Cycle will follow the five main phases outlined on the following page and be recorded within this document as a living record of the commissioning process as it progresses.

³ [The ACT Approach to Commissioning](#)

Strategise

During strategic planning, ACTHD will:

- Consider the system reforms required to meet key reform agendas (e.g. the early support reforms).
- Identify services that meet/largely meet current community need.
- Identify areas to collaboratively design.
- Identify existing service gaps and emerging priorities.
- Determine timeframes and methods to approach the market.
- Test data and evidence against local knowledge and on the ground perspectives.

Design

During design we will implement collaborative design thinking to agree on service outcomes and guide investment.

Procure

During procurement of services, we will:

- Select and contract future services.
- Ensure sustainable resourcing.
- Actively work with sector partners to support mutual development and capability uplift.

Deliver outcomes

We will collaborate to successfully deliver the outcomes that matter most to service users, ensure continued service flexibility and support outcomes reporting.

Continuous Evaluation

We will embed the measures and processes into partner relationships to continuously evaluate whether services are delivering value for the communities we serve.



Commissioning stages

Phase 1: Strategise

The key principles to consider and guide the design and delivery of future health services.



Aligns to health strategies

Service aligns with strategic priorities:

- Territory and National strategic plans e.g *National Agreement on Closing the Gap, National Drug Strategy, National Chronic Disease Strategy, ACT Mental Health and Suicide Prevention Plan.*
- *Accessible, Accountable, Sustainable.*
- Reduces pressure on hospitals by prioritising prevention and early intervention (unless a specialist treatment service).



Health outcomes for priority population groups

- Defined and quantified target cohort for a substantive health priority.
- May include emerging needs that are yet to be formally documented or have detailed evidence from other sources. Could include evidence presented through stakeholder engagement.



Evidence Based

- There is evidence that the service achieves/will achieve desired health outcomes for the target population.
- Evaluation has been undertaken to support continuation of service funding.
- The service is suitably geographically located and readily accessible to the target cohort.
- Similar services with the same intended outcomes are not provided or funded by Commonwealth or other Territory agency (e.g. CHN, CHS, CSD).
- Improve integration across the service system to support seamless and holistic care, and transitions between services.



Integrates health services

Service demonstrates:

- Integration across the service systems to support seamless and holistic care, and transitions between services.
- Innovation in relation to how service is delivered and / or budget considerations, for example, models of service delivery that have been successful in other jurisdictions and emerging research and development.



Addresses unmet need

- Risk of Not Proceeding - in terms of potential consequences of health inequalities persisting or being exacerbated.
- Is needed to address an emerging identified need such as an impact of COVID relating to the health and wellbeing in the community.
- Does the service need to be implemented immediately or are there longer-term solutions or dependent activities that need to be in place before delivery?

ACTHD recognises the knowledge and expertise that all NGO sector partners have to offer the commissioning process.

During strategic planning we together aim to:

- Understand the scope and nature of the system and services currently provided
- Understand the underlying population need, including demographic profile, and other factors impacting communities (e.g., health and social impacts of COVID-19)
- Define the system outcomes we are seeking to achieve, taking into consideration the ACT Wellbeing Framework and other key policy objectives
- Consider the degree to which existing services are meeting population needs
- Understand the sector partner landscape.

Outputs from this stage include:

- Needs assessment – complete needs and gaps analyses, identify eligible target groups, identify what data exists, and what data is needed
- Current service provision – what services are provided, and to whom, for what purposes
- Commissioning priorities – what ACTHD’s funding in the subsector should achieve.

Phase 2: Design

Once ACTHD and community partners agree on the population needs, the outcomes we are seeking to achieve, and the extent to which existing services are meeting these needs, we will work together to design the desired outcomes.

This approach needs to:

- Align with the ACT Government’s strategic directions for an accessible, accountable, sustainable service system
- Ensure that funding is both adequate and directed toward the delivery of agreed priority outcomes
- Agree on the indicators that will be used by sector partners to both report on and measure success against those outcomes
- Be consistent with the capacity and capability of the market
- Agree on reporting requirements that ensure accountability and helpful data, without being burdensome for organisations
- Agree on methods to evaluate the success of programs over time, and for improving them as the need arises.

Outputs from this stage include:

- Defined outcomes and metrics
- Service specification
- Commissioning Intentions

Phase 3: Procurement

This stage will culminate in new agreements. As part of the procurement process, participating sector partners will have the opportunity to provide tender submissions for services identified and defined in the Design phase. Each successful tender will be adapted and translated into an executed Service Funding Agreement.

Outputs from this stage include:

- Approach to market
- Contract variations
- Procurement documentation
- Service specifications

Phase 4: Deliver outcomes

This stage will involve ACTHD and participating sector partners working in close partnership to deliver agreed outcomes.

Outputs from this stage include:

- Agreed partnership approach
- Services delivered that meet community needs

Embedded and ongoing: Evaluation

Evaluate the process to learn from this experience of commissioning.

This stage will involve the ongoing evaluation of the commissioned activities and agreed outcomes as developed during the Design phase.

Questions for sector partners and stakeholders

- Do you have any concerns about the Commissioning Cycle?

The Sexually Transmissible Infections and Blood Borne Viruses Subsector

In the ACT, sexually transmissible infections (STI) and blood borne virus (BBV) services are provided through a combination of publicly funded primary, specialist and tertiary services, as well as private and non-Government primary health organisations.

Under this model, universal STIBBV care and support is available for all people. Primary healthcare involves a first point of STIBBV care which is accessible, socially and culturally appropriate, equitable, free or low cost and which best meets the needs of the community. In the ACT, primary health STIBBV

care is provided by a range of service providers including General Practitioners, NGOs, and Justice Health and the ACT Walk-in-Centres in Canberra Health Services (CHS). A key requirement of primary healthcare involves integrated referral pathways for individuals to access more or less acute STIBBV services or other commonly associated primary health care services including alcohol and other drug services, women's and reproductive health services, housing services and mental health services.

Specialist services however are specifically funded to provide intensive or targeted STIBBV interventions for marginalised, vulnerable, or identified priority populations. CHS' Canberra Sexual Health Centre is the only specialist STIBBV service in the ACT.

Finally, tertiary services are STIBBV services which are typically delivered in the hospital setting. Tertiary services provide chronic or complex STIBBV care including management of chronic complications of STIBBV or for emergency assessment and treatment following sexual assault. The Liver Clinic at the Canberra Hospital is an example of a tertiary service.

Commissioning in the STIBBV Subsector will inform procurement of non-government, primary healthcare STIBBV services only. The STIBBV Subsector currently involves a small collective of government and NGOs who are funded through ACTHD to provide a multitude of local responses to address the burden of STIBBV in the ACT. Key initiatives include:

- clinical services (screening, diagnosis and treatment);
- 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
- community development and engagement activities;
- workforce training and development;
- clinical and practice support services; and
- disease surveillance, data management and research.

Summaries of NGO STIBBV services, which are currently funded through the ACTHD, are provided below:

Meridian Incorporated

Meridian Incorporated (MI), formerly the AIDS Action Council provides a comprehensive range of care and support services, events, activities and peer-based programs to support people at risk of or who are living with HIV. Recently, the organisation has shifted its focus towards a broadened portfolio of support for lesbian, gay, bisexual, transgender, intersex, queer, asexual + (LGBTIQ+) communities.

Capital Health Network- HIV Program

Capital Health Network's HIV Program (CHN-HIV) provides support to General Practitioners and other health professionals in the management of HIV. The CHN-HIV program also provides clinical, support and advocacy services for people living with HIV and those at risk of acquiring HIV as well as their partners, carers, and families. The CHN-HIV program also facilitates professional and sector development activities to support public health awareness of HIV and related diseases in the ACT.

Haemophilia Foundation ACT

Haemophilia Foundation ACT (HFACT) provides counselling, support and education services for individuals with haemophilia and associated bleeding disorders. HFACT is a small organisation that primarily exists in the STIBBV contracting space for historical reasons (particularly related to the safety of donated blood and blood products provided to people with haemophilia during the height of the HIV epidemic). While this was relevant in the 1990s, the safety of the blood supply has improved significantly in recent decades. HFACT provides support to its members via access to a psychologist and regular community events such as family picnics or children's day camps.

Hepatitis ACT

Hepatitis ACT provides a comprehensive range of information, referral, and support services for people at risk of or who are living with viral hepatitis. Hepatitis ACT also provides a secondary Needle and Syringe Program and delivers specialised education and training opportunities for community members and detainees at the Alexander Maconochie Centre (AMC). The organisation is actively involved in influencing policy which seeks to prevent and reduce the transmission and morbidity of viral hepatitis.

Sexual Health and Family Planning ACT

Sexual Health and Family Planning ACT (SHFPACT) provides sexual, women's and reproductive health services, including a wide variety of clinical services, counselling, health promotion, referral, education, training, and workforce development. Within a public health and health promotion approach, SHPACT works with diverse communities to overcome barriers to sexual and reproductive healthcare in the ACT.

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) works to enhance screening, linkage to care and treatment for people at risk of and living with BBVs and STIs in the ACT through an informed, engaged and expert healthcare workforce. Specifically, ASHM maintains the section 100 prescriber programs for HIV and hepatitis B prescribers and provides HIV, hepatitis B, hepatitis C and sexually transmissible infection education for primary care professionals. ASHM has made a niche for itself in the STIBBV sector, as currently, every state and territory use ASHM for accreditation of s100 prescribers.

The Sexually Transmissible Infections and Blood Borne Viruses policy landscape

In November 2018, the five National STIBBV Strategies⁴ were endorsed. Collectively, the National Strategies set the direction for Australia's continuing and coordinated response to decreasing the burden of STIBBV.

⁴ [The National STIBBV Strategies \(2018-2022\)](#)

*The Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities 2016-2020*⁵ is the ACT response to the National STIBBV Strategies and serves as a written commitment from the ACT Government to achieve measurable results against goals and targets agreed upon at the national level. Although the Statement of Priorities formally concluded in 2020, in light of the COVID-19 pandemic, the next iteration was delayed and is scheduled for release towards the end of 2022.

Scope for commissioning in the Sexually Transmissible Infections and Blood Borne Viruses Subsector

To define scope for commissioning activities within the STIBBV Subsector, the following abridged World Health Organization understanding of STIBBV will apply:

'STIs and 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.'

Services and activities which do not address STIBBV related burden of disease will not be procured within the STIBBV Subsector, as these services may better align with the work and priorities of another policy/business unit.

Questions for sector partners and stakeholders

- Do you have any concerns about scope for commissioning in the STIBBV subsector and why?
- What should the STIBBV subsector seek to achieve through commissioning?

Governance structure

A shared governance structure will be employed to support the commissioning process. In the ACT, the support and management of ACT Government funded STIBBV organisations is undertaken by the Health Protection Service (HPS) in the ACTHD. HPS will drive commissioning related activities supported by the ACTHD Commissioning Team. Commissioning in the STIBBV Subsector will also align with the commissioning approach undertaken by other subsectors and will be informed by similar methodologies used by the ACT Health Services Planning Unit.

The STIBBV Health Advisory Committee (STIBBV HAC) will serve as a reference group for Commissioning-related activities. As per the Terms of Reference, the role of the STIBBV HAC is to advise on and assist in implementation of the goals of the National and ACT STIBBV strategies and other jurisdictionally determined policy priorities.

⁵ [The Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities 2016-2020](#)

Amplifying consumer voice and experience will be central to commissioning in the STIBBV subsector. HPS will engage service users and consumers from the several priority population groups through the process to inform commissioning and subsequent procurement decisions.

Opportunities

Commissioning provides an opportunity for stakeholders to work together to develop and articulate a common understanding of the intention of government funding. HPS will engage with a broad cross-section of stakeholders to seek input that will inform service planning and design to meet identified need.

Brief Analysis of need

Sexually transmissible infections

STIs encompass more than 30 different bacterial, viral and parasitic infections which are transmitted primarily through sexual contact including through vaginal, anal, and oral sex. STIs can also be transmitted from mother to child during childbirth (known as congenital transmission) or through blood or blood products.⁶ Common STIs include chlamydia, gonorrhoea, infectious syphilis, trichomoniasis, human papilloma virus (HPV) herpes simplex virus (HSV), and HIV.

In 2021, there were 1,942 notifications of notifiable STIs in the ACT. Chlamydia accounts for the highest number of notifications with 1,344 recorded in the ACT in 2021. Young people under 30 are disproportionately impacted by chlamydia and the common lack of obvious symptoms, coupled with risk for poor reproductive health comes because of untreated chlamydia, makes decreasing rates of chlamydia an ongoing priority for the ACT.⁷

In 2021, there were 334 gonococcal notifications in the ACT. Approximately two thirds of gonococcal notifications are in males, however notifications in females are rising steadily across all age groups. Aboriginal and Torres Strait Islander people and HIV positive gay and bisexual men continue to be overrepresented in gonococcal notification data. Moreover, reduced susceptibility of first line treatments because of antimicrobial resistance is contributing to increased incidence of gonococcal across the board.

Notifications of infectious syphilis continue to rise nationally and in the ACT with 40 notifications of infectious syphilis of less than two years duration and 19 notifications of greater than two years or unknown duration recorded in 2021. In the ACT, the majority of notifications are in men who have sex with men. Nationally, rates of infectious syphilis are rising rapidly in the Aboriginal and Torres Strait Islander population, with increasing notifications among Aboriginal and Torres Strait Islander women of reproductive age.⁸ This is of significant national concern given the risks for congenital mother-baby

⁶ [WHO: Sexually Transmitted Infections](#)

⁷ Wiesenfeld, H. C. (2017). Screening for Chlamydia trachomatis infections in women. *New England Journal of Medicine*, 376(8), 765-773.

⁸ Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2018. Sydney: Kirby Institute, UNSW Sydney; 2018.

transmission and subsequent health burden for infants with infectious syphilis. No cases of congenital syphilis were identified in the Aboriginal and Torres Strait Islander population in the ACT between 2016-2020.

Questions for sector partners and stakeholders

- What STIBBV data currently exists, and what additional data might we need to better understand STI burden of disease and service needs?

Blood borne viruses

BBVs are transmitted through contact with contaminated blood and blood products (e.g. through sharing of syringes used for injecting drug use or through use of unsterile tattoo or medical equipment). Transmission can also occur through unprotected anal, vaginal or oral sex and via vertical congenital transmission from mother to baby⁹.

In the ACT, there were a total of 67 notifications of hepatitis B in 2021. It is known that not all people living with hepatitis B have been diagnosed and it is estimated that there are approximately 3211 people living with hepatitis B in the ACT and only 2225 who have been diagnosed.¹⁰ Unfortunately, only 28% of people living with diagnosed hepatitis B in the ACT are engaged in care. Australia wide, the prevalence of hepatitis B in overseas born populations is double that of Australian born populations¹¹.

Hepatitis C contributes to significant morbidity for some priority population groups, including people who use intravenous drugs and individuals who have resided in a correctional setting. In 2021, there were 110 notifications of hepatitis C (initial, unspecified and reinfection) in the ACT. Like hepatitis B, it is known that not all people living with hepatitis C have been diagnosed. It is estimated that 2,832 people living with hepatitis C in the ACT and only 2,225 who have been diagnosed.¹² Unfortunately, only 46% of people living with diagnosed hepatitis C are engaged in care.¹³

Notifications of HIV remain low in the ACT. In 2021, there were a total of 24 new HIV notifications. Most cases of HIV are notified in men who have sex with men. Nationally, the virtual elimination of mother to child transmission of HIV as well as exceptionally low incidence of HIV in sex workers has been achieved.

⁹ Hughes, E., Bassi, S., Gilbody, S., Bland, M., & Martin, F. (2016). Prevalence of HIV, hepatitis B, and hepatitis C in people with severe mental illness: a systematic review and meta-analysis. *The Lancet Psychiatry*, 3(1), 40-48.

¹⁰⁻¹⁵ MacLachlan JH, Stewart S, Cowie BC. Viral Hepatitis Mapping Project: National Report 2020. Darlinghurst, NSW, Australia: Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM), 2020; <https://www.ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/>

Questions for sector partners and stakeholders

- What BBV data currently exists, and what additional data might we need to better understand BBV burden of disease and service needs?

Feedback received from the Sexually Transmissible Infections and Blood Borne Viruses Subsector

The STIBBV Subsector has identified the following as existing and emerging priorities to be addressed through the commissioning process:

- **Data**
There is a need for stronger partnerships with academic institutions including sponsorship of PhD/Masters/Honours students to collate high quality data related to STIBBV and service use (barriers and facilitators) in the ACT.
- There is a need for more robust data sharing mechanisms between NGOs, publicly funded STIBBV services, professional networks and government.
- There is a need for better data around how services should be provided for priority population groups and the access to STIBBV services for priority population groups.
- There is a need for geographic catchment analysis for those accessing STIBBV services in the ACT.
- It is very important that STIBBV pathology testing data (denominator data) is made accessible to inform service planning and evaluate efficacy of STIBBV services and initiatives.

Clinical services

- There is a need for more flexible, innovative models of care where people live, work and play (e.g in schools, Walk-in-Centers, youth centers, community hubs, outreach services, community events etc).
- There is a need for rapid HIV testing and comprehensive sexual health testing in outreach settings.
- There is a need for increased screening for viral hepatitis, including point of care testing at established syringe exchange centres.
- A scale up of hepatitis B services and programs from people for CALD backgrounds is required through linkages with existing migrant support services.
- There is a need for a community-based and led PrEP clinics (beyond existing outreach programs) to meet increasing community demand and relieve pressure on GPs and other services.
- It is important to integrate clinical STIBBV services with other services including AoD services, women's and reproductive health, mental health and LGBTIQ+ services (either through physical co-location or through strong referral pathways).
- There needs to be more focus on holistic case management for complex clients who require housing, employment and legal support.
- Cervical screening programs which are LGBTIQ+, CALD and Aboriginal and Torres Strait Islander inclusive are important.
- There is a need for increased psychosocial services for people at risk of or who are living with STIBBV (including counselling and social workers).

- There is a need to better regulate peer based health services as these are strongly accepted by community.
- A comprehensive whole of government and whole of health sector response (public, private and NGO) to STIBBV is required.
- There is a need to strengthen STIBBV screening/treatment capacity in primary care to reduce the burden of chronic disease on the tertiary hospital system.
- There is a need for better visibility and connectedness between tertiary hospital services, specialist services and NGO services.

Priority population groups

- All stakeholders endorse the priority populations as identified in the Statement of Priorities as applicable to commissioning in the STIBBV subsector.
- Women (and specifically women of reproductive age), older Canberrans, individuals living with a disability and the trans community have been identified as additional priority populations for consideration through commissioning.

Prevention and health promotion

- There is a need for services and models of care which combine clinical and health promotion services as standard practice.
- There is a need for 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.
- There is a need for targeted, tailored resources and information that is easy to understand, culturally safe, accessible and inclusive and understands the risk profile and unique needs of particular populations.
- Co-designed health promotion programs for vulnerable groups are important.
- There is a need for specific health promotion campaigns targeting discrimination and stigma in relation to STIBBV.

Workforce

- There is a need to increase resourcing to train and upskill a multidisciplinary workforce (including face to face and online platforms).
- Increased education and training for health professionals is required, particularly around discrimination and stigma.
- Practice support initiatives are important.
- There is a need to upscale and promote GP to GP and health professional to health professional referral programs.
- Need to explore increasing the scope of Registered Nurses and Nurse Practitioners in the ACT Walk-in-Centres to provide more comprehensive STIBBV screening and S100 treatment for HIV and viral hepatitis.
- There is a need to upskill and encourage Emergency Department staff to consider opportunistic STIBBV screening given ED may be the only contact some vulnerable people have with the health system.

Questions for sector partners and stakeholders

- What other current or emerging priorities require inclusion/consideration?
- Of the known priority population groups, are there any which require additional service consideration and resourcing through commissioning?

Commissioning approach in the Sexually Transmissible Infections and Blood Borne Viruses Subsector

Consultation

As part of this consultation, the ACTHD aims to:

- Identify and invite a broad range of stakeholders to partake in commissioning activities within the STIBBV Subsector. Stakeholders may include publicly funded and NGO service providers (executive, clinical and non-clinical staff, and peer workers), service users and consumers, members of the academic community and peak bodies.
- Work with stakeholders to determine the STIBBV related priorities for the service system for 2024 and beyond.
- Identify unnecessary duplication of services and potential service gaps
- Identify opportunities to streamline the reporting burden and share a consistent approach to activity reporting which is focused on outcomes.
- Develop a shared understanding of how the services can improve health and wellbeing outcomes in the community.

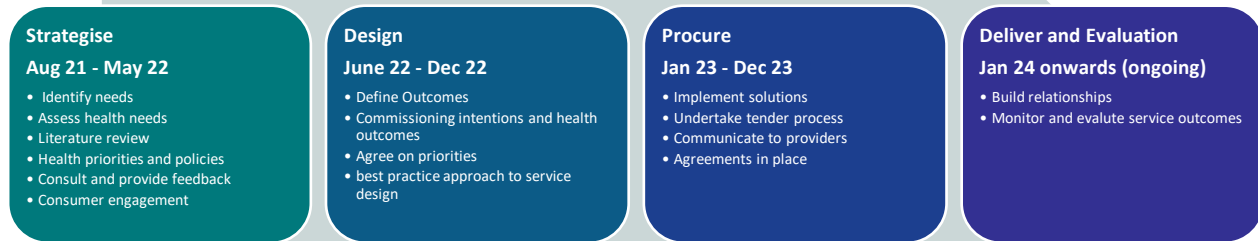
Intent of the commissioning process

The goal of commissioning in the STIBBV Subsector is for the ACTHD, in collaboration with ACTHD funded STIBBV services to collaboratively design a STIBBV service system which meets the evolving needs of the ACT community. We envision 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*.

Timeline of activities

The following graphics detail the timelines for commissioning activities to be undertaken within the STIBBV Subsector.

Whilst every effort will be made to keep the commissioning project on track and meet identified milestones, from time to time, ACTHD may be required to respond to anticipated or unanticipated events on behalf of the ACT Government. As such, flexibility may be required, and adaptations made to the commissioning timeline. Stakeholders will be informed if any changes in a timely manner.



Activity	Time frame	Completed?
Phase 1: Strategise to deliver social impact in the ACT		
Clarify scope for commissioning	Aug 2021-Feb 2022	Yes
Develop detailed project plan to guide Commissioning activities	June-Nov 2021	Yes
Desk review of the STIBBV subsector	June-July 2021	Yes
Develop needs analysis based on health and economic burden of disease	Aug 2021-Feb 2021	In train
Map national strategies and the ACT Statement of Priorities against currently funded services.	August 2021	Yes
Develop situational analyses for key areas identified by the subsector (viral hepatitis, youth STIs, data quality improvement and workforce)	June-Dec 2021	Ongoing
On the record discussions with current subsector partners about the current and future subsector landscape.	November 2021	Yes
Draft/publish STIBBV commissioning landing page for the ACTHD commissioning website.	February 2022	In train
Draft and disseminate commissioning in the STIBBV subsector discussion paper.	February 2022	In train
Whole of sector one-on-one commissioning discussions.	Nov 2021-ongoing	Ongoing
Whole of subsector 'Introduction to commissioning' webinar.	Nov 2021	Yes
Whole of subsector topic discussions (STI, viral hepatitis and HIV).	March 2022	In train

Procure consultant to facilitate consumer engagement activities.	February 2022	In train
Co-design and draft surveys and one-on-one/focus group questions.	Feb-March 2022	In train
Consumer engagement activities (surveys, one-on-one interviews and focus groups).	April-May 2022	No
Consumer data analysis and drafting of consumer feedback report.	May-June 2022	No
Phase 2: Design services and systems tailored to the needs of Canberrans		
Discuss and confirm collaborative design methodology and process.	Nov-Dec 2021	Ongoing
Collaborative design round table #1.	19 July 2022	No
Collaborative design round table #2.	21 July 2022	No
Collaborative design round table #3.	26 July 2022	No
Collaborative design round table #4.	28 July 2022	No
Map incremental subsector changes/reorientation over 10-year period.	October 2022	No
Debrief community partners following collaborative design discussions.	October 2022	No
Draft final collaborative design report to inform procurement decisions.	Oct-Nov 2022	No
Send collaborative design report and agreed service priorities for wider stakeholder consultation.	Nov-Dec 2022	No
Phase 3: Procure services with community partners		
18-month contract variation discussions 2022/23 with existing funded providers.	Nov 2021- March 2022	Ongoing
Co-design and draft 18-month contract variations with existing partners.	March-April 2022	In train
Finalise 18-month contract variations for existing funded partners 2022/23.	April-June 2022	No
Implement contract variations for existing partners	1 July 2022	No
Draft Approach to Market documents (including service specifications and Statement of Requirements)	Jan-March 2023	No
Subsector tender process	March-Sep 2023	No
Tender application review	October 2023	No
Final procurement decisions and drafting of new contracts.	Nov-Dec 2023	No
Debriefing unsuccessful tenders.	December 2023	No
Signing of 2024+ contracts.	December 2023	No

Transition to new contracting obligations.	1 January 2024	No
Phase 4: Deliver outcomes for individuals and families		
Implement 18-month variation contracted services with agreed tweaks.	1 July 2022	No
Implement new subsector services in line with new contracts.	1 January 2024	No
Review system implementation in line with contracts.	Ongoing	No
Support budget bids for services not covered under procured contracts.	May-June annually	Ongoing
Formal commissioning evaluation.	TBD	No

Questions for sector partners and stakeholders

- Do you have concerns about any aspect of the STIBBV Subsector commissioning process?
- Given the breadth of issues that need to be resolved, are the timeframes realistic?
- Do you have any suggestions for reducing the burden associated with participation in the commissioning process, or condensing or improving the process itself?

Next steps

This paper is part of the ACTHD's process of commissioning for outcomes and is intended to support discussion ahead. Each of the commissioning phases in this document will be updated and made available on the ACT Government's joint commissioning webpage¹⁴.

Contact us

If you would like to provide feedback on the issues or questions raised by this paper, please provide this to the Public Health Regulation and Projects Branch, ACTHD, by emailing SHBBVpolicy@act.gov.au. Alternatively, feedback can be provided in-person at any of the scheduled engagement discussions.

The team at ACTHD is looking forward to working with you, our community partners, to design STIBBV services that best meet the needs of Canberrans.

Accessibility

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¹⁴ [Home - Commissioning \(act.gov.au\)](http://Home - Commissioning (act.gov.au))