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ACT Health

Community Commissioning – Collaborative Design

Workshop #1

9 August 9:30am – 1:30pm Venue: Room 2.09 at ACT Health Woden

Sexually Transmissible Infections and Blood Borne Viruses

Public Health Regulation and Projects

Health Protection Service ACT Health Directorate

Agenda

Tuesday, 9th August 2022 Time: 9:30am – 1:30pm

Venue: ACT Health Protection Service

Workshop 1 - STIs

No	Agenda Item	Content	Presenter/ Facilitator	Time
		<i>Tea/Coffee available</i>		900
1	Welcome and Introduction	Ice Breaker, Objectives and Overview - Outlining the process for the day and the expected outputs	<i>Sean Lowry</i>	930
2	Context and Aims	Guiding Principles for Commissioning Health Services in the ACT Outcomes which we are trying to achieve through commissioning - the process and our progress thus far	<i>Fellon Gaida</i>	945
3	Facilitated Discussion	Questions, queries and comments on the commissioning framework and process thus far. Openly address and discuss any risks, issues, concerns and challenges.	<i>Sean Lowry</i>	1000
4	Snapshot – Health Needs Assessment	Assess current and future needs of clients, communities and the human services system	<i>Fellon Gaida</i>	1015
5	Exemplar Programs	Exemplar programs and initiatives – with coverage, reach and impact - what is working elsewhere?	<i>Rheyda Arguelles</i>	1045
		<i>Working Morning Tea</i>		
6	Discussion on local models of care and emerging priorities	<ul style="list-style-type: none">• Understand local capability and propensity for delivery• Where can we improve in providing services? What are the emerging needs and priorities of the sector? What inputs or enablers are required to support us to meet the needs of our sector? How will we know if we are making an impact and making a difference?• develop outputs and outcomes framework incl. metrics	<i>All</i>	1100
7	Closing Comments	Bringing it all together – Summary and Clarification	<i>Sean Lowry</i>	1245
		<i>Light lunch</i>		100



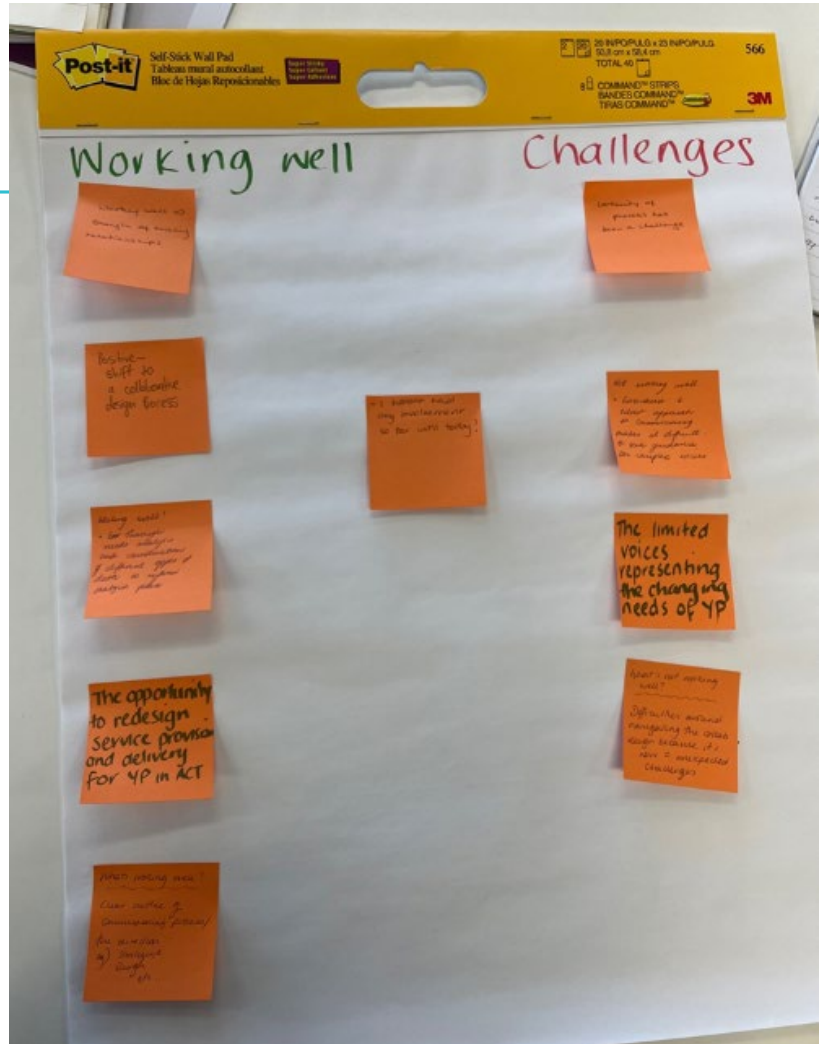
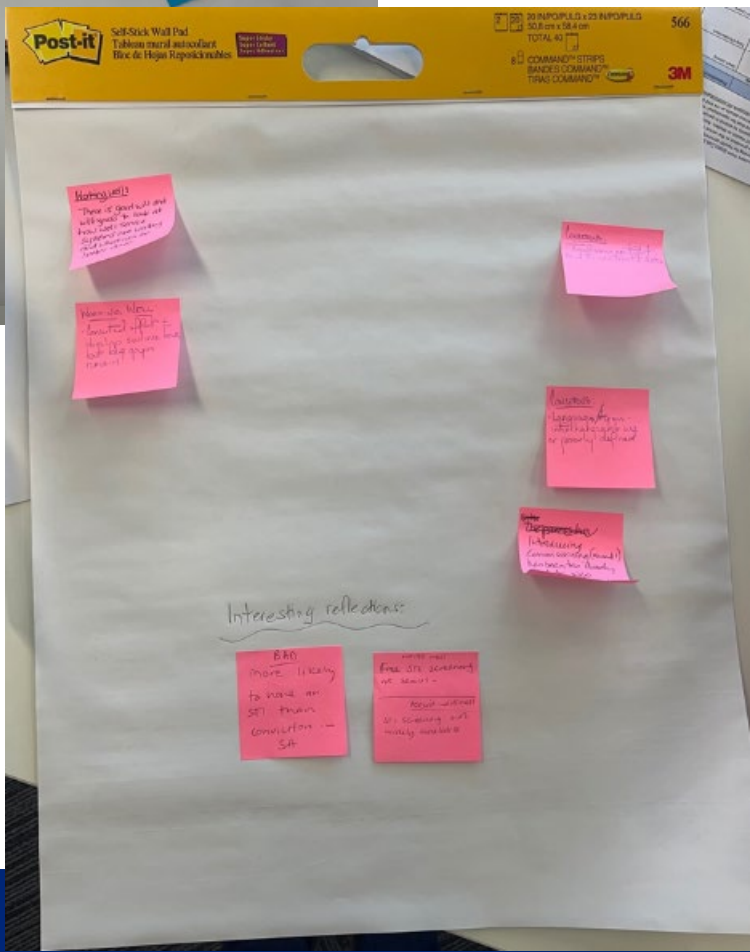
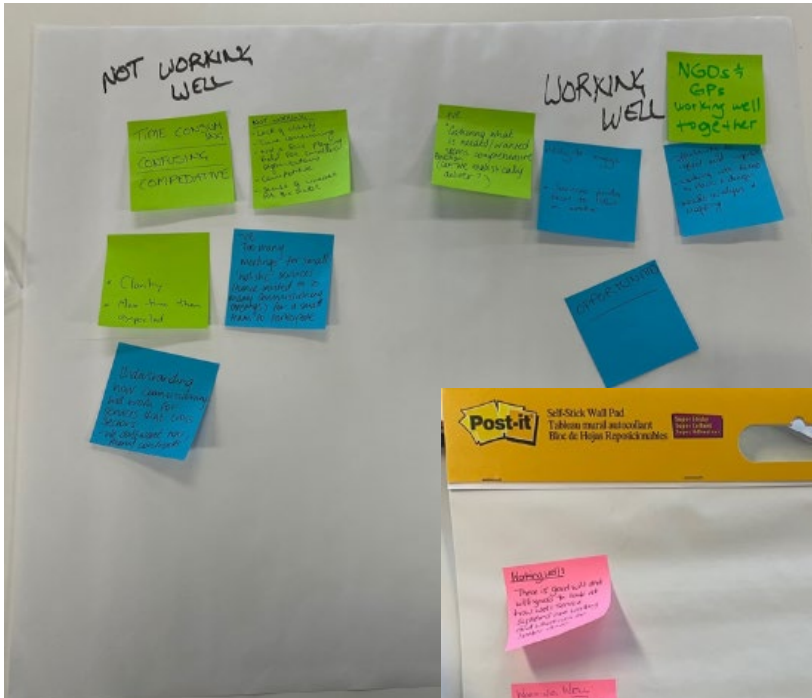
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Facilitated Discussion on Commissioning Framework and Process Thus Far

Questions, queries and comments on the commissioning framework and process thus far. Openly address and discuss any risks, issues, concerns and challenges.

Working well	Needs Improvement
Gathering info on what is needed and wanted	Time consuming – big investment of time
Process seems comprehensive	Confusing
ACT HD are willing to engage	Competitive nature of the process
Service provider is forced to reflect on activities and improve	Lack of clarity
NGOs and GPs are working well together	Not a fair playing field
Working with ACT HD to plan and design	Can we realistically deliver (the process and the benefits)
Tight nit group of providers	Funding is capped
Needs analysis and mapping	Understanding how commissioning will work for services that cross sectors – “we don’t want too many contracts”
Strength of existing relationships	I haven’t had any involvement until today
Positive shift to a collaborative design process	Certainty of process has been a challenge
Thorough needs analysis and coordination of different types of data to inform strategic phase	Governance and siloed approach to commissioning makes it difficult to seek guidance on complex issues
We have been given the opportunity to redesign service provision for young people in the ACT	The limited voices representing the changing needs of Young People
Clear outline of the commissioning process and the direction.	Difficulties around navigating the collaborative design because it is new leads to unexpected challenges
There is good will and willingness to look at how well service and systems are working and what can be done	Timeframes are tight and tied to contracts dates
Concerted effort to develop evidence base yet big gaps remain.	Language and terms – interchangeably used or poorly defined
Great responsibility on the sector to engage in this process and work with the Department – disruption in our vulnerable sector comes with high risk but significant benefit is to be gained.	Introducing commissioning (Round 1) has been too closely linked to contract renewal



Snapshot – Health Needs Assessment

Fellon Gaida

Comments and Feedback

Feedback – Suggested actions.

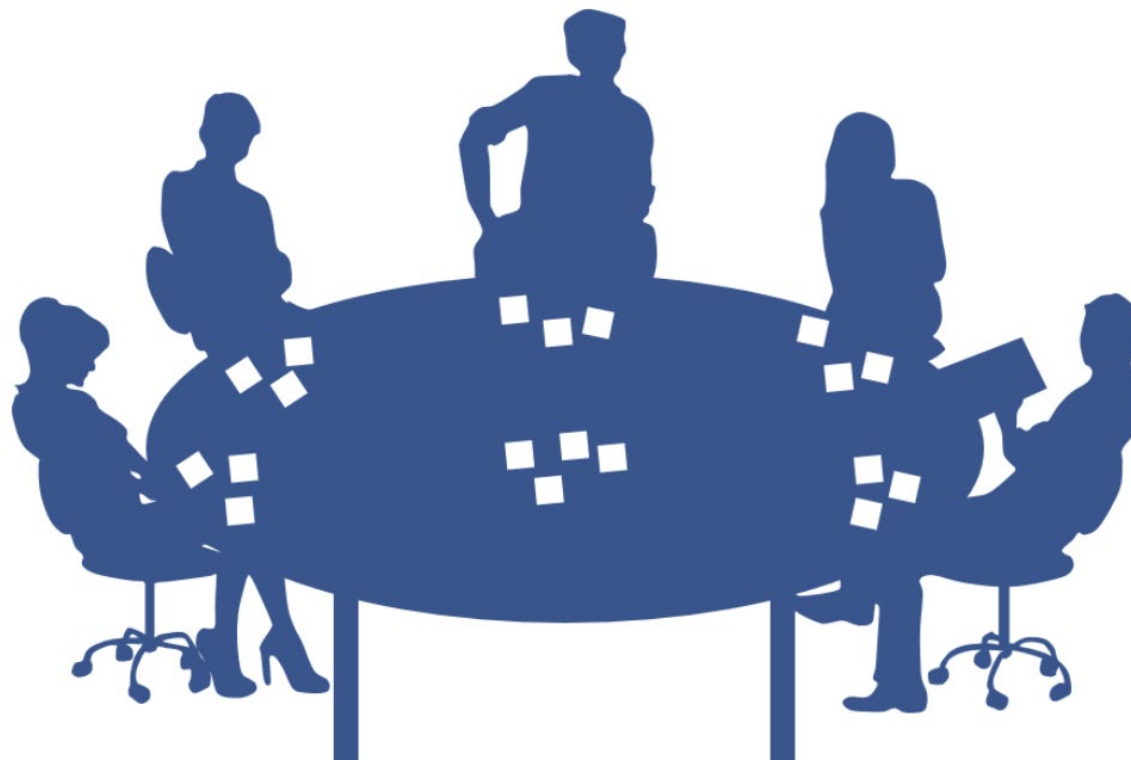
- *“Can we breakdown CALD demography further perhaps by visa status?”*
- *“We have gaps in the data due to testing range and variability.”*
- Update % of ACT HD expenditure to reflect % of STI HBBV expenditure
- Express \$ as % of NGO spend by STI HBBV Policy Unit
- *“Important to clarify the methodology adopted and the assumptions included in the data.”*
- *“NGOs would be willing to share their client data at an aggregated demographic level for comparison and to inform the discussion.”*



Brainwriting



Activity (30 minutes)



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ST/BVY NGO OUTREACH.
 FAR NORTH (& UNSERVICED AREAS)

① ← WIC ← SHEPACT
 ← CSHC ← DIRECTION
 JUNCTION
 HEPACT/MERIDIAN
 HEPACT

② PEER-LED. NGO'S

NEED TO DEFINE PEER? COMPANION HOUSE
 CAMPAIGN WINNING HOUSE

CULTURALLY APPROPRIATE AND SAFE.

③ - CALD
 - ABORIGINAL & TORRES STRAIT ISLANDER

COMPANION HOUSE
 HEPACT
 MERIDIAN
 CSHC

SEX
 WORKERS
 TSONB
 MSM
 PWID - HEPACT/CAMPA

MERIDIAN
 PWID
 SHEPACT
 MERIDIAN

"INTERSECTIONALITY"

③ INPUTS & ENABLERS

- TRANSLATOR SERVICES
- PARTNERSHIPS/RELATIONSHIPS
- HUB ← MULTIFUNCTIONAL MULTI-SERVICE CENTER
 WIC? COMM HEALTH CTR?
- AFTER-HOURS SERVICES
- PEER WORKFORCE DEVELOPMENT
- CONSISTENT DATA - PROMS
- LIVED EXPERIENCE CONSULTATION
- TRUE CO-DESIGN
- OUTREACH
- NOT USA DEPENDANT

④ HOW WILL WE KNOW?

- IMPACT & OUTCOME EVAL
- PROMS
- ANECDOTAL EVAL
- SURVEYS.
- NOT VIA EXCEL SPREADSHEET
- PROCESS DATA! (NOT WITHOUT IMPACT)
- AMPLIFY (UNSW) CENTER SOCIAL IMPACT
- INFECTION RATES
- ENGAGEMENT

1. Where can we improve?

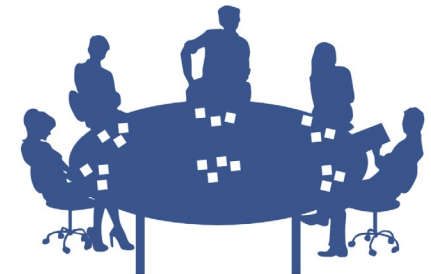
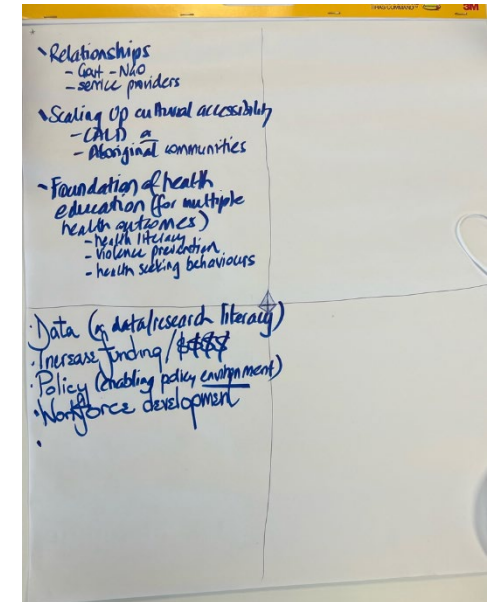
Where are we seeing emerging demand in new or existing services or similarly where are there gaps in the provision of services or the engagement of target groups (**volume, access, geographic, demographic and cultural reach**)



- Providing services into the Far North (and other unserved areas)
- Improve the proportion of services provided in a peer-led model – important to agree on definition of “peer” in each instance
- Focus on making all services more culturally appropriate and safe
- Greater emphasis on addressing the impacts of, and factors contributing to “intersectionality”

- Access to services for CALD communities (access, provision, follow-up)
- Outreach services to meet people “ where they are at...”
- Nurse Practitioner led care to improve flexibility, accessibility and efficiency

- Relationships - Govt and NGO, Service Providers
- Scaling up cultural accessibility – CALD and Aboriginal communities
- Foundation of health education (for multiple health outcomes)
 - Health literacy
 - Violence prevention
 - Health seeking behaviours



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2. Who might be well placed to deliver these improvements?

Who has the local capability or propensity to change and adapt to deliver services into these areas/populations and geographies of need.



SHFPACT

Meridian

Companion House

Multicultural Hub Canberra

Multicultural Youth services ACT

Multicultural Mental Health Network

NGO Outreach

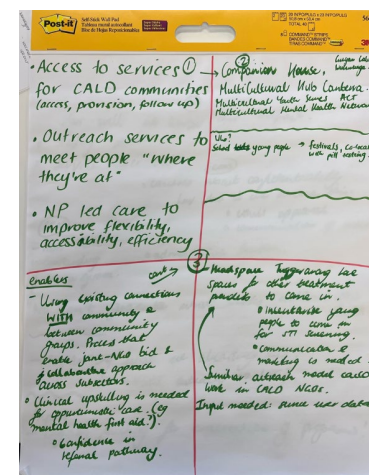
CSHC

Junction

HEPACT

CAHMA

WINNUNGA



Venues

Music Festivals (co-location with pill testing)

Schools



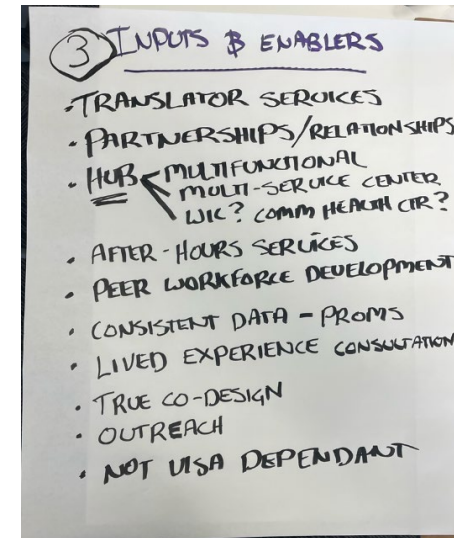
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3. What inputs or enablers are required to improve – e.g. Discuss on new and critical service inputs to be considered through future procurement to meet this growing demand, plug this service gap or coverage, engage this particular target group or culture



- Access to translator services
- Partnerships and relationships between funders, providers and target communities
- Hub (One Stop Shop) – multifunctional, multi-service centre, WIC or Community Health Centre
- More services available after hours
- Peer workforce development
- Consistent data including PROMS
- Greater consultation with people with “lived experience”
- True co-design
- Outreach services
- Extend access to CALD communities which is not VISA status dependent
- Using existing connections with community and between community groupsengagement opportunities with target groups (e.g. youth groups or CALD community festivals)
- Facilitate a process that enables joint NGO and collaborative approach across sub-sectors
- Clinical upskilling is needed for opportunistic care (e.g. mental health and first aid)
- Confidence in referral pathway
- Utilise physical space in other sites (e.g. Headspace Tuggeranong) for providers – incentivise young people to come in for STI screening – communication and marking is needed here
- Similar outreach model could work in CALD NGOs
- Service user data would be required
- Data/Data research literacy
- Enabling policy environment
- Workforce Development
- Increased funding
- Then STAS need to describe and value the flexibility to pivot activities (not describe it in detail)
- Funding needs to better reflect the burden of disease
- We can better measure activity (outcomes) for collective spend / impact (“like for like”)
- We work more towards controlling safe and accessible approaches to service provision



4. How will we know when we have made an improvement and a positive impact?

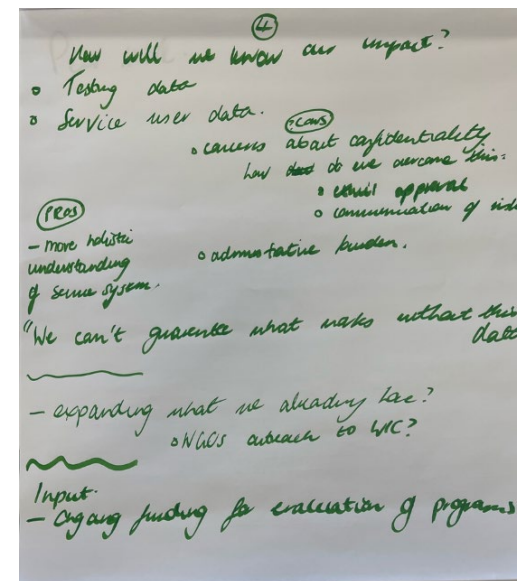
What measures or indicators will tell us we are meeting our communities needs?



- Impact and outcome evaluation
- PROMS (Patient Reported Outcome Measures)
- Anecdotal Evaluation
- Surveys
- Not collected via the current rigid excel spreadsheet
- Process data (not without Impact)
- Amplify Social Impact (UNSW)
- Infection Rates
- Client engagement scores

- Testing data
- Service User Data
- Good data will give us a more holistic understanding of the service system
- " We can't guarantee what workswithout this data."
- Expanding what we already have - NGOs outreach to WIC
- Requires ongoing funding for evaluation of programs

- In relation to data collection we must consider how we overcome:
 - Concerns about confidentiality
 - Communicate on the risks
 - Ethics approval
 - Administrative burden



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