

Item No. 9.	Classification: Open	Date: 23 June 2015	Meeting Name: Cabinet
Report title:		Halve It – Reducing HIV Late Detection	
Ward(s) or groups affected:		All wards	
Cabinet Member:		Councillor Barrie Hargrove, Public Health, Parks and Leisure	

FOREWORD – COUNCILLOR BARRIE HARGROVE, CABINET MEMBER FOR PUBLIC HEALTH, PARKS AND LEISURE

Southwark has the second highest HIV rates in the UK – second only to neighbouring Lambeth. This is a situation that neither council is prepared to accept, and through their Public Health responsibilities both are determined to help change.

The damage to human lives that HIV causes is well known. However, no one should now die from HIV infection. There are very effective HIV treatments available, which means that if the illness is detected early enough people living with HIV can expect a near normal lifespan.

Following the council assembly meeting at which cross-party support was given to the Halve-It Campaign, Southwark Council voted to halve by 2020 the rate of late and undiagnosed HIV.

It is fundamentally the late diagnosis of HIV which costs lives. Most HIV related deaths are of people who are diagnosed late in the course of their infection. This is a tragic and unacceptable waste of life and health.

Furthermore people with undetected HIV may also be infecting others by not knowing that they are carrying the virus. Evidence backs this up and shows that being on treatment will reduce the risk of transmission.

There is already much good work taking place which will improve the detection rates of HIV by extending the offer of HIV testing in a wider range of effective settings. I commend the implementation of the national guidance on HIV testing. I welcome the recent launch of the web based SH24 which will make HIV testing more accessible to Southwark residents.

This report sets out what further needs to be done in order to halve late and undiagnosed HIV by 2020.

RECOMMENDATIONS

1. That cabinet endorses the local efforts to halve the rate of HIV late diagnosis by 2020 and to do this by:
 - a. Implementing the Lambeth, Southwark and Lewisham (LSL) Sexual Health Strategy which includes a commitment to improving access to HIV testing by delivering on programmes of work outlined below
 - b. Implementing NICE guidance on HIV testing

- c. Widening access to testing across primary care settings (this may include expanding testing in specific locations and could include GP practices and potentially in high street pharmacies)
- d. Widening provision of HIV testing in acute settings (this may include providing additional testing services in medical wards, A&E and out patient services)
- e. Engaging with stakeholders (GUM, Primary Care, Community Services and patients/public) in designing and implementing testing services
- f. Widening access to HIV testing through SH24, Lambeth and Southwark's online sexual health service (SH24 is working with GUM clinicians to provide a viable alternative to people who are asymptomatic by signposting appropriately to the online service and reducing service cost)
- g. Establishing an LSL-wide C-card scheme (condom distribution) for both young people and vulnerable adults as part of a wider sexual health promotion programme
- h. Developing a 'Halve it delivery plan' (which includes prevention) for consideration by cabinet in six months.

BACKGROUND INFORMATION

- 2. At council assembly on 21 January 2015, Southwark Council resolved to support the 'Halve It' campaign on HIV testing by:
 - Acting to halve the proportion of people diagnosed late with HIV (CD4 count<350mm³) in Southwark by 2020
 - Acting to halve the proportion of people living with undiagnosed HIV in Southwark by 2020.
- 3. Council assembly further resolved to:
 - Ensure that rates of late diagnosed HIV are included as an indicator in its Joint Strategic Needs Assessment (JSNA)
 - Ask the Director of Public Health to provide a report outlining what needs to be done locally in commissioning and provision of services in order to halve late diagnosed and undiagnosed HIV by 2020
 - Become a supporter of the Halve It Coalition.

KEY ISSUES FOR CONSIDERATION

Context

- 4. Halve It:
 - recognises the importance of local action in coordinating and commissioning accessible and effective HIV testing to reach the undiagnosed and reduce late HIV diagnosis
 - recognises the high prevalence of HIV and commits to strengthening its own provision of HIV testing services through working with local NHS partners, HIV charities and patient groups
 - recognises that late HIV diagnosis is a Public Health Outcomes indicator in the Public Health Outcomes Framework
 - recognises the volume and quality of public health and local government guidelines and performance indicators designed to support local authority implementation and monitoring of appropriate and effective testing guidelines.

5. National context:
 - An estimated 107,800 people were living with HIV in the UK in 2013
 - The overall HIV prevalence in the UK was 2.8/1000 population aged 15-59 years (1.9/1000 in women and 3.7/1000 in men) in 2013
 - A quarter of people (24%) of people living with HIV are unaware of their infection and remain at risk of passing on their infection to others if they are having sex without condoms
 - Levels of late diagnosis remain high and need to be further reduced by increasing HIV testing
 - The proportion of people diagnosed late (with a CD4 count <350cells per mm³) has declined from 57% in 2004 to 42% in 2013.
 - People living with HIV can expect a near normal lifespan if they are diagnosed early.
 - People diagnosed with HIV late have a ten times increased risk of death within the year following diagnosis.

6. Regional context:
 - London has the highest rates of HIV in the country and is a public health priority
 - 48% of all new diagnosis were in London (2013)
 - There are over 32,000 people accessing HIV treatment and care in London
 - Thirty two London boroughs are areas of high HIV prevalence
 - Across London, the proportion of HIV diagnosed late ranges from 24-70% and HIV diagnosed very late ranges from 6-54%.

7. Southwark context:
 - The prevalence is 12.6/1000 (2013)
 - Southwark has the second highest prevalence rate for HIV in the UK – after Lambeth.
 - In Southwark there were 2692 people living with HIV. Of these 2692, 58% are men who have sex with men (MSM) and 30% black African
 - 39% of people who tested HIV positive in Southwark were diagnosed late and 23% were diagnosed very late.

HIV Prevalence 2013	England	London	Lambeth	Southwark	Lewisham
Numbers ¹	74,760	33,863	3,499	2,806	1,644
Prevalence (per 1000 15-59 year olds)	2.1	5.4	14.7	12.6	8.2
Late diagnosis % (2011-2013)	45%	44%	35%	39%	46%

8. MSM and black African heterosexual men and women are affected disproportionately by HIV infection. The HIV prevalence among MSM nationally is 59/1000 – this is higher in London where the prevalence is 132/1000. Among black African men the prevalence is 41/1000 and black African women 71/1000. Other risk groups include intravenous drug users (IVDU) with an HIV prevalence rate of 6.7/1000.

¹ (LSL) Adult residents (aged 15 years and over) receiving HIV-related care. Source: LASER reports 2013, PHE. (London and England) UK Country and PHE region HIV data tables No 1:2014. Source: PHE.

9. While the HIV prevalence is higher in these risk groups, the proportion of undiagnosed infection amongst MSM and IVDU is lower. The proportion of undiagnosed HIV among MSM is 16% and IVDU 10%. This is primarily because many are higher users of health and related services and offered regular testing. The proportion of undiagnosed HIV in heterosexuals is 31%. It is slightly higher in men (34%) than women (29%) and remains particularly high amongst black African men (38%). The lower rate of undiagnosed infection among heterosexual women is largely due to the effectiveness of the UK antenatal screening programme.

Exposure category	Total HIV infection	% undiagnosed	HIV prevalence per 1000 population
Men who have sex with men	43,500	16%	59.0
People who inject drugs	2,400	10%	6.7
Heterosexuals	59,500	31%	1.6
Men	24,000	34%	1.3
Black African ethnicity	13,600	38%	41.0
Non black African ethnicity	10,200	27%	0.6
Women	35,500	29%	1.9
Black African ethnicity	25,100	31%	71.0
Non black African ethnicity	10,300	23%	0.6
Total	107,800	24%	3.7

Costs of late diagnosis

10. People who are diagnosed with HIV late will have a poorer response to antiretroviral therapy and a worse prognosis than those diagnosed early. Reducing late and undiagnosed HIV has economic benefits. NICE guidance suggests that an improvement of just 1% in patients diagnosed earlier could save £212,000 a year for MSM and £265,000 for black African men and women. NICE estimate that if its guidance was implemented, 3,500 cases of onward transmission could be avoided within five years, saving £18 million per year in treatment costs.

Evidence of good practice to reduce late diagnosis of HIV

11. Evidence suggests that reducing late diagnosis of HIV requires a multifaceted approach including measures to encourage those at risk to come forward to be tested, education and support for clinicians to improve their knowledge of HIV and HIV testing (to reduce missed opportunities for early diagnosis), and widening HIV testing in line with national HIV testing guidance.

Current work

12. HIV testing is available in all specialist sexual and reproductive health service (acute and community). In Southwark this includes:
- GUM Clinics (Burrell Street and Kings)
 - Brook Sexual Health Services
 - Wise Up to Sexual Health (Dedicated young peoples sexual health service).
13. All GPs are commissioned to offer an HIV test to all new patients (PMS Contract). Training and support to general practices in Southwark under the

SHIP programme (Sexual Health in Practice) which trains and supports GPs to deliver sexual health services including HIV testing.

14. HIV testing is provided in homeless and substance misuse services.
15. The National HIV Prevention Programme (HPE) provide targeted HIV testing and outreach services across LSL that Southwark residents access regularly.
16. SH24 – online sexual health service for Southwark and Lambeth residents launched 1 March 2015 provides HIV testing as part of a full screen for sexually transmitted infections.
17. Southwark is actively involved in and supports national campaigns to increase access/awareness of HIV and testing (National HIV Testing Week/World AIDs Day).
18. Work with colleagues in CCG and NHS Trusts to support the introduction of HIV testing in hospital settings, including Accident and Emergency and General Medical admissions.
19. Community based HIV prevention programme (known as Safer) are targeting black African communities (outreach interventions to improve knowledge and reduce risk taking behaviour) and encouraging condom distribution. The Safer programme is commissioned to:
 - contribute to reducing late and undiagnosed HIV across LSL
 - increase primary care registration (and primary care HIV testing service)
 - actively engage with sexual health services (GUM and Primary Care) to increase awareness of and understanding of services
 - Actively challenge HIV stigma and discrimination (including homophobia)
 - support patients who test positive to access HIV treatment and care services.
20. LSL have signed up to the pan London HIV prevention project – which promotes HIV testing and prevention strategies including awareness raising, targeted prevention with risk groups and protection against transmission: Test, Protect, Prevent HIV – Do it London².

Further work

21. As detailed in the Lambeth Southwark and Lewisham Sexual Health Strategy additional work is currently being commissioned that will widen access to HIV testing in Southwark from 2016 onwards.
22. An LSL-wide sexual health promotion programme re-focusing resources towards prevention and health promotion and shifting resources out of diagnostic and treatment services and focusing more on prevention. The council has started a re-tendering process of the current Safer Programme and will procure a new sexual health promotion service from April 2016. This process is based on extensive consultation (as described above) and new evidence from an epidemiological needs review (led by the Association of the Directors of Public

² <http://www.londoncouncils.gov.uk/our-key-themes/health-and-adult-services/public-health/future-commissioning-hiv-prevention-service-2>

Health for the London HIV Prevention Programme which is hosted by Lambeth Council). The recently published 'Chemsex' study (also commissioned by Lambeth Council) has further added to a new and emerging evidence base that will underpin the development of a sexual health promotion approach to HIV and sexual health for the most vulnerable citizens of Lambeth, Southwark and Lewisham. This process will result in new partnerships with voluntary organisations to deliver innovative interventions that support and synergise with both national and regional HIV and sexual health programmes. The intention is to contract with a single (lead) provider which will reduce administration resources, increase overall output and provide better value for money.

23. Widen HIV testing in primary care and community pharmacy. Currently a public health led review of primary care and community pharmacy is mapping services and developing a commissioning plan for service reshape in 2016. This will include working with GP Federations to increase access to testing and providing testing in community settings such as pharmacies. NICE guidance recommends widening access to HIV testing in community based settings. Due to the high footfall, strategic locations and opening times, pharmacies are potentially a suitable location to further develop sexual health services. Commissioners are evaluating and assessing the potential opportunities to provide testing pharmacies in strategic locations across LSL.
24. Working with stakeholders, including providers, community and voluntary sector and clinical providers as part of the LSL provider forums to promote best practice and share learning about HIV testing programme and interventions
25. A Lambeth and Southwark Sexual Health Transformation project is being launched in June 2015. The project team will consist of commissioners, clinicians and service leads from Guy's and St Thomas' and Kings College Hospital NHS Trust, GPs, and public health consultants to drive forward sexual health service transformation. This will include a focus on improving pathways and access to testing

Community impact statement

26. In 2013 the prevalence rate of HIV was approximately 30x higher for MSM and black African men and women compared to the general population. Individual, societal and structural factors such as sexual behaviours, infections acquired abroad, migration and HIV related stigma and discrimination contribute to this disparity. Furthermore, once diagnosed and treated, living with HIV can impact on an individual's ability to work, their employment opportunities and leave to financial difficulties and social challenges.
27. HIV prevalence remains highest in the most deprived areas of England; this is particularly evident in London.
28. Increasing HIV testing and improved targeting of services will benefit communities experiencing a higher burden of undetected and late detected HIV disease. In particular, Black African communities and MSM will benefit. There will also be targeted work to improve access to services for newly arrived people and people who experience difficulties accessing services.

Legal implications

29. Legal implications are addressed in the comments from the Director of Legal Services, below.

Financial implications

30. HIV testing is commissioned within the public health financial envelop and investment to increase HIV testing is being managed within the public health financial allocation. The intention is to extend HIV testing through more efficient contract negotiation and improved targeting of 'at risk' groups. No specific budgetary implications are being identified outside of the financial envelop.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Legal Services

31. The National Health Service Act 2006 (as amended) requires both the Secretary of State and the council to take such steps that they consider appropriate for the improvement of the health of people, in England and in its local area respectively. The "steps" that the council must take may include (but are not limited to) providing advice and information; providing services, facilities and incentives to promote healthier living; and illness prevention and treatment.
32. The Secretary of State can arrange for his functions to be carried out by local authorities, and has made such arrangements as regards the provision of sexual health services in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (regulation 6). This requires the council to make arrangements for the provision of contraceptive services and exercise its functions with a view to preventing the spread of sexually transmitted infections and treating, testing and caring for people with such infections.
33. The measures outlined in the recommendation would appear to fall within the public health functions of the council as set out above.

Strategic Director of Finance and Corporate Services (CE/15/003)

34. The strategic director of finance and corporate services notes that any budgetary implications arising from this report will be contained within the existing Public Health budget.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Lambeth, Southwark & Lewisham Sexual Health & HIV Strategy	Public Health, Southwark Council 160 Tooley Street London SE1 2QH	Claudia Craig 0207 525 0280
http://www.lambeth.gov.uk/sites/default/files/SexuaHealthStrategyv28%20160414.pdf		
Sexual health & HIV needs assessment	Public Health, Southwark Council	Claudia Craig 0207 525 0280

Background Papers	Held At	Contact
	160 Tooley Street London SE1 2QH	
http://www.lambeth.gov.uk/sites/default/files/2013%20SH%20Epidemiology%20Report%20final.pdf		
The Chemsex Study	Public Health, Southwark Council 160 Tooley Street London SE1 2QH	Claudia Craig 0207 525 0280
http://www.lambeth.gov.uk/sites/default/files/ssh-chemsex-study-final-main-report.pdf		
NICE guidelines HIV testing		NICE
https://www.nice.org.uk/advice/lgb21		
HIV in the United Kingdom – 2014 report		Public Health England
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401662/2014_PHE_HIV_annual_report_draft_Final_07-01-2015.pdf		
HIV and STIs in men who have sex with men in London - September 2014		Public Health England
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357451/2014_09_17_STIs_HIV_in_MSM_in_London_v1_0.pdf		

AUDIT TRAIL

Cabinet Member	Councillor Barrie Hargrove, Public Health, Parks and Leisure	
Lead Officer	Ruth Wallis, Director of Public Health	
Report Author	Gillian Holdsworth, Assistant Director	
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CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	Yes	Yes
Strategic Director of Finance and Corporate Services	Yes	Yes
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