

TRIGGER TEMPLATE

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant, explain the respective responsibilities and provide officer contacts:
<p>Ali Young Head of Pathway Commissioning NHS Southwark Clinical Commissioning Group T: 07717 306352 E: ali.young@nhs.net</p>	<p>Partnership - Lambeth Council commissions these services across Lambeth Southwark and Lewisham (it is on behalf of the CCGs in Lewisham and Southwark).</p> <p>Andrew Billington Lead Commissioner for Sexual Health Public Health Commissioning Children, Adults and Health London Borough of Lambeth T: 020 7926 0203 abillington@lambeth.gov.uk</p> <p>Lewisham CCG Lead: Chris Gadney AD Commissioning NHS Lewisham Clinical Commissioning Group M: 07919528020 E: cgadney@nhs.net</p> <p>Lambeth CCG Lead: Bisi Aiyeleso Assistant Director – Service Redesign (Joint) Lambeth Clinical Commissioning Group Tel: 0203 049 4322 Mobile: 07557 631395 E: bisi.aiyeleso@nhs.net</p>

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
What change is being proposed?	<p>Ongoing redesign of care & support services for people living with HIV (PLHIV), the final stages of this redesign are:</p> <ol style="list-style-type: none"> 1) The continuation of two HIV specialist support services, namely, Peer Support (Metro) and Children & Families services for families affected by HIV (Metro/PPC) 2) Termination of 3 specialist support services for people living with HIV in

	<p>Lambeth, Southwark and Lewisham, and for pathways to be developed into mainstream services delivering alternative services. The services are:</p> <ul style="list-style-type: none"> i) Specialist Counselling for PLHIV (Terrance Higgins Trust (THT)) ii) Specialist Advice & Advocacy for PLHIV (THT) iii) “First Point” signposting of patients newly diagnosed with HIV (Metro) <p>3) Continuation of specialist support for people with neurocognitive impairment related to late stage HIV infection at the Mildmay Hospital.</p> <p>4) Continuation of the HIV Community Nurse Specialist Team which intensively supports patients who are struggling with treatment adherence in their homes.</p> <p>N.B. The three Councils continue to invest in HIV prevention services targeting the affected communities, this includes work to address stigma and targeted support for gay/bisexual men with substance misuse issues.</p>
<p>Why is this being proposed?</p>	<p>Prior to the transfer in 2013 of Public Health responsibilities to local authorities and HIV funding from PCTs to CCGs, a comprehensive service review of HIV care and support services was undertaken by Lambeth PCT (on behalf of Lambeth, Southwark and Lewisham PCTs with support from Lambeth, Southwark and Lewisham Councils). The finding of this review (which included extensive engagement with providers and service users) was that the HIV care and support service model was no longer fit for purpose, as the natural course of HIV infection had changed so radically since the services were set up. Due to the high prevalence of HIV across LSL, and the treatment advances that enable the majority of people with HIV to live a long and healthy life, there is a need to normalise and destigmatise HIV.</p> <p>In view of this, the recommendations of the review were where clinically appropriate to mainstream pathways for PLHIV, in line with other long term condition management, rather than having specialist services. Key</p>

	<p>reasons for this are:</p> <ul style="list-style-type: none"> ii) Ensure PLHIV have equitable access to mainstream care & support services iii) Ensure HIV can be effectively managed alongside multiple co-morbidities and other ageing conditions. iv) Ensure longer term sustainability of services that can respond to the growth in both the number and <p>Post transition (since April 2013) the recommended changes have been implemented in a staged approach, to date the following service changes have been made:</p> <ul style="list-style-type: none"> • The CASCAID (HIV specialist Mental Health service provided by SLAM worked with the IAPT service so they could support people living with HIV through psychological therapy where appropriate, and funding to CASCAID has been reduced. • The peer support contracts for people living with HIV were retendered last year and the new service is delivering more outputs at lower cost than was the case under the legacy contracts adopting an evidence-based expert patient approach and including peer mentors for those that require 1 to 1 support. <p>The next stage is to implement the recommendations as they pertain to care and support services and this trigger template relates to that change.</p>
<p>What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.</p>	<p>The Southwark CCG contribution to the three contracts that it is proposed to decommission totals £128,496</p> <ul style="list-style-type: none"> • Advice & Advocacy: £48,451 • Counselling: £33,298 • First Point: £47,197 <p>Final proposals will include any recommendations for reinvestment of these monies, following analysis of the consultation findings. This will include consideration of any necessary transitions</p>

<p>How you planning to consult on this? (Please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.</p>	<p>plans.</p> <p>The HIV care and support review carried out in 2012, which recommended the changes outlined in this document, included a formal public consultation exercise and involved extensive engagement with the public, providers and service users. More recently, further service user and public consultation on the final stage of the service review, specifically the proposals outlined above has been undertaken during April-June 2016. This is due to close on June 29th 2016. This has targeted people living with HIV, existing service users from across Lambeth, Southwark and Lewisham and all affected providers. Online & Paper surveys detailing proposed changes have been made available to service users and promoted through Healthwatch, HIV outpatient departments and the affected services themselves. Copies were made available in HIV treatment centres (Harrison Wing at GSTT, Caldicott Centre at KCH and the Lighthouse). In addition service users engagement events and focus groups with service users were facilitated across the 3 boroughs to inform the final decision, better understand the impacts and make recommendations for any mitigations where required.</p> <p>As of 31st May, 149 surveys have been completed, of which 33% were Southwark residents. The profile of respondents was broadly representative of the profile of people living with HIV in terms of gender, sexual orientation and ethnicity and therefore is reflective of those individuals disproportionality affected by the proposed service changes :</p> <ul style="list-style-type: none"> • Men: 62% • Women: 32% • Heterosexual: 42% • Gay male: 46% • Black/Black British African: 31% • White (British Isles): 31% • White (Other): 9% • Mixed (White and Black African): 5% • Black/Black British (Caribbean): 4% <p>Demographics of participants at engagement events was not collected, however these were also considered to be</p>
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	reflective of those communities most affected by HIV.
2 Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	N/A
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	N/A
Relocating an existing service	N/A
Changing methods of accessing a service such as the appointment system etc.	The proposals to date are to ensure PLHIV have equitable access to mainstream services for advice and advocacy, signposting and counselling. Work is being undertaken to assess capacity and capability of mainstream services to pick up and provide service for more people with HIV, and any risks that need to be mitigated. The intention is these proposals will improve access points for services through generic opening times, varied community locations and increased choice from that which is currently provided through the specialist provision.
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	<p>HIV disproportionately affects Black African communities and Gay/Bisexual men, advances in treatment and life expectancy mean that the age profile of patients living with diagnosed HIV is becoming older. The proposals are therefore most impactful for these groups and the service changes aim to ensure equitable access for these groups. Ensuring mainstream services can respond to the needs of PLHIV has been a key component to the more recent consultation.</p> <p>The replacement provision (i.e. more mainstream advice, advocacy and counselling services) currently provide services to these protected groups, and thus will by definition be accessible to these groups. The increased service accessibility (more locations, more choice of service) is likely to be positive for those who may have additional mobility needs.</p> <p>The EIA has been drafted and will be completed at the close of consultation. To date, the impact on the majority of protected groups (where data available) has been assessed as positive.</p>
3 What patients will be affected? (please provide numerical data) Briefly describe:	

Changes that affect a local or the whole population, or a particular area in the borough.	Not applicable
Changes that affect a group of patients accessing a specialised service	<p>In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care, of this cohort the following numbers of individuals have accessed the services which are being proposed to be mainstreamed:</p> <p>Advice & Advocacy: 267 Southwark clients per year (200 new)</p> <p>Counselling: 70 Southwark clients per year (29 new)</p> <p>First Point: 99 Southwark clients per year (48 new)</p>
Changes that affect particular communities or groups	<p>In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates</p> <p>Thus service changes will most impact on MSM and BME groups</p>
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	N/A
Delivering care using new technology	<p>Ensuring PLHIV have appropriate and equitable access to mainstream services, will open up access to new technologies available through those services. IAPT currently provide a range of services through multiple new technologies.</p> <p>Options for online counselling services delivered via HIV specialist services is also being explored as part of the transition planning.</p>
Reorganising services at a strategic level	Yes. Following the strategic review of HIV care and support services in 2012, changes to the commissioning landscape for HIV care and support were introduced through the Health and Social Care Act of 2012.

	The recommendations of the 2012 review are now being implemented. This involves a strategic change away from the provision of some specialist services (where clinical appropriate) and a move to ensuring that mainstream provision can respond to PLHIV.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	No
5 What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	<p>Clients seeking Advice/Advocacy services will access them via existing Southwark Citizens Advice Bureau services and Southwark's Local Support Team, based at Bermondsey Spa.</p> <p>Counselling will be accessed via Improving Access to Psychological Therapies (SLaM)</p> <p>Signposting to support services will be continued and provided by the specified HIV Peer Support Service.</p> <p>Work is underway with the mainstream services in terms of assessing any risks and agreeing mitigating actions as a result of these proposals.</p>
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	<p>The individual contract values of these services across LSL are all circa £150k or less. The current providers are all national organisations with multiple funding sources and therefore the proposed changes are not deemed to impact on their financial sustainability.</p> <p>The shift or activity to mainstream services is relatively small, therefore impact on the wider system is expected to be minimal.</p>
6 What are the planned timetables & timescales and how far has the proposal progressed? Briefly describe:	
What is the planned timetable for the decision making	<p>Consultation closes on 29th June.</p> <p>Southwark's Commissioning Strategy Committee will further consider recommendations following the consultation on 7th July. Therefore Southwark OSC are asked to give immediate comments on the proposals, to inform these discussions.</p> <p>Following this the CCG discussions will need to be aligned to ensure agreement across the 3 boroughs, final recommendations will be agreed by Southwark CCG's Information Governance</p>

	<p>Committee.</p> <p>Due to the need to align decisions across all 3 boroughs the final decisions of LSL agreed service changes are unlikely to be confirmed until end of July/mid August.</p>
What stage is the proposal at?	A 10 week consultation process with affected service users and other stakeholders across LSL will conclude on June 29 th .
What is the planned timescale for the change(s)	Following decisions being made across LSL during July, providers impacted by the final recommendations will be given 3 months' notice to support transition, with any service changes occurring from 1 st Nov 2016 at the earliest..
7 Substantial variation/development	Briefly explain
Do you consider the change a substantial variation / development?	The proposed changes are not considered substantial. The numbers of PLHIV affected by these proposals are low, in comparison to the wider population of PLHIV who will be entitled to access mainstream services. Robust transition plans are being developed to ensure the needs of PLHIV will continue to be met through alternative services.
Have you contacted any other local authority OSCs about this proposal?	<p>Lambeth considered the proposals as part of a wider package of changes to Public Health services on May 12th 2016. Lambeth OSC supported the HIV Care & Support proposals, did not consider these as substantial developments, and were satisfied with the level of consultation. The decision regarding final proposals is delegated to Council Officers.</p> <p>Lewisham will consider the item, consultation findings to date and the emerging recommendations at their meeting on June 28th.</p>