16 May 2012

Health and Adult Services Scrutiny Sub-Committee (London Borough of Lambeth)

Health and Adult Social Care Scrutiny Sub-Committee (London Borough of Southwark)

Update on Lambeth, Southwark & Lewisham (LSL) HIV Care & Support Review

All Wards

Report authorised by: Ruth Wallis –Director of Public Health NHS Lambeth

Executive summary

This report provides an update on the progress made across Lambeth, Southwark and Lewisham (LSL) in assessing the local needs of people living with HIV and undertaking a review of the portfolio of services providing HIV care & support services. This paper builds on a more detailed report that was presented to the HASC Board in November 2011. The project proposals have now been subject to a 3 month public consultation launched on 8th November 2011. A communication strategy was developed to ensure access to all consultation materials and events and also provided clear mechanism for the submission written responses. During the consultation 6 consultation events and 3 service user focus groups were held and these were advertised through provider and voluntary networks to ensure active reach into target communities. An online survey yielded over 70 respondents and 21 written responses were received by commissioners in response to the consultation documents. The engagement of LSL HIV service users in the consultation was significant, both within the consultation events and focus groups and through the written response mediums.

The consultation responses have now been collated and reviewed by the Service User Reference Group (SURG) and project steering group and an organisational response and final recommendations have now been developed following consultation. The integrity of the HIV Care and Support service model and care pathways proposed prior to consultation remain intact following the consultation. Some of the final recommendations and future commissioning intentions have been influenced by the consultation. The 'pace' of the change and scale of this redesign project were consistent themes throughout the consultation and will be managed through thorough transition and implementation plans. These plans and the final recommendations are now drafted and await final sign off by the respective clinical commissioning groups across LSL.

Summary of financial implications

None specific for Lambeth Council or Southwark Council realignment of resources as applicable for NHS Lambeth /Southwark and commissioning partners.

Recommendations

1. That the committee notes the work completed to date to review and re-model HIV Care & Support Services across Lambeth, Southwark & Lewisham.

2. That that committee considers the breadth/ reach of the consultation and the outcomes following consultation.

3. That the committee notes the Engagement and Consultation Plan (Appendix B) for the project and comments on any recommendations for improvement in going forward

Report History

Date report drafted:	Report deadline:	Date report sent:	Report no.:
24/04/12	02/05/12	02/05/12	
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Background documents

1. **HASC Report (October 2012) :** Lambeth, Southwark and Lewisham (LSL) HIV Care and Support Review

2. **LSL HIV Care and Support review: Full consultation report; Executive Summary (Nov 2012)** http://www.selondon.nhs.uk/a/1078

3. **Lambeth Joint Strategic Needs Assessment**

4. **The Health & Social Care Bill (2011)**
The Bill was introduced to parliament in Jan 2011 and contains provisions covering five themes; strengthening commissioning of NHS services, increasing democratic accountability and public voice, liberating provision of NHS services, strengthening public health services and reforming harm and care arm's-length bodies.

5. **The White Paper, Our Health, Our Care, Our Say'**
The Government Paper (published January 2006) which outlines a new direction for the whole of the health and social care system, with a radical shift in the way services are delivered. The paper aims to put people in control and shift to a greater emphasis on prevention.

6. **Modernising Social Services Health Act 1999** - The Health Act 1999 enabled health and social services to pool budgets, and deliver joint services.

7. **Supporting People Programme** - provides Housing Related Support to make a difference to people's lives, enabling people with support needs to choose from the widest range of housing and support options.

8. **Carer's (Equal Opportunities) Act 2004**
Social Services have a duty to inform carers of their right to have an assessment that must take into account their leisure, employment and education needs.

Appendices

Attached at **Appendix A** is the proposed HIV care and support service model post consultation

Attached at **Appendix B** is a breakdown of the final commissioning intentions and outline financial plans (12/13) following consultation

Attached as **Appendix C** Future commissioning intentions pre and post consultation

Attached as **Appendix D** is the project's Engagement & Consultation Plan

Attached as **Appendix E** is HIV Care & Support Review Consultation: Response from Health and Adult Social Care Scrutiny Committee, LB Southwark

Update on LSL HIV Care & Support Review- April 2012

1. Context

1.1 In 2010, the Health Protection Agency (HPA) reported[1] that there were 6516 individuals resident in LSL living with HIV (2855 in Lambeth, 2301 in Southwark, and 1360 in Lewisham) with a further estimated 28% being unaware of their infection. LSL alone accounts for approximately 11% of the diagnosed HIV infections in the UK and 24% in London. Lambeth is by far the most affected borough in the UK with a prevalence rate of 13.88 per 1000, followed closely by Southwark (11.25 per 1000 and the 2nd highest in the UK) and Lewisham (7.51 per 1000 and the 8th highest in the UK). The average prevalence rate for HIV across London is 5.24% per 1000.

1.2 Late diagnosis of HIV (diagnosis with a CD4 count <400 cells / mm3 which can indicate that an individual may have had the infection for approximately 7 years) is the most important factor associated with HIV related morbidity and mortality and inpatient care in the UK. Across LSL, over 50% of the HIV diagnoses are made late. The three PCTs have selected the reduction of late HIV diagnosis as a Staying Healthy target for HIV.

1.4 Significant advances in HIV treatment means that if diagnosed early, HIV is now a treatable medical condition and the majority of those living with the virus remain fit and well on treatment. This improved life expectancy has resulted in the shift in the age distribution of people living with HIV; showing clear signs of an ageing population. Of particular note is the rapid increase in the number of people living with HIV who are over 50 years of age, and likely to be affected both by long term anti-retroviral treatment (ART) side effects and age related chronic conditions such as cardio vascular disease, chronic obstructive pulmonary disease and diabetes and requiring wider health and social care services for older people and long term conditions management in the future.

1.5 These issues signify a major concern in terms of managing the growth of new diagnosis, reducing onward transmission and responding to an ageing HIV+ population within existing financial envelopes. In addition, a number of currently commissioned services are jointly funded through health monies and Local Authority (LA) contributions through the AIDS Support Grant (ASG) which may be subject to reductions in the Local Area Based Grants by April 2014.

1.6 In light of the continually increasing patient populations, changing long-term care needs and the resource challenges, LSL commissioners initiated a review of the existing portfolio of HIV care & support services and assessment of need to inform future commissioning intentions. This project aims to ensure that LSL provision for HIV care & support is modernised to reflect the changing needs of HIV positive patients in line with the epidemiological changes of HIV and biomedical advances of treatment.

[1] HPA (2010), Diagnosed HIV prevalence in Local Authorities in England, 2010

1.7 The objectives for the review element of this project were:

- To carry out a comprehensive needs assessment for care & support needs of HIV positive service users reflecting the changing face of HIV as a long term condition
- Review current provision of HIV care & support services to identify duplication and gaps in access and the effectiveness of current provision
- Develop a revised service model and identify future commissioning intentions for services commissioned by LSL PCTs and through the local authority AIDS Support Grant (ASG)
- Review current investment & the potential to release efficiencies to meet NHS & LA efficiency targets and provide funds for re-investment into 'HIV test & link to treatment prevention strategies
- Assess the appropriateness of mainstream health & social care services where appropriate to meet the HIV care & support needs of people living with HIV as part of the normalisation agenda and in recognition of HIV as a chronic long term condition.

1.8 This paper provides specific detail on the progress to date on the review of HIV Care & Support Services to inform the modernisation of HIV care & support service provision to reflect the changing needs of HIV positive patients in line with epidemiological changes of HIV and biomedical advances of treatment. This project has now been subject to a three month public consultation process from 8th November 2011 to 7th February to 2012.

2. The Public Health Need of HIV

2.1 In the UK the HIV epidemic primarily affects two main patient groups, men having sex with men (MSM)/ gay men, and black African heterosexuals. These 'at risk' population groups are particularly overrepresented in LSL; Lambeth has a 60/40 split of MSM / gay men and Black African heterosexuals living with diagnosed HIV, compared to 50/40 split in Southwark and 40/60 split in Lewisham. Both of these population groups are not homogenous and differ significantly across the three boroughs in terms of need and service usage.

2.2 As previously mentioned late diagnosis of HIV is a significant issue locally and it is not straightforward to identify the best approaches through which to target these 'at risk' communities in terms of HIV testing and this will continue to require consideration through future HIV prevention and HIV testing strategies. In addition the relative apportionment of late diagnosis in each of these affected groups will require ongoing analysis.

2.3 Over recent years the wide availability of highly effective ART has transformed HIV from an almost universally fatal illness to a manageable chronic condition, if diagnosed early. With treatment advances it is now commonly accepted that most patients can be expected to have a near normal life expectancy and live active and fulfilled lives. Some however will have complex medical and social needs which can impact on health outcomes and onward HIV transmission. A

further significant impact of ART is that HIV patient populations are ageing and will likely require wider health and social care services for older people.

2.4 These issues signify a major concern in terms of managing the growth of new diagnosis, reducing onward transmission and responding to an ageing HIV+ population within existing financial envelopes. In addition, a number of currently commissioned services are jointly funded through health monies and Local Authority (LA) contributions through the AIDS Support Grant which maybe subject to reductions in the Local Area Based Grants by April 2014.

3. Project Timescales, deliverables and accountability

3.1 Project Timescales & Deliverables

The project was initiated over the summer and went out for 3 month public consultation at the beginning of November until early February 2012. Consultation responses have now been collated and considered by the project steering group and the Service Users Reference group (SURG) and the final recommendations and future commissioning intentions following consultation are now awaiting final sign off through the respective Clinical Commissioning Groups (CCCGs) across LSL. Any required procurement processes will need to be started immediately where there is an intention for new services to commence from September 2012.

3.2 The review element of this project consisted of four key components:

a) Needs Assessment & Evidence Review
b) Service Review
c) Development of service model, options appraisal & recommendations for future commissioning
d) Engagement & Consultation

3.3 Accountability:

This project is being delivered by the LSL Sexual Health & HIV Commissioning Team with the support of the SEL SH & HIV Network. A project steering group was set up across LSL to oversee the project and full TORs were made available to this Board in November. This group continues to be chaired by Ruth Wallis, Lambeth DPH, and membership includes LSL SH & HIV Commissioners, representation from all LSL Public Health Departments, Social Care Commissioners and Provider leads from each LA, Clinical leads from all local HIV specialist services and NHS Patient & Public Involvement leads. This group reports progress to the Lambeth, Southwark and Lewisham Sexual Health & HIV Programme Board and recommendations for future commissioning intentions are to be made to the PCT Clinical Commissioning Boards and Local Authority Commissioning Boards across LSL.

Following the collation of the consultation responses and the review by the steering group and SURG and the finalisation of the organisational response, this project would be ready to move into an 'implementation phase' following sign off by the LSL Programme Board and the LSL CCCGs. It is proposed that the steering group then take on the role of an implementation group to provide ongoing project oversight. Revised TORs are to be ratified by the SURG, steering group, LSL Sexual Health & HIV Programme Board and signed off by LSL CCCG's.

4. Engagement & Consultation Plan

4.1 An LSL wide Engagement & Consultation Plan (appendix D) has been developed with NHS Patient and Public Involvement Leads, which has subsequently been consulted on with the LSL Stakeholder Reference Group and endorsed by the project steering group, Service User Reference Group (SURG) Health scrutiny panels across LSL and LSL clinical Commissioning Groups (CCCG's).

4.2 Engagement has been central throughout the project by ensuring that a wide range of stakeholders have been identified to oversee the project via the steering group. In addition successful stakeholder mapping events were held in July and August 2011 with providers across Health and LA's to inform the service review process. Service user representation has been significant at all pre stakeholder events and this has been further strengthened with the development of a Service User Reference Group (SURG) that shadows the steering group and has 8 active service user members. It is the intention that the SURG continue to inform the agenda and discussion for the implementation group and continue to make recommendations for consideration during the implementation phase of this long term change project.

4.3 Consultation was launched on the 8th November for three months until 7th February 2012 with a clear communication and promotion plan and processes for submitting written responses.

5. Portfolio of Services

5.1 The services reviewed within this project are those that sit within the LSL Sexual Health & HIV Commissioning Team's portfolio. These include services that are jointly funded by Health and Local Authority Monies (via the AIDS Support Grant). The full portfolio of services and associated costs were circulated within the previous report dated October / November 2011 (see Appendix C)

5.2 The proposed service model for HIV care and support that was developed following the completion of the public health needs assessment and service review and ongoing equality impact analysis has 3 core elements (please see Appendix A):

1. *Development of mainstream service provision* (Health & Social Care) to ensure that people living with HIV can have equal access to mainstream primary care, mental health and community services as this has not been the case previously. The long term view is that mainstream services should be the primary option for people living with a 'stable' HIV condition but will require a programme of service

re-design, including training, pathway development and information sharing protocols and awareness raising to ensure that services are competent and capable of working with people living with HIV. It is acknowledged that this is a long term project and will require comprehensive implementation plans across each pathway and therefore has led to the proposal of continuing to provide some specialist services for an interim period (see below) to ensure system readiness and capability is in place.

2. *Interim service provision*; this is a 3 year commissioning arrangement during which staged activity shift (of clients) will take place from specialist counseling, mental health services and day care services for physical rehab. For example, people living with HIV with low threshold mental health needs will move from 'specialist' mental health services into primary care talking therapies services and IAPT as appropriate. Implementation plans will include programmes of redesign and training and commissioners have pledged to undertake an additional piece of work to review the need for specialist HIV mental health services in going forward.

3. Specialist services for specific HIV related needs:

It is recognised that there are specific HIV related needs, specifically at significant points of an individual's disease progression or with complex patients, which require specialist services that cannot be provided within mainstream health & social care. It is therefore proposed that such specialist services remain an essential part of the local service models. The following services are considered essential services:

- Specialist HIV treatment services (responsible for prescribing of anti-retro viral treatment and other medical interventions)
- Specialist advice & advocacy services for people living with HIV (PLHIV); acknowledging the complexity and discrimination involved with PLHIV accessing health & social care services
- Specialist Peer Led/Mentoring Programmes for PLHIV (commissioned with clear health & social care outcomes such as expert patient programmes, newly diagnosed courses, and positive self management)
- Specialist Family Support for PLHIV (providing support to pregnant women and a holistic family approach to families infected and affected by HIV), Specialist Community Nursing Services for PLHIV (providing intense case management and community nursing services to complex patients)
- Specialist services for HIV related cognitive impairment (providing specialist HIV related cognitive impairment interventions.

6. Results of consultation

6.1 See section 5 and (appendix D) for details of the projects Engagement & Consultation Plan. A formal 3 month consultation was launched on 8th November

2012. The consultation report and executive summary and an 'easy read' plain english version of the executive summary were ratified by the SURG and project steering group and released into the public domain through the NHS SEL Cluster website (& NHS Southwark website) and the three Local Authority (LA) websites across LSL. An online survey was launched on the associated PCT & LA websites and the mechanisms for the submission of written responses were made clear.

6.2 The consultation promotion strategy included formal communications to HIV Treatment services through the Lead Commissioner within the London Specialist Commissioning Group (LSCG) to facilitate direct access to service users and providers, formal communications through voluntary sector commissioned providers including the African Health Forum that provided access into the wider network of African and African –Caribbean communities across LSL. Newspaper advertisements and flyers were developed to promote awareness and access to the consultation events and to the focus groups.

6.3 A series of 6 consultation events (2 per borough) took place between December 2011 and January 2011 reaching more than 91 stakeholders. Service users represented 40% of the attendees. The events took place on the following dates.

- 9th December 2011, 9.30am-12.30pm, Roben's Suite, Guys Hospital
- 12th December 2011, 2-5pm, Assembly Rooms, Lambeth Town Hall
- 13th December 2011, 9.30am-12.30pm, Lewisham Town Hall
- 5th January 2012, 6-9pm, Roben's Suite, Guy's Tower, Guys Hospital
- 9th January 2012, 6-9pm, Assembly Rooms, Lambeth Town Hall
- 10th January 2012, 6-9pm, Lewisham Town Hall

6.4 There were 70 responses from the on-line survey of which 63% were from service users. A series of 3 LSL service user focus groups took place in January 2012 reaching over 30 LSL service users. There were two 'targeted' focus groups for Black African communities and Men who have sex with men (MSM) / gay men and a 'mixed' service user group where representation from African Communities was high. These events were run at community centres across the three boroughs.

6.5 A total of 21 written responses were received, with provider responses making up 86%; service user 10% and 'other' 4%.

6.6 The collation of responses was presented to SURG and steering group in February 2012 and the organisational response to the consultation has been agreed by SURG & steering group and awaits sign off by the LSL CCCGs.

6.7 In general there was agreement with the general direction of travel of the HIV care and support proposals; principally of facilitating the management of HIV as a long term condition and building capacity within mainstream health and social care services to meet the ongoing needs of people living with HIV where appropriate and to provide equity of access to equipped mainstream services.

The main areas of discussion / 'concern' were in relation to the 'pace of change' and the general health and social care 'system readiness and the level of training and development that would be required for mainstream services.

These concerns will be mitigated and addressed through the development of robust transition plans and comprehensive implementation plans and business cases. Concerns about the future accountability for HIV care and support service provision post 2013 were evident throughout the consultation responses.

6.8 The main emergent themes were as follows:

- *Epidemiology / disease patterns*, there is a need to ensure that system re-design will manage the diversity of needs of people living with HIV particularly for ageing populations and within other population groups where HIV infections are seen to be increasing.

- *Mainstreaming:* The recurrent theme of the responses was 'system capacity' and how this would be developed across 'mainstream' health & social care services and how the readiness of these services would be managed and monitored. The pace of change of the transition and future accountability for the project was highlighted. The need for clarity about the future accountability for HIV Care and support service provision in the future also featured within the responses.

- *Assessment and coordination function*, this was a recurring topic at all consultation events and the subject of numerous written responses and highlighted the risks associated with the proposed decommissioning of the assessment and coordination function within the service portfolio. The consultation process facilitated a greater understanding of the role of this function and the positive outcomes it provided for users in terms of case management and ongoing assessment of needs and in providing support for more complex clients.

- *Peer Support:* Strong support evident throughout the consultation process on the importance placed by people living with HIV of 'HIV' specific peer support. Peer support was an emergent theme at all consultation and focus group events and framed many of the written responses. The pre consultation proposals were for the re-design of existing peer support provision to increase the focus on positive self management associated with long term conditions. and the development of peer led mentoring

- *Young people & transition:* This project focussed on mainly adult services, although family support is part of the current portfolio. However, throughout the consultation process concerns have been raised about the absence of a clear strategy on transition services for young people living with HIV and the impacts of HIV on children.

- *Mental Health:* Concerns about capacity and capability within mainstream services and the pace of transition. The need for a robust transition plan highlighted and the need to mitigate against the loss of specialist skills and knowledge.

- *Primary care:* Consistent again with concerns about pace of change and system readiness and clarity sought about the future role of GPs in meeting the needs of people living with HIV.

- *Stigma and Confidentiality:* Highlighted as key barriers to service changes and evident as a theme throughout all consultation events/ focus groups. Addressed within the 'topic guide' in all focus groups to explore methods to break down stigma and service users suggested their involvement in training delivery for mainstream services across health and social care as an important strategy. These proposals are being considered for further development as examples of co-production.

- *Additional risks*: Multiple references to future of the Aids Support Grant (ASG) in local authorities and challenges to the perception that funding levels of area based grants in LA's will reduce.

6.9 Following a comprehensive review of the consultation responses and themes the steering group and SURG have formulated the following recommendations as future commissioning intentions for implementation pending sign off by LSL CCGS (please see appendix C for additional detail)

- Maintain the integrity of the proposed HIV care and support service model and care pathways and move towards implementation over 1-5 years (See Appendix A)

  (a) Progress development of mainstream service provision over the next 3-5 years. Transition plans are to be drafted and will require sign off at LSL CCCGs and through LA Boards.

- Maintain existing investments in the 'assessment and coordination' function currently commissioned through the South London HIV Partnership (SLHP) on the basis of the consultation responses that has highlighted the risks associated with the loss of this function.

- Maintain the decision to decommission the HIV Health Trainers as proposed within the pre consultation commissioning intentions due to this service representing a 'duplication' of existing service provision.

- Maintain the decision to re-design the Peer Support service to have a focus on positive self management and the development of peer led mentoring. The recommendation is for the redesign and procurement process to be initiated for a new service start date in 2012.

6.10 Transition and implementation plans are now drafted following agreement by the steering group and await sign off by LSL CCCGs.

7. Organisational implications

7.1 Risk management:

The increasing HIV prevalence and in particular continuing high levels of late diagnosis in these vulnerable populations present great challenges for public health and local health and social care services. Nationally late HIV diagnosis has become the single highest largest risk factor for HIV related mortality and is associated with survival by about a decade. NHS Lambeth is implementing National Guidelines to reduce undiagnosed and late diagnosed HIV as well as tackling HIV related stigma through HIV training and education to health professionals. If the planned proposals for increasing earlier diagnosis are successful, then Lambeth's figures will initially increase further, which will have initial resource implications for commissioners although these will be offset by costs avoided in the long term from the reduced onward transmission of HIV and reduction in HIV associated acute and social care costs .

7.2 **Equalities impact assessment:**

Ongoing Equalities impact analysis has been a core element and an iterative process throughout each stage of this project in view of the 'equality' issues implicit to HIV such as homophobia and HIV related stigma. An Equalities Impact screening was completed pre consultation and made available with the consultation papers and an equalities 'lens' was applied to each of the consultation events where the 9 protected groups were introduced and formed part of the individual group discussions. Equalities came through strongly as a consistent theme in the online survey responses and was explored as a topic area within each of the 3 focus groups. A full equality impact assessment has been completed with the organisational consultation response and has identified ongoing areas for action during the implementation phases of the project. Future equalities impact analysis will be completed on the commissioning intentions where significant service changes have been cited.

7.3 **Community safety implications:**

The focus for this report is the prevalence of HIV and local actions to reduce morbidity and mortality of HIV infected individuals. There are no direct community safety implications.

7.4 **Environmental implications:**

N/A

7.5 **Staffing and accommodation implications:**

N/A

7.6 **Any other implications:**

N/A

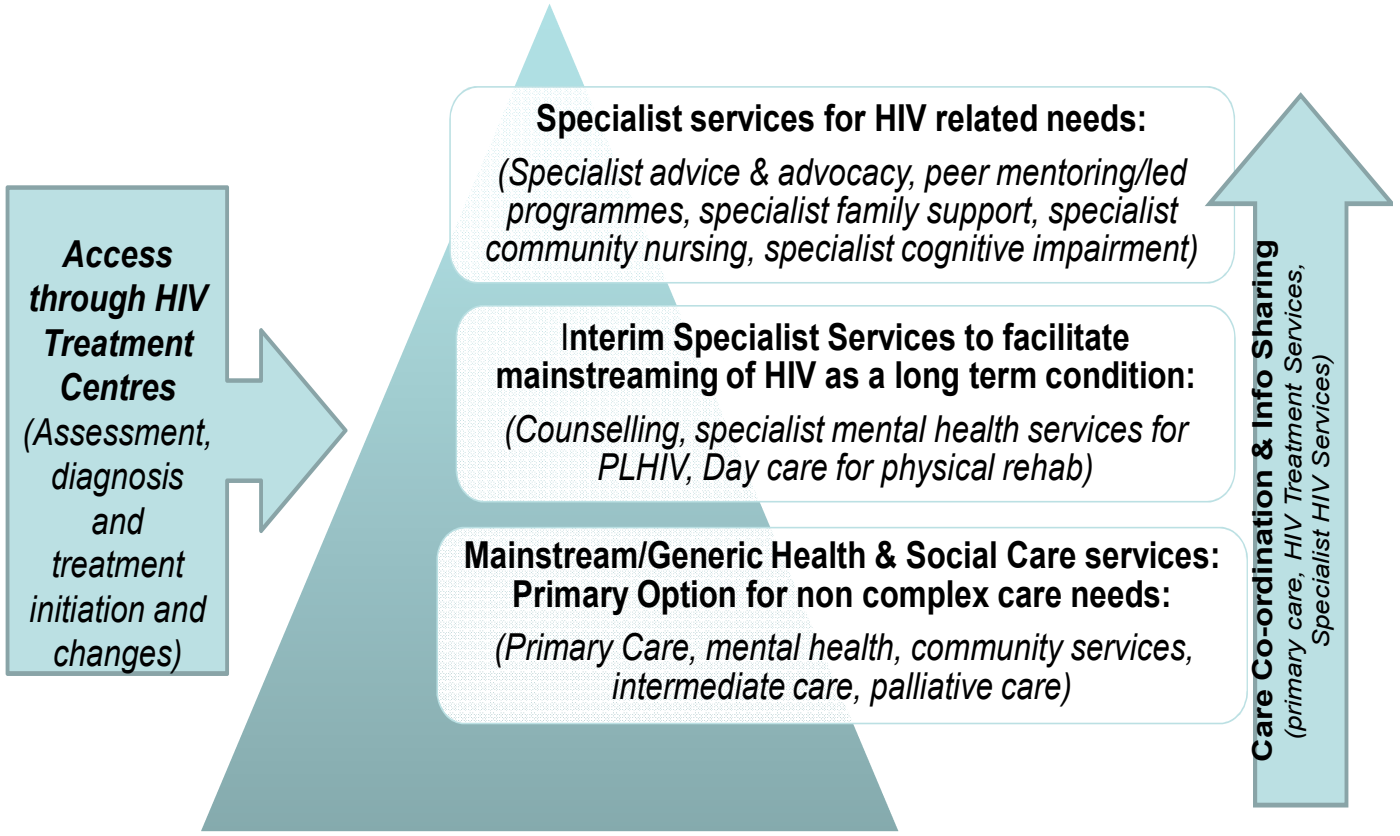
8. Timetable for implementation

The key project milestones are:

- Consultation organisational response and final commissioning intentions available **April /May 2012**
- Seek sign off of recommendations, future commissioning intentions and transition plans with LSL CCGs May/June 2012
- Initial service changes and implementation of revised commissioning intentions - May /June 2012
- Transition and Implementation plans drafted **May/June 2012**
- Procurement of any new service provision- **May to August 2012**
- New service starts (e.g. Peer Support) – **Sept /October 2012**

Service Model

South East London



A partnership of Primary Care Trusts in Bromley, Greenwich, Lambeth, Lewisham, Southwark and Bexley Care Trust

Appendix A

Appendix B

Commissioning Intentions associated with the service model		
Services	**Delivery Mechanism**	**Financial Implications/ funding source**
i) Improving access to mainstream services		
Primary Care	Pilots of 'shared management' to: • Improve access to primary care services • Develop potential involvement in case management as appropriate over time	• Cost neutral • Potential need for pump priming
Mental Health	Shift of activity from specialised services to: • IAPT (increasing access to Psychological therapies) • Community Mental Health Services	Staged / controlled transfer of resources from specialist HIV services to developed mainstream services through training and activity shift plans
Community Services	Access to mainstream services	Staged / controlled transfer of resources from specialist HIV services to developed mainstream services through training and activity shift plans
Intermediate Care	Access to mainstream services	Staged / controlled transfer of resources from specialist HIV services to developed mainstream services through training and activity shift plans
Palliative Care	Access to mainstream services	Minimal activity hence expected to have no significant cost pressure
ii) Provision of interim specialist support services to facilitate mainstreaming HIV as a long term condition (<u>≤</u> 3 years)		
Counselling	Potential renegotiation of existing provider/Tender for new service	Potential reduction in existing contract value over time through staged activity shifts
Specialist Mental Health Services for PLHIV*	Redesign/Respecify	Potential reduction in existing contract value over time through staged activity shifts
Day care for physical rehab	Maintain cost & volume arrangements with reduction in activity	Potential reduction in existing contract value over time through staged activity shifts
• **Specialist services for specific HIV related needs**		
HIV Treatment Services	Service Improvement through specialised commissioning	To be included in costs under national tariff, potential for short term funding
Assessment & Coordination function **	Potential negotiation with the existing provider / tender for new service	Within existing contract value
Advice & Advocacy	Potential renegotiation with existing provider/Tender for new service	Within existing contract value
Peer Led/Mentoring Programme **	Tender for new service	Need to cost up new service, shift of £86k from existing peer support provision into new service
Family Support	Redesign/Respecify	Maintain existing contract value
HIV Community Nursing Services (HIV CNS)	Redesign/Respecify	Potential for reduction in existing contract value over time following redesign
Community & Inpatient HNCI	Maintain cost & Volume contracting arrangements	Within existing contract value

* Future work is required on assessing the need for community services for HIV specific Mental Health needs i.e. HNCI long term

** Changes to the Commissioning Intentions following consultation

Appendix C

Recommendations for future commissioning pre and post consultation

Current Service (Provider)	Recommendations for future commissioning pre-consultation	Recommendations for future commissio
CASCAID (SLAM)	**Remodel & respecify** to provide an interim service which support shift to & capacity building within mainstream services. Release efficiencies from immediate shift/decommissioning and plan for **phased reduction in service/contract value**. Future direction of travel to explore need for specialist service to provide HIV specific Mental Health Services not delivered in mainstream mental health services such as HIV related cognitive impairment services	**Pre consultation status maintained**
HIV CNS (GSTT Community Services)	**Remodel & Respecify** to ensure delivers to most complex services focusing on hospital discharge planning, provision of step down community nursing packages, case management of co-morbid and complex social issues, complex adherence programmes. Review case mix and required capacity for services in line with remodelling, **potential reduction in contract value.**	**Pre consultation status maintained**
Family Support (Positive Parenting & Children)	**Remodel & Respecify** maintain contract value but re-specify to improve outcomes and focus existing service.	**Pre consultation status maintained**
Mildmay Residential & Day Care (Mildmay)	Inpatient HIV related neuro-cognitive impairment (HNCI): **maintain status quo** of cost & volume arrangements and placement panels. Outpatient HNCI: **maintain status quo** of cost & volume arrangements and placement panels. **Potential to reduce activity** levels through shift to CASCAID/existing community physical rehab services. Inpatient Physical Rehab: **maintain status quo** of cost & volume arrangements and placement panels. **Immediate Reduction in activity** levels through shift to intermediate care services with intention to **decommission** over time Outpatient Physical Rehab: **maintain status quo** of cost & volume arrangements and placement panels. **Immediate reduction in activity** levels through shift to community rehab services/CNS with intention to **decommission** over time	**Pre consultation status maintained**
Muslin Peer Support (AAF)	**Decommission** existing provision; consolidate with other peer support, **Recommission:** design and tender for new peer led/mentoring programme with a focus on positive self management	**Pre consultation status maintained**
Christian/Faith Based Per Support (LEAT)	**Decommission** existing provision, consolidate with other peer support, **Recommission:** design and tender for new peer led/mentoring programme with a focus on positive self management	**Pre consultation status maintained**
First Point (Metro- South HIV Partnership (SLHP)*	**Decommission**, mainstream assessment & referral service in Specialist HIV treatment services.	**Maintain funding for this function for 20 endorsed post consultation)** Assessment & referral service to remain HIV treatment services, discussions to be Specialist Commissioning Group (LSCG) r commissioning arrangements.
Advice & Advocacy (THT- SLHP)*	**Decommission & recommission** advice & advocacy service	**Pre consultation status maintained**
Counselling (THT- SLHP)*	**Decommission & recommission** interim service with **phased reduction** and **intention to decommission** over time	**Pre consultation status maintained**
Health Trainer (THT- SLHP)*	**Decommission**, mainstream provision through specialist HIV treatment agencies/Health Advisors/Peer led newly diagnosed programmes	**Pre consultation status maintained**
Peer Support (THT- SLHP)	**Decommission** existing provision, consolidate with other peer support, **Recommission:** design and tender for new peer led/mentoring programme with a focus on positive self management	**Pre consultation status maintained**

APPENDIX D: Communication & Engagement Plan

Communications and Engagement Action Plan for the HIV Care and Support Needs Assessment / Service Review

List here the communications / engagement objectives again so that you can refer to them in the first column.

1. Brief cluster & PCTS to address concerns / queries in relation to HIV Care and Support NA
2. Inform LSL Overview & Scrutiny Processes and allow for engagement & consultation throughout review
3. Engage with stakeholders throughout the review process
4. Develop Service User reference Group for NA/ Service Review to act as a shadow Board and to start beginning September
5. Consult with public, patients and key stakeholders across LSL on review findings & recommendations including focus groups and wider engagement activities

Objective Target	Activity required	Timescale/Milestone	Lead/ Resource required	Risks/Mitigating Action	Performance Indicators /Evaluation
1	*Brief cluster & PCTS to address concerns / queries in relation to HIV Care and Support NA* • Meetings with PPE leads (LSL) and Communication leads within Cluster • Preparation of Communications briefing about Need Assessment, process, time lines and engagement • Briefing to PCT and Clinical Commissioners	Mid July Mid August Mid August	JP/AY/ CF KS	Public unawareness generates high levels of concern and lobbying	(a) Briefing available (b) Monitor level of public queries monthly
2	*Inform LSL Overview & Scrutiny Processes and allow for engagement & consultation throughout review* • Finalise OSG dates across LSL: Lambeth 19th Oct (report end of Sept) Lewisham 9th Nov (report 31st Oct), Southwark Dec 7th (report 25th Nov) • Prepare presentation/ briefing on NA/ Service review engagement plans for LSL Stakeholder Group meeting 17th August (sub group of Cluster Commissioning Board) • Develop scrutiny paper • Identify Health Lead Councillors across LSL and brief prior to Scrutiny meetings	End July Mid August Mid August Beg Sept Beg Sept Beg Sept Sept-Nov	JP/AY/RW JP/AY/RW JP/AY JP/AY AY/JP AY/JP	R: Service Review not complete and rec's not ready: MA: Provide progress report including extensive engagement R: Scrutiny Leads/ BSU leads not sufficiently briefed MA: Early intervention with Leads	Scrutiny dates finalised Reports submitted against deadlines Scrutiny leads briefed

Objective Target	Activity required	Timescale/Milestone	Lead/ Resource required	Risks/Mitigating Action	Performance Indicators /Evaluation
	• Brief BSU Managing Directors in advance of Scrutiny meetings • Arrange subsequent OSG dates to present recommendations & consultation feedback	Sept-Dec Jan-March	AY/JP AY/JP		
3.	*Engage with stakeholders throughout the review process* • Inform providers of review Process • Plan Stakeholder mapping event with providers and service users • 14th July -Lewisham LA event (attended by 18 LA Commissioners and providers, mapping existing Social care pathways, providers, services and NRPF) • 19th July – LSL Stakeholder event to map client journeys, services, referral pathways and gaps • LA Southwark and Lambeth event • Stakeholder Event results written up • Ensure service user feedback/intelligence informs service reviews • Consult with providers on Service reviews	July July July July End of Aug Sept August August	AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA	R: Providers attendance low and non representative MA: Promote with managers and Dept leads , chase confirmed attendees Ensure information about event and intended outcomes of event are clear Do not gain a full picture of Social care pathways including NRPF for all LSL LA's	Good attendance Event Outcomes met Information gathered useful and contributes to service developments /changes
4.	*Develop Service User reference Group for NA/ Service Review to act as a shadow Board and to start beginning September* • Recruit service users onto a Service User Reference Group (SURG) that will shadow project Steering groups • Recruit through (South London HIV Partnership (SLHP) as have data network and MVE work stream; HIV services patient reps (GST, Kings); Family Support Provider (PPC) particularly for younger people • Develop role outline and briefing for recruiters	Early /Mid Aug Early Aug	JP/AY/GA/ CF	R: SURG not representative PLHIV in LSL MA: Ensure recruiters have briefing outline of project and vision of SURG	SURG in place for September 2011

Objective Target	Activity required	Timescale/Milestone	Lead/ Resource required	Risks/Mitigating Action	Performance Indicators /Evaluation
	• Agree incentives and travel expenses • Assign lead to work with Service Users / PPE chair • Book meeting dates and room for first meeting early Sept (confirm date) • Develop draft TORs / outline • Co-ordinate meetings for lifespan or review and implementation phases • Ensure SURG feeds into Project steering group • Raise awareness of SURG through consultation and focus groups events	Early Aug Early Aug Early Aug Mid Aug End of Aug Ongoing Ongoing Dec –Feb 2012			
5.	*Consult with public, patients and key stakeholders across LSL on review findings & recommendations including focus groups and wider engagement activities* • Launch of final review and recommendations • Hold two public consultation events in each borough 1. 9th December 2011, 9.30am-12.30pm, Roben's Suite, Guys Hospital 2. 12th December 2011, 2-5pm, Assembly Rooms, Lambeth Town Hall 3. 13th December 2011, 9.30am-12.30pm, Lewisham Town Hall 4. 5th January 2012, 6-9pm, Roben's Suite, Guy's Tower, Guys Hospital 5. 9th January 2012, 6-9pm, Assembly Rooms, Lambeth Town Hall 6. 10th January 2012, 6-9pm, Lewisham Town Hall 11. Hold Focus group with white MSM, Migrant/non migrant African men & women as part of consultation (dates 31st Jan, 4th Feb, 6th Feb) 12. Ensure review findings/recommendations goes to		JP/AY/GA/ CF Mid Oct Nov- Jan Nov- Jan Nov- Jan 11/12 Nov- Jan 11/12 Jan/Feb 12 Jan/Feb 12 Mar/April 12	R: Consultation events not sufficiently promoted MA: Engage PPE support and guidance on format and promotion of the event	Events well attended from user representative PLWHIV in LSL Legacy document developed Responses to consultation made publically available

Objective Target	Activity required	Timescale/Milestone	Lead/ Resource required	Risks/Mitigating Action	Performance Indicators /Evaluation
	SURG & peer support forums 13. Inform/consult OSG on review findings/recommendations/consultation responses 14. Collate Consultation responses 15. Publish consultation and final review/recommendations		 End Feb 12 End Mar 12		

COMMUNICATION AND ENGAGEMENT LOG

This log is a record of all the communication and engagement activity undertaken.

Date	Activity undertaken	Completed by	Notes
28th June 13th July	Meetings with PPE leads LSL Meeting with Communication leads SEL Cluster Engagement Plan completed	JP/GA JP/GA JP	Engagement/ Communications template provided / Ref group job roles
14th July	Lewisham LA Stakeholder mapping, Led by Ruth Hutt, Consultant in Public Health (NHSLew). Attended by 18 staff from Lewisham Social Care, CASCAID, HIV CNS, Alexis Clinic (HIV Specialist Services), joint commissioning team and 1 service user from Lewisham. 3 hour meeting to map client pathways into Social Care including Non Recourse to Public Funds (NRPF). Also outlined current generic, specialist HIV and voluntary sector support currently used by PLHIV.	RH / GA	The emerging themes from the event • That specialist HIV services are perceived as 'safe havens' • Disclosure of HIV status is still a major issue and potentially a barrier to accessing generic services • PLHIV need to travel out of Lewisham for many support services. For this reasons services which do home visits or provide transport are favoured • There is a tendency to refer straight into specialist services rather than go via generic services both on the part of the individual & the HIV clinicians (e.g. Go to CASCAID rather than CMHT, HIV specialist rather than GP) • There is a lack of local peer support groups available- loss of positive place means services don't know where to refer to (new group in New Cross identified) • Body & Soul highlighted as a popular service, even though currently not commissioned • A reluctance to use faith groups for support due to a mixed experience and concerns about the quality and accuracy of information and support given. • Training needs were identified for generic services and faith leaders.
19th July	Stakeholder Mapping event Robens Suite Guys attended by 67 staff across LSL Provider portfolio; HIV services, voluntary sector	RH JP/GA/RH	Preliminary notes completed, core themes:

	and commissioners Event write ups completed end July		Clarified client pathways (in and out) Service usage Preliminary mapping of LA pathways (follow up meetings needed)
30th June 25th July 29th July Beg July	Paper to Lew CCCB 30th June Paper to Lam CCCB HIV NA/ Service Review paper presented at Lewisham Adult Joint Commissioning Board Recruitment process for Service User reference groups started with SLHP Nathan Williams	RH RW JP JP	Emails sent, phone confirmation 3/8, JP to develop briefing
4th Aug 8th Sept	LA meeting Southwark –Tooley Street LA meeting Lambeth – LBL Streatham	JP/AY JP/GA	**Southwark:** Led by Sexual Health & HIV Commissioning Team with Southwark Physical Disabilities Team Attended by 1 Senior Commissioning Manager for Children's Services; 1 Commissioning Support Officer and 1 Team Leader for the Physical Disabilities Team. **Lambeth:** Attended by the Team Manager and a Specialist Practitioner for Physical Disabilities in Lambeth and the Team Manager for the NRPF Team
12th Oct	SURG meeting 1 –TORs, methods of working agreed and project update.	JP/GA	**Attended by 5 LSL service users**
26th Sept	SURG meeting 2 –TORs signed off, update on Needs Assessment, Options Appraisal reviewed.	JP/GA	**Attended by 6 LSL Service users**
11th Oct	SURG meeting 3 – Options Appraisal revisited	JP/GA	**Attended by 6 LSL Service Users**
Oct 11	SURG meeting 4 (Easy Read version developed / final consultation paper reviewed	JP/GA	**Attended by 4 LSL Service Users**
Dec 6th	SURG meeting 5 (Peer Support / support for consultation events	JP/GA	**Attended by 8 LSL Service Users**
21st Feb	SURG meeting 6 (Consultation responses themes presented)	JP/GA	**Attended by 6 LSL Service Users**
19th March	SURG meeting 7 (Consultation –organisational response)	JP/GA	**Attended by 5 LSL Service Users**