

Appendix E



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HIV & Sexual Health
(Lambeth, Southwark & Lewisham)

Health and Adult Social Care
Scrutiny Sub Committee,
Southwark Council,
160 Tooley Street,
London
SE1P 5LX

Monday 6th February 2012

Dear Jess,

HIV Care & Support Review Consultation

In response to the HIV Care & Support Review consultation that is being carried out on behalf of Lambeth, Southwark & Lewisham (LSL) Southwark's Health and Adult Care Scrutiny Sub Committee requested a presentation at our committee meeting on Wednesday 7th December 2011. The consultation is designed to assess the local needs of people living with HIV and to review the current portfolio of services providing HIV care and support services.

Following that presentation the committee resolved to make a formal response to the consultation and Councillor David Noakes, the Vice-Chair, agreed to lead on taking this work forward.

To better inform our response Councillor Noakes met with representatives of the UK's leading HIV charity the Terrence Higgins Trust (THT) in late December 2011 and also attended one of the Southwark public consultation events in the Roben Suite at Guy's Hospital on the 5th January 2012.

For ease of reference all subsequent paragraphs have been numbered.

Southwark's Health and Adult Social Care Scrutiny Sub Committee's Response

1. The Committee would like to begin by acknowledging the importance of high quality and appropriate HIV care and support services in the 3 boroughs, with Lambeth and Southwark being the two most affected boroughs in the UK with HIV prevalence rates of 13.88 per 1000 (Lambeth) and 11.25 per 1000 (Southwark).

2. The Committee notes that the 3 boroughs also have very high resident populations of the two main client groups with the highest levels of HIV infection and those most at risk of future infection-Black African heterosexuals and men who have sex with men (MSM). For these reasons this review is of immense importance to existing residents living with HIV, our wider constituents and to us as elected representatives.

3. The Committee would like to welcome the fact that the 3 boroughs have invested significantly in sexual health and HIV over the last 5 years and that the rationale for this review is not driven by making cost savings but because of the need to adapt services due to the fact that highly effective anti-retroviral treatment has transformed HIV from an almost universally fatal illness to a manageable chronic condition.

4. The Committee also welcomes the commitment to carry out a 3 month consultation and supports the stated scope of the project objectives in principal, although we do have some concerns and questions relating to how these are delivered and taken forward.

5. For reference the project objectives are as follows

- To carry out a comprehensive needs assessment for care and support needs of HIV positive service users reflecting the changing face of HIV as a long term condition
- Review current provision of HIV care and support services to identify gaps and effectiveness of current provision
- Identify future commissioning intentions for services commissioned by LSL PCT and Local Authority AIDS Support Grant (ASG)
- Review current investment and release efficiencies to meet NHS & LA efficiency targets and provide funds for re-investment into “HIV test and link treatment prevention strategies”
- Mainstream HIV care and support within generic health and social care where appropriate as part of the normalisation agenda and recognition of HIV as a chronic long term condition

6. In regards to the project objectives and the consultation the Committee would like to make the following comments

To carry out a comprehensive needs assessment for care and support needs of HIV positive service users reflecting the changing face of HIV as a long term condition

7. The Committee recognises the importance of any changes being informed by a comprehensive needs assessment and an effective and accessible

consultation. To this end the Committee would make the following comments and observations

8. That the consultation documents seen by the Committee do not clarify the scope of the needs assessment and whether this was a quantitative exercise to ascertain the number of service users accessing current services or included a wider qualitative assessment of the needs of current service users.

9. That if the needs assessment was purely quantitative the Committee would express its concerns about the weight that should be given to the needs assessment alone and would urge any decisions regarding future service provision should be further informed by the consultation responses and/or some qualitative research.

10. That a robust needs assessment is crucial to making informed choices about future care and support services for those living with HIV

11. That the Committee would seek clarity as to how those residents known to be living with HIV in the 3 boroughs have been informed about the consultation. The Committee is aware of the consultation events and the efforts of THT in informing their service users about the review but is unclear whether all those known to be living with HIV in the 3 boroughs have been written to as part of this consultation process.

12. That the Committee would like to be reassured that the supporting documents that have been used in the consultation are appropriate, understandable and accessible for different individuals and groups who are impacted or may wish to respond to this consultation.

Review current provision of HIV care and support services to identify gaps and effectiveness of current provision

13. The Committee supports the review of current provision and support services to identify gaps and the effectiveness of current provision and would make the following comments and observations

14 That at a time of continuing medical advances in regards to the treatment of HIV and the corresponding changing needs of those living with HIV the Committee believes that it is right and proper to review current provision of HIV care and support services.

15. That many of the current services appear to be valued by existing service users, as observed at the public consultation event, and that there is an understandable degree of anxiety about any changes to these services and the possible loss of services.

16. That the value of current services should be informed by more than just quantitative data

17. That there appears to be particular concerns around the reduction in funding for the provision of interim specialist support services such as counselling and specialist mental health services

Identify future commissioning intentions for services commissioned by LSL PCT and Local Authority AIDS Support Grant (ASG)

18. That in regard to the future commissioning intentions for services commissioned by the LSL PCT and Local Authority AIDS Support Grant the Committee would make the following comments and observations

19. The Committee notes the proposed service model and the three key components of the model: Improving Access to mainstream services; Provision of Interim Specialist support services to facilitate mainstreaming HIV as a long term condition and Specialist services for HIV related needs.

20. The Committee would reiterate the importance of maintaining some advocacy provision as not all service users are able or confident enough to effectively access services or challenge poor or inappropriate health and social care. Good quality advocacy can also be crucial in supporting those with HIV in maintaining or gaining employment.

21. The Committee supports the recognition that those with HIV at significant points of their disease progression or complex patients require specialist services.

22. The Committee supports the principal to have a phased implementation of the new system to ensure continuity of patient care in specialist support services and would urge flexibility regarding timescales for the withdrawal of interim specialist services based on the ongoing monitoring of the success of mainstreaming service provision.

Review current investment and release efficiencies to meet NHS & LA efficiency targets and provide funds for re-investment into “HIV test and link treatment prevention strategies”

23. The Committee notes the consultation documents expectation that no additional cost pressures are envisaged as a result of the proposed service changes and the proposed areas where any efficiency savings should be prioritised.

24. The Committee strongly supports the proposal to reinvest in the expansion of HIV testing as the key HIV prevention strategy across the 3 boroughs. The benefits of an early diagnosis and treatment at the appropriate time with anti-retroviral treatment have been clearly demonstrated both in regards to maximising health and social care outcomes and in regards to increasing life expectancy.

25. The Committee also supports diagnosing those individuals who are infected with HIV as part of a wider strategy of sexual health education to help reduce new infections.

26. The Committee supports as part of this strategy the extension of HIV testing into more mainstream health and primary services at locations across the borough, as well as improving the accessibility of sexual health facilities.

27. The Committee also supports reinvestment into the HIV care pathway to manage growth in new infections.

28. The Committee notes with concern the possibility of a reduction in overall HIV funding at a time when the costs of HIV treatment could continue to increase in the short to medium term as the result of new infections and reducing the numbers of undiagnosed.

Mainstream HIV care and support within generic health and social care where appropriate as part of the normalisation agenda and recognition of HIV as a chronic long term condition

29. While the Committee supports in principle the stated aim of mainstreaming HIV care and support within generic health and social care where appropriate this is also one of the areas of highest concern in regards to how this is put into practice. The Committee makes the following comments and observations

30. The Committee recognises the potential benefits of seeking to mainstream HIV care and support services in a number areas such as primary care, mental health and community services as a policy of de-stigmatising HIV but would reiterate the level of discrimination and prejudice that can still be targeted at people with HIV unlike those with other chronic manageable conditions such as diabetes.

31. The Committee also believes that prejudice and ignorance around HIV is not exclusive to the general public and other patients but can also be present in those working in the health and social care professions.

32. For this reason the Committee would like to be reassured about the timescales, scope and level of proposed training and development of the workforce within mainstream health and social care services.

33. The Committee would also like to seek reassurances that any mainstreaming of HIV care and support services will be robustly commissioned and monitored to ensure that HIV funding continues to benefit and be spent on those infected with HIV.

34. The Committee believes that to reassure and give confidence to both the Committee and service users more detail needs to be provided about the proposals to mainstream services prior to any final decisions.

Conclusion

In conclusion the Committee acknowledges the rationale and intentions of the consultation and thanks all those officers involved in the review for their hard work to date.

The Committee would welcome any feedback in regards to the comments, issues and concerns we have raised in our response and requests that we are kept informed of developments in regards to the provision of new HIV care and support services in Lambeth, Southwark & Lewisham.

Yours sincerely,

Councillor Mark Williams and Councillor David Noakes
Chair and Vice Chair of Health and Adult Social Care Scrutiny Sub Committee
London Borough of Southwark