JULIET REID
CEO
CENTRE FOR ALL FAMILIES
POSITIVE HEALTH – CAFPH

- NO DISCLOSURES TO DECLARE
What is the future of local clinical and community HIV service

- Why is it important for us to know about the future of these service
What is the future of local clinical and community HIV service

- Total number of people living with HIV in UK estimated to be 97,500-105,700 (PHE) 2017
- Total new infections 5,164 (PHE) 2017
- World wide 36.9 (UNAIDS 2017)
- Newly infected 1.8m (UNAIDS 2017)
What is the future of local clinical and community HIV service

- 95% of new HIV infections in eastern Europe and central Asia and the Middle East and North Africa.
- 16% of new HIV infections in eastern and southern Africa.
- Emerging high prevalence areas like China and Eastern Europe

(UNAIDS 2017)
What is the future of local clinical and community HIV service

Clinical services
- Testing
- Monitoring
- Treatment
- Early intervention
- Management of co morbidities
- Aging population
What is the future of local clinical and community HIV service

Local community services

- Still low levels of knowledge on HIV transmission, prevention and treatment
- High levels of stigma
- A real lack of understanding of how HIV treatments work and the importance of adherence
- Lack of understanding and reporting side effects
- Cultural issues
- Faith
What is the future of local clinical and community HIV service

Local community services

- Isolation
- Psychological and mental health
- Peer support
- Practical support
What is the future of local clinical and community HIV service

Why is there a downward spiral in commissioning?

- 12%
- £18,886,709 for 2015/16 to £16,797,256 for 2016/17

*The Future Of HIV Services In England Shaping The Response To Changing Needs, Kings Fund April 2017*
What is the future of local clinical and community HIV service

Changes in commissioning

- 2012 separated responsibilities for HIV and for sexual health between NHS England, local authorities and clinical commissioning groups (CCGs)
What is the future of local clinical and community HIV service

So what now?
What is the future of local clinical and community HIV service

ARE THE CHANGES IN COMMISSIONING AND FUNDING FOR HIV/AIDS PROPORTIONATE TO THE DIFFERENCE FROM WHAT HIV WAS TO WHAT IT IS NOW?
“No one we spoke to, at any level or in any part of the system, thought that the distribution of responsibilities for HIV since the 2012 reforms was right”

The Future Of HIV Services In England Shaping The Response To Changing Needs, Kings Fund April 2017
“A key problem we observed was that the 2012 reforms have led to a distribution of roles and responsibilities that is neither well suited to the specific challenges that HIV services need to address in the future, nor to managing the process of change that will be required. In particular, the system is not geared to helping HIV services evolve to meet the changing patterns of people’s needs; in fact, they sometimes make that harder.”
What is the future of local clinical and community HIV service

So what is the future

- Involvement of people living with HIV and other local stakeholders
“A key problem we observed was that the 2012 reforms have led to a distribution of roles and responsibilities that is neither well suited to the specific challenges that HIV services need to address in the future, nor to managing the process of change that will be required. In particular, the system is not geared to helping HIV services evolve to meet the changing patterns of people’s needs; in fact, they sometimes make that harder.”
REPORTED EXPENDITURE ON HEALTH PROMOTION FOR PRIMARY HIV PREVENTION IN LONDON FOR THE 4 YEARS 2013/14, 2014/15, 2015/16 AND 2016/17 AND BY TARGET GROUP

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Source: UK Investment In HIV Prevention: Examining UK Expenditure On Primary HIV Prevention And HIV Testing – NAT 2017
What is the future of local clinical and community HIV service

- The proportion diagnosed late was highest among heterosexual men (54%; 419/769) and women (48%; 441/922) (Figure 11) and particularly high among those of black African ethnicity (men (59%; 160/272) and women (51%; 249/485)). The lowest proportion of late diagnosis was among gay/bisexual men, with 30% (777/2,628) diagnosed late. Overall, 45% (62/139) of persons who acquired HIV through injecting drug use were diagnosed late (HIV in UK HPE 2017).
What is the future of local clinical and community HIV service

So what is the future

- There a need to tackle fragmentation, iniquity, inequality and disparity
- There is need to support key communities to be involved and have a say in decision, planning, strategy and policy making
So what is the future

Recommendations from NAT UK Investment In HIV Prevention: Examining UK Expenditure On Primary HIV Prevention And HIV Testing 2017

- Funding for the National HIV Prevention Programme to remain at least at the current levels without further cuts.
Government must address the inadequacy of public health funding by increasing the public health budget and should take steps to ensure that plans to move to business rates retention in local authorities do not compromise public health and lead to increased health inequalities, including HIV.
What is the future of local clinical and community HIV service

- PHE should consider how services delivered through an integrated sexual health service (ISHS) should be reported by local authorities through the annual returns process to ensure that transparency and accountability
What is the future of local clinical and community HIV service

- All local authorities should continue to value HIV prevention programmes which complement local activities.
- Commissioners funding joint HIV support and prevention contracts should ensure transparency.
- All local authorities should continue to value HIV prevention programmes which complement local activities.
Local authorities commissioning an integrated sexual health service (ISHS) should know how this service meets their local HIV prevention needs.

Local authorities with a high prevalence of HIV must address the HIV prevention needs of their local population through sexual health and HIV prevention services targeted at the highest risk populations.

Local authorities with an HIV prevalence of below two per 1,000 should be mindful of the potential for rates to increase in their area and should address their local HIV prevention and testing needs.
NHS Health Boards should ensure that organisations are adequately funded to fulfil the broad range of outcomes, across prevention and support, that are included in their contracts.
WE THE PEOPLE LIVING WITH AFFECTED HIV/AIDS, WE THE CLINICIANS WORKING WITH PEOPLE LIVING HIV/AIDS, WE THE PEOPLE COMMISSIONING SERVICES, ALL OF US NEED TO FIGHT TO ENSURE THAT HIV SERVICES ARE APPROPRIATELY FAIRLY FUNDED AND RESPOND TO THE NEEDS OF PEOPLE.
THANK YOU

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