

Are Health and Wellbeing Boards in higher HIV prevalence areas prioritising HIV prevention?

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From April 2013, Local Authorities (LAs) are responsible for public health, including local HIV prevention¹. Amidst uncertainty and concern about the impact that changes to public health strategies and commissioning will have on HIV prevention, the authors sought to establish whether HIV prevention is being prioritised in LAs with high HIV prevalence.

Background

Each LA is required, by the Department of Health (DH)², to identify public health priorities in a Health and Wellbeing Strategy (HWBS) derived from the LA's Joint Strategic Needs Assessment (JSNA). These two documents determine the priorities for public health commissioning in the local authority.

Thirty-five LAs were selected as having a diagnosed HIV prevalence greater than two per 1,000 population among adults aged 15-59³ and had >50 individuals diagnosed late between 2008 and 2011⁴ using Public Health England data (PHE).

Method

Each of the 35 higher HIV prevalence LA's, JSNAs and draft/final HWBSs were searched for the words 'HIV', 'sexual health', 'gay men' (or 'MSM' or 'LGBT') and 'African'. Content resulting from the searches was analysed.

For each JSNA, analysis was based on the relevancy of the content to the epidemiological context of the local authority. HWBSs clearly state their public health priorities, so subjective assessment to determine whether HIV is a priority was not necessary.

Results

Only 34% (12) of higher HIV prevalence LAs prioritised HIV in both their JSNA and HWBSs.

Just over half (18) of HWBSs in higher HIV prevalence areas have NOT included HIV as a priority, despite 83% of JSNAs in these LAs recommending HIV priority actions. Of these, Brighton and Hove, Camden and Hackney have diagnosed HIV prevalence >5 per 1,000.

JSNA Results:

- 28/35 (80%) of JSNAs included data on HIV and at least one recommended action
- 5/35 (14%) of JSNAs made some reference to HIV in the document but had no specific actions
- 30/35 (85%) JSNAs included some content on HIV, sexual health, MSM and African communities
- JSNAs for Manchester and Birmingham did not include any information about HIV
- 5 JSNAs did not include content on all the topics - eg, Brent had no information about MSM.

HWBS Results:

- 5 of 35 (14%) HWBs had not yet completed a draft or final HWBS
- of the remaining 30, 12 (40%) had prioritised HIV in their HWBS.

Conclusion

Not all higher HIV prevalence Local Authorities are prioritising HIV prevention. Some HWBSs reflect the data and recommendations in an LA's JSNA in an effective, targeted and outcome-focused way. At the moment, these LAs are the minority.

There is a role for community organisations, public health bodies and national networks to contact Health and Wellbeing Board members in higher prevalence areas to present the case for HIV to be included as a priority in their HWBS.

Acknowledgments

DH (funder of HIV Prevention England); PHE: Tom Hartney, Alison Brown, Valerie Delpech, Noel Gill, Anthony Nardone and the HIV/STI Department; HPE: Patrick Dollard (MBARC), Ben McClelland (Terrence Higgins Trust) and the HPE board.

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Local Authorities		
Barking and Dagenham	Hammersmith and Fulham	Milton Keynes
Barnet	Haringey	Newham
Birmingham	Hillingdon	Northampton
Brent	Hounslow	Nottingham
Brighton and Hove	Islington	Redbridge
Camden	Lambeth	Salford
Coventry	Leeds	Southwark
Croydon	Leicester	Tower Hamlets
Ealing	Lewisham	Waltham Forest
Enfield	Luton	Wandsworth
Greenwich	Manchester	Westminster
Hackney	Merton	

Wish you were here?

Merton's JSNA included extensive analysis of epidemiological and demographic data, showed a comprehensive understanding that prevention efforts can be targeted to those most at risk (identifying Black MSM and late diagnosis, as well as the role of recreational drug use) and identified further information required to improve HIV prevention in the area:

"...further information is required as to which African countries are represented in Merton," and "...more information is needed on the number of MSM accessing local GUM services."

Correspondingly, the HWBS included a number of sexual health priorities, including implementing HIV testing at new hospital medical admissions, contraception and sexual health services.

Merton
MSM and African Communities
Prevalence: 3.6 per 1,000
Late Diagnosis: 58%

What a carry on...

Brighton and Hove's JSNA states its high rates of HIV (7.59 per 1,000 prevalence in 2011) and acknowledges that sexual health is a public health priority.

HIV was recommended as a 'high impact social issue' during the development of the HWBS but has not been incorporated as a priority. The Chair, Councillor Rob Jarrett, was 'concerned that HIV was not a priority. He felt that there might be specific problems in Brighton and Hove that could not be left purely to the NHS to deal with.'

Councillor Rob Jarrett, Wednesday 12 September 2012, 5pm, Shadow Health and Wellbeing Board: <http://present.brighton-hove.gov.uk/issueDetails.aspx?id=31407&Opt=3>

Brighton & Hove
MSM
Prevalence: 7.59 per 1,000
Late diagnosis: 39%

¹ DH. Commissioning Sexual Health services and interventions: Best practice guidance for local authorities. London: DH. March 2013.

² DH. Joint Strategic Needs Assessment and joint health and wellbeing strategies explained - commissioning for populations. London: Department of Health. December 2011.

³ Diagnosed prevalence of HIV of >2 per 1,000 population aged 15-59 is available at http://www.PHE.org.uk/webc/PHEwebFile/PHEweb_C/1228207184991

⁴ Number individuals with a late diagnosis are available at <http://www.PHE.org.uk/web/PHEweb&Page&PHEwebAutolistName/Page/1272032270566>