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 prevention.1 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), 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 15–591 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
- 6/35 (18%) 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%) HWBSs had not yet completed a draft or final HWBS
- of the remaining 30, 12 (40%) had prioritised HIV in their HWBSs.

**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.

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4 Number individuals with a late diagnosis are available at http://www.PHE.org.uk/web/PHEweb/WEB/PHEwebAutoListName/Page/1272032270566