

## Bath & North East Somerset Council

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| MEETING/<br>DECISION<br>MAKER:                               | <b>Wellbeing Policy Development &amp; Scrutiny Panel</b> |
| MEETING/<br>DECISION<br>DATE:                                | <b>25<sup>th</sup> July 2014</b>                         |
| TITLE:   | <b>Sexual Health (HIV)</b>                               |
| WARD:  | All  |
| <b>AN OPEN PUBLIC ITEM</b>                                   |  |
| <b>List of attachments to this report:</b><br>No attachments |  |

### **1 THE ISSUE**

- 1.1 To update the Wellbeing Policy Development and Scrutiny Panel on the prevalence of, and related issues to, HIV infection in Bath and North East Somerset and detail actions the local authority is taking in support of the national *Halve It* campaign.

### **2 RECOMMENDATION**

- 2.1 Proposal 1: that the Wellbeing Policy Development and Scrutiny Panel discuss and consider the contents of this report.
- 2.2 Proposal 2: that the Wellbeing Policy Development and Scrutiny Panel support the actions being undertaken as detailed in point 6.4 of this report.

### **3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 3.1 There are no additional resource implications identified by the actions detailed.

## 4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 Human Immunodeficiency Virus (HIV) is an infection, which, without treatment, can result in progressive increase in illness and premature death. The main routes of transmission of HIV are via sex without a condom, using contaminated injecting equipment and from transmission from mother to baby during pregnancy, birth or breastfeeding. Around 25% of people living with HIV are not yet aware they are infected. Symptoms following infection do not always occur and can be general, meaning there is potential for infected people to transmit the virus unknowingly to others.
- 4.2 The public health department is responsible for detailing progress against a range of public health indicators as defined in the *Public Health Outcomes Framework*. The actions detailed in this report will support progress towards the reducing late HIV diagnoses indicator defined in the *Public Health Outcomes Framework* in addition to improving the wider sexual health and wellbeing of our diverse communities.

## 5 THE REPORT

- 5.1 At the end of 2011, there were almost 100,000 people estimated to be living with HIV in the UK. As a result of advancement in drug therapies people diagnosed with HIV are increasingly “living with” the infection, rather than dying as a result of it. Just under half (49.7%) of those newly diagnosed with HIV in England were diagnosed late – defined as having a CD4 count below 350 cells/mm<sup>3</sup> within 90 days of diagnosis. People diagnosed late have a eleven-fold increased risk of death within one year of HIV diagnosis compared to those diagnosed promptly (3.8% vs. 0.35%).
- 5.2 HIV infections that are diagnosed earlier can therefore lead to better health outcomes for individuals and lower costs to local authorities in terms of health and social care. The *Public Health Outcomes Framework* recognises these issues and has set a target to reduce the proportion of people with HIV who are diagnosed late.
- 5.3 *Halve It* is a group working with government and the NHS to reduce the proportion of people undiagnosed, and diagnosed late, with HIV through policy reform and good practice. Its membership includes the All Party Parliamentary Group on HIV and AIDS, the British Association of Sexual Health and HIV (BASHH), The Royal College of Physicians (RCP), National AIDS Trust (NAT), Terrence Higgins Trust (THT), and Gilead.
- 5.4 *Halve It* has the following two goals:
- To halve the proportion of people diagnosed late with HIV (defined as having a CD4 count < 350mm<sup>3</sup> within three months of diagnosis) by 2015
  - To halve the proportion of people living with undiagnosed HIV by 2015
- 5.5 In addition, *Halve It* is asking for the following actions to be taken:

- For National Institute for Health and Care Excellent (NICE) public health guidance on HIV testing to be implemented
- To ensure that local health organisations understand the importance and benefits of early HIV detection by supporting the *Public Health Outcomes Framework* indicator on HIV
- To offer incentives to test for HIV in a range of healthcare settings To ensure those diagnosed with HIV have access to anti-retroviral therapy (ART) to prevent onwards transmission of HIV
- To ensure quality assured self-testing kits for HIV, when available, are integrated into local HIV testing strategies

## 6 RATIONALE

- 6.1 In 2012 there were approximately 70 people living in Bath and North East Somerset (BaNES) diagnosed with HIV and receiving treatment and/or care. This makes our diagnosed HIV prevalence per 1,000 population aged 15-59 a rate of 0.6. This rate is one of the lowest in the country, with just 10 local authorities having a lower rate.
- 6.2 If we assume a similar level of those undiagnosed but living with HIV to the national average, we can expect the total cohort of those living with HIV in BaNES to be approximately 88 people.
- 6.3 Between 2010 and 2012 approximately 50% of persons diagnosed with HIV in BaNES were diagnosed late. This is similar to the South West average of 49.3% and the England average of 49.7%.
- 6.4 Although BaNES is a low prevalence area for HIV we are undertaking a range of actions to help local implementation of the *Halve It* programme, specifically:
- The local Sexual Health Board has recently been re-established and will support the undertaking of a rapid sexual health needs assessment ensuring its key focus is on making progress against the *Public Health Outcomes Framework* targets. This will include measures to reduce the numbers of people diagnosed late with HIV.
  - The local Sexual Health Board is in the process of developing a local strategy to increase the uptake of HIV testing particularly amongst the most vulnerable groups such as men who have sex with men (MSM), This will include analysing data from current service providers, working with local voluntary sector providers and taking the views of those within the cohort to help meet need
  - Our service specifications have been revised to ensure that HIV testing is now offered as a core intervention from mainstream sexual health services commissioned by the council. Currently 88% of BaNES residents who access a sexual health service are offered a HIV test with 76% subsequently accepting that test, compared to a South West regional average of 80% and 62% respectively (PHE 2013); we are seeking to increase this rate during 2014/15

- We are examining ways in which we can roll out point of care (PoC) HIV testing in collaboration with voluntary sector providers to enable self-testing. This measure will complement existing HIV testing already in place
- We are working with colleagues from BaNES Clinical Commissioning Group (CCG) during 2014/15 to examine opportunities to increase the level of HIV testing delivered through primary care settings, in addition to PoC testing as detailed above
- We are working with colleagues from NHS England who commission HIV treatment and care services to review and ensure there is consistent access to anti-retroviral therapy (ART) for those diagnosed with HIV. This will include clinical audit of CD4 and viral load counts and a review of local HIV pathways, to ensure local services are fully in line with British HIV Association (BHIVA) guidance
- Our specialist providers will be supporting the *It Starts With Me* targeted campaign by HIV Prevention England that will focus on groups at higher risk of HIV, such as men who have sex with men (MSM), by increasing awareness of the benefits of reducing HIV infection risk, commencing in Summer 2014

## 7 OTHER OPTIONS CONSIDERED

7.1 None

## 8 CONSULTATION

8.1 We have based these actions in accordance with national guidance, good practice and the needs expressed by service users. As part of the development of our local sexual health strategy we will further seek the views of service users and clinicians to examine what other actions we can undertake. Our recently reformed Sexual Health Board features all key clinicians and commissioners involved with HIV services, and will be a key driver to reduce late HIV diagnoses in Bath and North East Somerset.

## 9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

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| <p><b>Background papers</b></p>   | <p>DH (2013), <i>Public Health Outcomes Framework</i>, Department of Health, London; available at:<br/> <a href="https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency">https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency</a></p> <p>Halve It Coalition (2013), <i>Early Testing Saves Lives</i>, Halve It Coalition, London<br/>         available at:<br/> <a href="http://www.bhiva.org/documents/Publications/Halve_it_Position_Paper.pdf">www.bhiva.org/documents/Publications/Halve_it_Position_Paper.pdf</a></p> <p>NAT (2012), <i>HIV: A Strategy for Success</i>, National AIDS Trust, London; available at:<br/> <a href="http://www.nat.org.uk/media/Files/Publications/Oct-2012-HIV-a-strategy-for-success.pdf">www.nat.org.uk/media/Files/Publications/Oct-2012-HIV-a-strategy-for-success.pdf</a></p> <p>PHE (2013), <i>Sexual Health Quarterly Outcome Indicator Report</i>, Public Health England, Bristol; <b>NB: as this report contains patient identifiable data it is not available in the public domain</b></p> |
| <p><b>Please contact the report author if you need to access this report in an alternative format</b></p> |   |