

## Response to Request for Information

Reference FOI 000101  
Date 29 April 2016

### ***Primary HIV Prevention, Testing and Support Services***

#### Local authority spending in 2015/16 and plans for 2016/17

**Definitions for the purposes of this information request:**

**Primary HIV prevention:** Services which have as an exclusive aim or as one of their primary aims the prevention of HIV transmission and as their intended recipients people identified as at significant risk of acquiring HIV.

**Testing:** We include in this definition HIV testing services directly commissioned by local authorities but excluding those provided by GU/sexual health clinics.

For the purpose of this exercise we are not looking to gather information on expenditure on the following:

- GUM clinic activity
- HIV clinic activity
- Other acute secondary care provision (apart from HIV testing commissioned in these settings for public health reasons)
- Harm reduction services for people who inject drugs
- Services for people diagnosed with HIV which may support safer sex
- Wider sexual health services and programmes that do not have as one of their primary aims the reduction in onward HIV transmission (such as generic condom distribution programmes)
- Contributions to the London HIV Prevention Programme.

#### **Primary HIV prevention and testing in 2015/16**

Questions:

1. Did you have any contracts for primary HIV prevention (as defined above)?  
[Yes.](#)
2. Did you have any other contracts with specific HIV prevention KPIs, or specific prevention KPIs relevant to STIs for MSM or BME groups, or is HIV prevention mentioned in any other contractual documentation?  
[Yes.](#)
3. If the answer to any of the above is yes, please fill in the following in relation to these services:

(You may have more than one service which falls within an intervention type. Please use a new line for each service)

[Commissioned services for people living with HIV, prevention and testing fall into 4 areas](#)

1. [Social care, advice and a specialist social work service](#)
2. [Housing related support and social inclusion](#)

3. HIV information and prevention
4. Early testing, diagnosis and access to treatment

Response for Table 1

Overall expenditure in 2015/16 for all HIV Information & prevention and Early Testing, diagnosis and access to treatment services totals £59,972. We are unable to split the contract costs by service type listed in table 1 below.

The value of the contract for all Sexual health Services in 2016/17 including HIV Information & Prevention and Early Testing is £2.6 million. We are unable to split the contract award for 2016/17 by service type listed in table 1 below.

**TABLE 1**

Intervention type	Service Description and other information (e.g. description of KPIs)	Expenditure in 2015/16	Is this contract commissioned for 2016/17 and if so what is the value of the contract
Primary HIV prevention (health promotion activity) for :			
	Public Health Funding has delivered the following HIV information and prevention advice & expanded testing	See above	A new integrated sexual health contract (which includes CaSH/GUM/Chlamydia Screening/pharmacy and HIV prevention. See above for value
Men who have sex with men (MSM)	<ul style="list-style-type: none"> <li>• A minimum of one campaign (this could use nationally developed resources) shall be delivered per annum. A quarterly report of the impact of the campaigns shall be provided.</li> <li>• 9 outreach sessions or group events per quarter</li> <li>• Promotion of safer sexual practices to at least 120 individuals per quarter</li> </ul>	See above	See above for value
BME groups	<ul style="list-style-type: none"> <li>• A minimum of one campaign (this could use nationally developed resources) shall be delivered per annum. A</li> </ul>	See above	See above for value

	<p>quarterly report of the impact of the campaigns shall be provided.</p> <ul style="list-style-type: none"> <li>• 9 outreach sessions or group events per quarter</li> <li>• Promotion of safer sexual practices to at least 200 individuals per quarter</li> </ul>		
Other (please specify) sex workers	<ul style="list-style-type: none"> <li>• Three outreach sessions per quarter</li> <li>• Work with 10 individuals per quarter</li> <li>• Targeted approach to identify and support lone workers</li> </ul>	See above	See above for value
<b>HIV testing services (not including sexual health clinic services)</b>			
Primary care	<ul style="list-style-type: none"> <li>• The service should support the initiative to of HIV testing in Primary Care so that new patients are routinely registered (as part of new patient registrant) when joining the practice.</li> <li>• Increased confidence so that service users living with HIV can share their HIV status with their GP's</li> </ul>	See above	See above for value
Secondary care	<ul style="list-style-type: none"> <li>• The service should support the initiative to of HIV testing in secondary care to general medical admissions and emergency admissions</li> </ul>	See above	See above for value
Community (if targeting specific groups, please describe)	<ul style="list-style-type: none"> <li>• Clinics - One clinic a week with a particular focus on at risk groups- 100 individuals seen on a one to one basis</li> <li>• Minimum 150 tests per quarter</li> <li>• Distribution of condoms, femidoms and lubricant PLWHIV- Minimum of 8000 condoms distributed per annum</li> </ul>	See above	See above for value

	<ul style="list-style-type: none"> <li>Facilitation of testing- 4 training sessions per year. An annual report of the impact of the training shall be provided</li> </ul>		
Home sampling	<ul style="list-style-type: none"> <li>Access to free remote sampling services that allows people to self-sample independently with limited clinical involvement unless considered necessary</li> </ul>	Not specified	See above for value

[Response for Table 2](#)

**Support for people living with HIV in 2015/16**

4. Did you provide any funding through contracts or grants for services specifically supporting people living with HIV?

Yes.

5. Is support for people living with HIV explicitly mentioned within the contractual documentation for any generic services you funded?

Yes.

6. If the answer to either of the above, please fill in the following in relation to these services:

(You may have more than one service. Please copy and paste a new table for each service)

**Table 2**

Service/contract description	Expenditure	Is this contract commissioned for 2016/17 and if so what is the value of the contract
Social care, advice and a specialist social work service Housing related support and social inclusion	£100,000	£100,000
Support type	Does the contract include this service, yes/no (please also add any further information you wish to include)	
Peer support for people living with HIV (e.g. group or 1-2-1 peer support)	Provide a support and advice service for people living with HIV/AIDS. Provide support, emotional support and the co-ordination of support arrangements.	

	Monthly peer support groups will be organised.
Information, advice and advocacy for people living with HIV (e.g. housing or benefits advice)	Client support worker to provide advocacy, advice and signposting on welfare benefits, accommodation employment and immigration issues. Case management support will be given to people living with HIV. Specific Housing Related support of at least 15 hours of will be delivered to a minimum of nine service users.
Self-management (e.g. treatment and adherence information and healthcare engagement)	Self-management courses and group work will provide information advice and self-management skills to enable people to manage their HIV as a long term condition. 2 stand-alone self-management seminars will be held each quarter.
Sex and relationships support (e.g. sexual health support and disclosure support)	A specialist qualified social worker is employed by the provider to complete assessments and work jointly with a social worker from any of the adult service teams if a funded care and support plan is required to be put in place.
Psychosocial support (e.g. counselling and mental health services)	The social worker would deliver some degree of psychological support and refer on where more specialist skills and interventions are required
Other (please specify)	