

# Southend-on-Sea Borough Council

## Report of the Director of Public Health

to

Cabinet

on

15<sup>th</sup> March 2016

Report prepared by:

Simon D Ford, Senior Public Health Manager (Sexual Health)  
and Andrea Atherton, Director of Public Health

Agenda

Item No.

---

### HIV Motion

People Scrutiny Committee  
Executive Councillor: Councillor Moyies

#### *A Part 1 Public Agenda Item*

---

#### 1. Purpose of Report

- 1.1 On 10<sup>th</sup> December 2015, the Council referred back the Cabinet's initial response to the HIV Motion first moved at Council on 22<sup>nd</sup> October 2015 and set out in **Appendix 2**. A revised response, which meets the general objectives of the HIV Motion (the Southend-on-Sea Borough Council HIV Position Statement set out in **Appendix 1**), was agreed at Cabinet on 5<sup>th</sup> January 2016.
- 1.2 The Southend-on-Sea Borough Council HIV Position Statement was discussed at People Scrutiny Committee on 26<sup>th</sup> January 2016, when it was referred back to Cabinet for further consideration.

#### 2. Recommendations

- 2.1 That Cabinet review and endorse the Southend-on-Sea Borough Council HIV Position Statement set out in **Appendix 1**.

#### 3. Background

- 3.1 Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system (CD4 cells), weakening its ability to fight infection and disease. There is currently no cure for HIV but there is a range of effective treatments.
- 3.2 People living with HIV can expect a near normal life expectancy if they are diagnosed and treated promptly. A late HIV diagnosis (defined as having a CD4 cell count less than 350/mm<sup>3</sup>) can have adverse consequences on the

individual including making it more likely the person will have frequent admissions to hospital due to illness and reducing their life expectancy. Late diagnosis of HIV also increases the risk of transmission of the disease within the population.

- 3.3 Southend-on-Sea is considered to be a high prevalence area for HIV. There has been a slow increase in HIV prevalence over the last four years both in England and in the local authority area, with Southend-on-Sea reaching a maximum of 2.99 cases per 1,000 population aged 15-59 in 2013. However, the latest data (2014) confirms that this trend has currently halted and the prevalence of HIV in Southend-on-Sea is 2.75 cases per 1,000 population aged 15-59.
- 3.4 Over the last five years there has been a continued downward trend in the proportion of individuals diagnosed late with HIV in Southend. The proportion of HIV diagnoses made late in England, East of England and Southend-on-Sea from 2009/11 to 2012/14 is shown below:

	Southend-on-Sea (%)	East of England (%)	England (%)
2009-11	58.3	52.7	49.8
2010-12	57.8	51.2	47.9
2011-13	51.0	51.7	45.0
2012-14	43.2	52.4	42.2

- 3.5 There has also been a reduction in rate of new HIV diagnosis in Southend over the last two years. In 2014, there were 7.5 new HIV diagnosis per 100,000 population among people aged 15 or above in Southend, which is lower than the regional and England average (8.4 and 12.3 new HIV diagnosis per 100,000 population among people aged 15 or above respectively).
- 3.6 The proportion of people with undiagnosed HIV at a local authority level is derived from statistical modelling based on a range of surveillance and survey data. Whilst recognising the difficulties in accurately predicting the numbers of people who are unaware of their HIV status, a crude estimate based on 2014 figures suggests that 48 people in Southend-on-Sea are unaware of their HIV positive status.

#### **4.0 Sexual Health Services in Southend-on-Sea**

- 4.1 Since April 2013, local authorities are responsible for the commissioning of sexually transmitted infection (STI) testing and treatment in specialist services and those commissioned from primary care under local public health contracts, chlamydia screening as part of the National Chlamydia Screening Programme, HIV testing including population screening in primary care and hospital general medical settings; and partner notification for STIs and HIV.
- 4.2 Clinical Commissioning Groups are responsible for commissioning HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments).
- 4.3 HIV testing and information to support access to HIV testing is provided through a number of services.

- 4.4 Terrence Higgins Trust: The Council has a contract with Terrence Higgins Trust (THT) to provide a Sexual Health Promotion and Community HIV Prevention Service. The service includes the delivery of community-based health promotion and prevention activities relating to HIV and STIs in Southend-on-Sea and is designed to improve knowledge, reduce stigma and promote access to testing in local sexual health services. The service promotes HIV testing to the general public; provides targeted interventions for those most at risk of HIV, and health promotion and HIV prevention support to people living with HIV.
- 4.5 Integrated Sexual Health Service: The Council has recently commissioned the SHORE (Sexual Health, Outreach, Reproduction and Education) Integrated Sexual Health Service, which is led by South Essex Partnership Trust in collaboration with Southend University Hospital Foundation Trust and Brook young people's sexual health charity.
- 4.6 This service provides STI testing including HIV testing; managing HIV testing in General Practice through new patient registration processes; and manages the Terrence Higgins Trust contract. Interventions for HIV testing within SHORE include same day HIV testing as part of a four STI test offer (HIV, syphilis, chlamydia and gonorrhoea) and full STI screening across its sites.
- 4.7 The contract with SHORE includes: provision for the promotion of all services, clinics and key sexual health messages to the public and high risk and harder to access population groups, using appropriate media and marketing techniques and outreach according to target groups; delivering targeted outreach activities in ward areas of highest need and with high risk and harder to access population groups; and ensuring all promotional activities are in line with national campaigns and events.
- 4.8 The National HIV Self-Sampling Service went live on the 11th November 2015 and is funded by Public Health England until 31<sup>st</sup> January 2016. The Southend Public Health Department has indicated an intention to commission this HIV self-sampling service.
- 4.9 The Council currently spends £1.6 million on HIV and sexual health services including contracted services and out of area cross charging activity, which accounts for 18.1% of the public health department revenue budget.
- 5.0 A new Southend-on-Sea Borough Council HIV Position Statement in response to the HIV Motion**
- 5.1 At Council on 22<sup>nd</sup> October 2015 the Notice of Motion relating to HIV testing (as set out in **Appendix 2**) was proposed and seconded.
- 5.2 The HIV Motion stood referred to Cabinet which considered the matter at its meeting on 10<sup>th</sup> November 2015. The Cabinet's response is recorded in Minute 402 at **Appendix 3**.

Cabinet minute 402 was noted at People Scrutiny Committee on 1<sup>st</sup> December 2015, with the matter being referred up to Council under SO.39.

At Council on 10<sup>th</sup> December 2015 the Cabinet's response in minute 402 was referred back to Cabinet for reconsideration.

In light of this reference back, the matter was subject to detailed reconsideration.

5.3 The "Halve It" campaign referred to in the HIV Motion is a coalition of national experts "working with all levels of government and the NHS to reduce the proportion of people undiagnosed and diagnosed late with HIV through public policy reform and implementation of good practices". "Halve It" has nationally proposed a motion to halve the proportion of people diagnosed late with HIV, and to halve the proportion of people living with undiagnosed HIV by 2020.

5.4 A number of factors may impact on the ability to halve the proportion of people living with undiagnosed HIV or diagnosed late with HIV in the next four years. These include the uncertainty of the continued current level of funding for sexual health and HIV testing services, population change and a limited data trajectory to date to accurately predict the rate of reduction of late diagnosis of HIV by 2020. In addition, as this statistic relates to small numbers of people, it can be subject to large variations in percentage terms from even a small change. As there are no means to accurately identify the number of people living with undiagnosed HIV in a community, it is not possible to accurately measure a reduction in percentage terms.

5.5 It was therefore recommended that rather than adopt the "Halve It" national motion on reducing late diagnosed HIV, the Council adopts the HIV Position Statement at **Appendix 1**.

This Position Statement:

- recognises the importance of the subject
- records steps already taken by the Council; and
- resolves to take further action to address the issues in the HIV Motion, including increasing HIV testing over the next 5 years to ensure the downward trend of late diagnosed HIV is maintained.

5.6 The Position Statement was considered at Cabinet on 5<sup>th</sup> January 2016. The Cabinet's response is recorded in minute 527 at **Appendix 4**.

5.7 Cabinet minute 527 was noted at People Scrutiny Committee on 5<sup>th</sup> January 2016, together with a report of the Director of Public Health, with the matter being referred back to Cabinet for further consideration - **Appendix 5**.

## **6. Other options**

6.1 That the original HIV Motion is agreed or other measures are introduced to reduce the proportion of people diagnosed late with HIV in the Borough.

## **7. Reason for recommendations**

7.1 A late HIV diagnosis can have adverse consequences on the individual including making it more likely the person will have frequent admissions to

hospital due to illness and reducing their life expectancy and also increases the risk of transmission of the disease within the population.

## **8. Corporate Implications**

### **8.1 Contribution to Council's Vision & Corporate Priorities**

Increasing the uptake of HIV testing will help to reduce the proportion of people undiagnosed or with a late diagnosis of HIV.

### **8.2 Financial Implications**

The Council currently spends £1.6 million on HIV testing and sexual health services including contracted services and out of area cross charging activity, which accounts for 18.1% of the public health department revenue budget.

This does not include any future budget required for the HIV self-sampling service or additional promotional activities or advertising on social media sites and dating apps.

The recent autumn public spending review signalled a 3.9% average cut to local authority public health allocations, every year for the next 4 years. This reduction is on top of a 6.2% cut already made by central government in the current financial year. The cumulative reduction to the Council's public health budget is likely to impact on the future funding available for sexual health services and HIV testing.

### **8.3 Legal Implications**

None

### **8.4 People Implications**

The Council aims to ensure that all individuals resident in the Borough have access to comprehensive, open access and confidential HIV testing, contraception services and sexually transmitted infections testing and treatment services.

### **8.5 Property Implications**

None

### **8.6 Consultation**

None

### **8.7 Equalities and Diversity Implications**

Access to HIV testing and sexual health services is available to anyone present in the Southend-on-Sea area. Commissioned services deliver targeted activities to populations most at risk of being diagnosed with HIV.

## 8.8 Risk Assessment

Failure to implement increased access to HIV testing could have a negative impact on sexual health outcomes in the local population.

## 8.9 Value for Money

All contracts for sexual health and HIV testing services have been awarded on a competitive basis. Early testing and diagnosis of HIV can reduce treatment costs.

## 8.10 Environmental Impact

None

## 9. Documents used to inform this report

Southend-on-Sea Sexual Health Profile

## 10. Appendices

**Appendix 1** - Southend-on-Sea Borough Council HIV Position Statement

**Appendix 2** - Notice of Motion first moved at Council on 22<sup>nd</sup> October 2015

**Appendix 3** - Cabinet Minute 402, 10<sup>th</sup> November 2015

**Appendix 4** - Cabinet Minute 527, 5<sup>th</sup> January 2016

**Appendix 5** - People Scrutiny Minute. 26<sup>th</sup> January 2016

## Appendix 1 Southend-on-Sea Borough Council HIV Position Statement

That this Council:

- (i) recognises the importance of its commissioning responsibility to deliver accessible and effective HIV testing services to reach the undiagnosed and reduce the late HIV diagnosis. Approximately 283 people were living in Southend-on-Sea with HIV in 2014; 17%, it is estimated, were unaware of their status; 43.2% of people diagnosed with HIV in 2014 were diagnosed late (with a CD4 count <350mm<sup>3</sup>);
- (ii) recognises the significant progress already made in reducing the impact of HIV on the population of Southend over the last 5 years including:
  - reducing the prevalence of HIV from a maximum of 2.99 people per 1000 aged 15-59 (2013) to 2.75 people per 1000 aged 15-59 in 2014
  - reducing the proportion of people diagnosed late with HIV from a maximum of 58.3% (2009-11) to 43.2% in 2012- 2014
  - reducing the rate of new diagnosis of HIV from a maximum of 16.7 cases per 100,000 population aged 15+ (2012) to 7.5 cases per 100,000 population aged 15+ in 2014;
  - commissioning an integrated Sexual Health Service
- (iii) recognises that Southend-on-Sea has a high prevalence of HIV (2.75 cases diagnosed per 1000 residents aged 15-59 in 2014) and commits to strengthening the provision and promotion of HIV testing services working with commissioned providers, local NHS partners, HIV charities and patient groups;
- (iv) recognises that late HIV diagnosis is a Public Health Outcomes Indicator in the Public Health Outcomes Framework and that, if diagnosed early, put on a clear treatment pathway and guaranteed access to antiretroviral therapy (ART), people living with HIV can expect to have a near normal life expectancy and live healthy and active lives;
- (v) recognises that 18% of the total public health budget is spent on commissioning of comprehensive Integrated Sexual Health Services including HIV testing, and sexual health promotion and HIV prevention services.
- (vi) resolves to:
  - strive to increase HIV testing over the next 5 years including the introduction of HIV home- sampling; and
  - act to continue with the current rate of reduction of the proportion of people diagnosed late with HIV (with a CD4 count <350mm<sup>3</sup>) in the Borough of Southend-on-Sea by 2020.
- (ii) Further resolves to:
  - ensure that link for the Southend Sexual Health profile, which includes up-to-date rates of late diagnosed HIV, is included on the Joint Strategic Needs Assessment (JSNA) section of the Council's website.

**Notice of Motion on HIV Testing**

The following motion has been presented:

That this Council:

- (i) recognises the importance of local action in co-ordinating and commissioning accessible and effective HIV testing to reach the undiagnosed and reduce the late HIV diagnosis. 107,800 people were living in the United Kingdom with HIV in 2013; 24% were unaware of their status; and 42% of people diagnosed with HIV in 2013 were diagnosed late (with a CD4 count <350mm<sup>3</sup>). Late diagnosis impacts on individual health, public health and health budgets;
- (ii) recognises that Southend-on-Sea has a high prevalence of HIV (over 2 diagnosed per 1000 residents) and commits to strengthening its own provision of HIV testing services through working with local NHS partners, HIV charities and patient groups;
- (iii) recognises that late HIV diagnosis is a Public Health Outcomes Indicator in the Public Health Outcomes Framework and that, if diagnosed early, put on a clear treatment pathway and guaranteed access to antiretroviral therapy (ART), people living with HIV can expect to have a near normal life expectancy and live healthy and active lives; and
- (iv) recognises the volume and quality of public health and local government guidelines and performance indicators designed to support local authority implementation and monitoring of appropriate and effective testing guidelines.

Recognising the weight of evidence in favour of expanding local HIV testing services, Southend-on-Sea Borough Council:

- (i) resolves to:
  - act to halve the proportion of people diagnosed late with HIV (with a CD4 count <350mm<sup>3</sup>) in the Borough of Southend-on-Sea by 2020; and
  - act to halve the proportion of people living with undiagnosed HIV in the Borough by 2020.
- (ii) Further resolves to:
  - ensure that rates of late diagnosed HIV are included as an indicator in its Joint Strategic Needs Assessment (JSNA); and
  - ask the Director for Public Health to provide a report outlining what needs to be done locally in commissioning and provision of services in order to halve the late diagnosed and undiagnosed HIV by 2020.

Proposed by: Councillor Evans

Seconded by: Councillor Flewitt



## **Appendix 3 Cabinet 10<sup>th</sup> November 2015**

### **402 Notice of Motion – HIV Testing**

At the meeting of the Council held on 22<sup>nd</sup> October 2015, Members received the following Notice of Motion in relation to HIV testing, which was proposed by Councillor Evans and seconded by Councillor Flewitt (this has been referred to Cabinet in accordance with Standing Order 8.4).

“That this Council:

(i) recognises the importance of local action in co-ordinating and commissioning accessible and effective HIV testing to reach the undiagnosed and reduce the late HIV diagnosis. 107,800 people were living in the United Kingdom with HIV in 2013; 24% were unaware of their status; and 42% of people diagnosed with HIV in 2013 were diagnosed late (with a CD4 count <350mm<sup>3</sup>). Late diagnosis impacts on individual health, public health and health budgets;

(ii) recognises that Southend-on-Sea has a high prevalence of HIV (over diagnosed per 1000 residents) and commits to strengthening its own provision of HIV testing services through working with local NHS partners, HIV charities and patient groups;

(iii) recognises that late HIV diagnosis is a Public Health Outcomes Indicator in the Public Health Outcomes Framework and that, if diagnosed early, put on a clear treatment pathway and guaranteed access to antiretroviral therapy (ART), people living with HIV can expect to have a near normal life expectancy and live healthy and active lives; and

(iv) recognises the volume and quality of public health and local government guidelines and performance indicators designed to support local authority implementation and monitoring of appropriate and effective testing guidelines.

Recognising the weight of evidence in favour of expanding local HIV testing services, Southend-on-Sea Borough Council:

(i) resolves to:

- act to halve the proportion of people diagnosed late with HIV (with a CD4 count <350mm<sup>3</sup>) in the Borough of Southend-on-Sea by 2020; and
- act to halve the proportion of people living with undiagnosed HIV in the Borough by 2020.

(ii) Further resolves to:

- ensure that rates of late diagnosed HIV are included as an indicator in its Joint Strategic Needs Assessment (JSNA); and
- ask the Director for Public Health to provide a report outlining what needs to be done locally in commissioning and provision of services in order to halve the late diagnosed and undiagnosed HIV by 2020.”

Resolved:-

That this is a laudable motion and the Council has an on-going commitment to reduce the rates of late and undiagnosed HIV in Southend-on-Sea and ensure that these are as low as possible. However, in these times of reducing budgets from Central Government and forced cuts to services we offer and the limited data about the downward trajectory, it is not possible to commit to a target to halve the rate by 2020 as that would require significant extra expenditure.

Reason for Decision

To respond to the Notice of Motion

Other Options

None.

Note:- This is an Executive Function.

Eligible for call-in to People Scrutiny Committee

Executive Councillor:- Moyies

**Called-in to People Scrutiny Committee**

## **Appendix 4                      Cabinet 5<sup>th</sup> January 2016**

### **527        Reference back from Council, 10th December 2015 - Notice of Motion - HIV Testing**

At the meeting of Council held on 10th December 2015, it was resolved to refer back the Cabinet's initial response to the HIV notice of motion (the motion was originally submitted to Council on 22nd October 2015). The Cabinet considered a report of the Director of Public Health setting out a revised suggested response to meet the general objectives of the motion.

Resolved:-

That the Southend-on-Sea Borough Council HIV Position Statement, as set out in Appendix 1 to the submitted report, be adopted in order to meet the general objectives of the motion.

Reason for Decision

A late HIV diagnosis can have adverse consequences on the individual including making it more likely the person will have frequent admissions to hospital due to illness and reducing their life expectancy and also increases the risk of transmission of the disease within the population

Other Options

That the original HIV motion is agreed or other measures are introduced to reduce the proportion of people diagnosed late with HIV in the Borough.

Note:- This is an Executive Function.

**Called-in to People Scrutiny Committee**

Executive Councillor:- Cllr Moyies

## **Appendix 5                      People Scrutiny 26<sup>th</sup> January 2016**

### **599        Reference back from Council, 10th December 2015 - Notice of Motion - HIV Testing**

The Committee considered Minute 527 of Cabinet held on 5th January 2016, which had been called in to scrutiny, together with a report of the Director of Public Health. This concerned the Notice of Motion in relation to HIV testing which had been referred back to Cabinet at the Council meeting held on 10<sup>th</sup> December 2015 (Minute 489 refers).

Resolved:

That the matter be referred back to Cabinet for reconsideration as the report did not fully reflect the general will expressed at the Council meeting on 10<sup>th</sup> December 2015.

Note:- This is an Executive Function.

Executive Councillor: - Cllr Moyies