RECOMMENDATION(S)
That the Board notes current progress and comments on the key issues raised on p11 of the report.

BACKGROUND INFORMATION
This report outlines the size of the HIV/AIDS burden in Southwark, trends over time, action being taken to prevent HIV, and the relative costs of different elements of the programme.

RISK FACTORS
1. Financial costs: No specific implications of the Board’s response
2. Human resources: No specific implications of the Board’s response
3. Legal: No specific implications of the Board’s response
4. Community Impact: The recommendation to note and comment on the report has been judged to have no or a very small impact on local people and communities. However, the issues raised in the paper report have a clear impact on large sections of the Southwark population. HIV incidence and prevalence rates are among the highest in the country and are rising steadily. The current prevention programme is comprehensive and carefully targeted, but there are still gaps referred to in the section on key issues for future planning.

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<th>Background Papers</th>
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<td>Title of document(s)</td>
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<td>Choosing Health in Southwark: the Annual Public Health Report 2004</td>
<td>Public Health Directorate, PCT Woodmill</td>
<td>Dr Gillian Holdsworth</td>
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<td>Dr Alan Maryon Davis, Director of Public Health</td>
<td>Dr Alan Maryon Davis, Director of Public Health</td>
<td>Final</td>
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CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER

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<tr>
<th>Officer Title</th>
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<td>Borough Solicitor &amp; Secretary</td>
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<td>Chief Finance Officer</td>
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<td>Director Social Services/ CE PCT</td>
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Date final report sent to Constitutional Support Services/ PCT dispatch | 10/11/05 |
This paper outlines the size of the HIV/AIDS burden in Southwark, trends over time, action being taken to prevent HIV, and costs.

**Basics**
Infection with HIV, Human Immunodeficiency Virus (the virus that can cause AIDS – Acquired Immune Deficiency Syndrome), continues to be one of the most important communicable diseases in the UK, and each year many thousands of individuals are diagnosed with HIV for the first time.

Infection with HIV gradually leads to a destruction of the normal immune response mechanism, making the individual susceptible to infections and malignancies, which can result in death. The main modes of transmission are:
- penetrative heterosexual or homosexual intercourse with an infected individual
- intravenous drug use (sharing of infected needles)
- mother to child during pregnancy, labour or through breastfeeding
- transfusion of unscreened blood products
- inoculation with infected blood through a variety of potential means (eg. ‘needlestick’ injuries during medical and dental procedures), although this is rare).

The infection is still frequently regarded as stigmatising and has a prolonged ‘silent’ period during which it often remains undiagnosed – factors which increase its spread and make contact tracing more difficult.

Antiretroviral drugs have substantially improved survival among people living with HIV, particularly in the developed world, further increasing the prevalence of the infection.

**The size of the problem**

**HIV diagnoses**
According to SOPHID (the Survey of Prevalent HIV Infections Diagnosed, conducted annually by the Health Protection Agency), there are estimated to be about 1400 people with diagnosed HIV resident in Southwark – about 1000 males and 400 females. There has been more than a doubling in the prevalence of diagnosed HIV infection in inner SE London boroughs between 1996 and 2003, with Southwark displaying the second highest prevalence rates in the region after Lambeth. Southwark has a prevalence rate of more than double the rate for London and over eight times that for England.
**Prevalence of HIV infection amongst residents of South East London**

![Graph showing prevalence rates from 1996 to 2003 for Lambeth, Southwark, Lewisham, and England & Wales.]

**Women and children**
However, many HIV-infected people are undiagnosed. With women and children, this is illustrated by carrying out 'unlinked' anonymous surveys of blood samples from antenatal women and newborn babies. These surveys arguably provide a more accurate measure of the true prevalence of HIV infection in those populations.

Among antenatal women, the rates at our two main clinics (Guy's & St Thomas' (GST) and Kings (KCH)) were 1.15% and 0.99% in 2003 respectively (see graph).


![Graph showing prevalence rates for KCH, GST, London centres, and England & Wales from 1992 to 2003.]
A prevalence of 0.73% in babies born to mothers in Lambeth, Southwark and Lewisham (LSL) means that one newborn baby in 140 is HIV positive – six times higher than the national rate.


**Contributory factors**

The main contributors to the increase in prevalence in the UK are:
- increased immigration and travel to and from areas of the world with high prevalence
- an increase in HIV amongst gay men
- increased survival of people living with HIV due to better treatment with antiretroviral drugs

**Ethnocultural**

In Southwark there is a particularly strong association with our large African community. Since 1996, Black Africans have emerged as the group in which the greatest numbers of new cases of HIV infection occur in SE London, accounting for much of the increase in incidence overall. More than two thirds of HIV infections diagnosed in the UK last year were due to heterosexual sex, 90% of those infections were caught abroad, 80% in Africa.
Number of patients diagnosed 1992 - 2002 by ethnic group

Number of patients in 2003 by ethnic group

**Route of infection**
Acquisition attributed to sex between men and women is increasingly important, accounting for 39.2% of new diagnoses in Southwark - almost equal to that for sex between men.
Injecting drug use and other modes of acquisition of the virus continue to be relatively unimportant, but the importance of maintaining services for the provision of safe injecting equipment and other harm minimisation interventions should not be overlooked.

**New diagnoses of HIV infection by probable route of infection**

- **IDU = injecting drug use**

**Numbers of diagnosed HIV infected patients by probable route of infection**
Gender

Among diagnosed HIV infected patients in Southwark there are more than twice as many men than women.

Gay men

HIV prevalence in the UK’s gay men varies from 4% in rural areas to 12% in London. In other words, if you are a gay man you are 100 to 200 times more likely to have HIV than most other members of the community. In the UK incidence among gay men has increased by 40% in the last five years. Some of this may be due to more gay men coming forward for HIV tests, and some to an increase in immigrant gay men (particularly from southern Europe) who are able to live openly in the UK where they may not have done in the country of birth.

HIV prevention

What works?

Community-led interventions involving peer and popular opinion leaders can be effective in influencing risk behaviours. There is also some evidence that motivational counselling and role play focusing on risk reduction and sexual negotiation can be effective.

According to the Health Development Agency, interventions are more likely to be effective if they are:

- Placed within the broader context of people’s lives, addressing the range of factors which influence risk at both the personal level (eg: knowledge, skills) and the structural level (eg: cultural attitudes to condom use)
• Tailored and targeted to specific sub populations (eg. gay men, African communities)

What we’re doing in Southwark

In Southwark HIV prevention services are currently commissioned from the voluntary sector, Health First (the LSL-wide specialist health promotion service) and from local acute and community providers (as part of their HIV service-level agreements). Voluntary sector services are commissioned across Lambeth, Southwark and Lewisham, and also on a cross-sector and pan-London basis.

Targeted interventions with the following sub-populations have been prioritised based on local epidemiology:
  • gay and bisexual men
  • people from or with links to high prevalence African countries
  • people living with HIV

Work with gay men
Work has been commissioned primarily through the London Gay Men's HIV Prevention Partnership, Health First and joint arrangements with other PCTs. The main interventions are:
  • outreach work including saunas and public sex environments
  • group-work
  • sexual health counselling
  • resources including the free provision of condoms, lubricants and information on sexual health services to commercial gay venues.
  • interactive website
  • media campaigns

The main target groups are:
  • young gay men
  • black African and Caribbean gay and bisexual men aimed at increasing access to genitourinary clinics for the treatment of sexually-transmitted infections, sexual health promotion and HIV testing
  • voluntary sector capacity building at local lesbian and gay groups
  • training with staff and volunteers within the local NHS, local authority and wider voluntary sector.

If gay male migration patterns continue as they have done since the early 1990s it is likely that there will be a continued increase in the local gay male population. This will include male migrants from the new EU countries as well as refugees and asylum seekers from other countries where homosexuality is still less accepted.

Work with African communities
Targeted work includes:
  • coordination of a LSL wide African Health Forum and a linked Small Grants Scheme
  • community outreach and awareness raising via workshops, drama, production and dissemination of small media, condoms etc and peer education and group
work interventions aimed at promoting safer sex, negotiated safety, harm minimisation and reduction of stigma etc

• provision of information to support choices in relation to HIV testing, including HIV antenatal testing and information/support around treatment options/adherence
• interventions to reduce late presentation
• organisational development, and health promotion skills based training to African community-based organisations. Work with faith communities including setting up of African Muslim Campaign against HIV
• a West African prevention initiative, African Men’s Project, and extension of a free condom/information scheme via black business/social settings.
• possible Pan-London African Prevention Programme. This is being progressed via a working group, which reports to the London HIV Consortium Voluntary Sector and HIV Prevention Sub Group.

Work with pregnant women and new mothers
By identifying the vast majority of pregnant HIV-positive women it is possible to greatly reduce the risk of transmission from mother to child through various clinical interventions, eg. antiretroviral treatment of the mother before and during labour, and of the infant after delivery and birth, delivery by Caesarean section and avoidance of breastfeeding. Currently all local antenatal services are offering diagnostic HIV testing as part of routine antenatal care rather than an optional additional test and uptake rates are above 90%

Since July 2001 a free infant feeding scheme has been available in Lambeth, Southwark and Lewisham which gives local HIV-positive women who have restricted or no access to social security benefits free formula milk supplies for up to one year and a starter pack on the birth of their child which includes sterilising equipment and bottles. This scheme, together with local antenatal testing rates, as had a significant impact on further cases of paediatric HIV - although this does not cover children born overseas.

Other targeted work
In addition, services are provided for injecting drug users and commercial sex workers aimed at risk reduction and includes outreach, needle exchange provision, condom provision, facilitating access to local sexual health services. The providers are Mainliners, Working Women’s Project and Streetwise.

Work with African Caribbean communities has included a small grants scheme to help build capacity; an LSL African Caribbean Sexual Health Forum group and conference; and mapping exercise of services to address sexual health needs of Caribbean people.

Sex and relationships education in schools
There is a burgeoning programme of sex and relationships education (SRE) in local schools, complying with national guidance and supported via the local Healthier Schools Partnership.

Free condom scheme
Free condoms are available locally through a number of mechanisms. The main scheme, hosted by Health First, provides condoms through local GUM, sexual & reproductive health services, substance misuse services plus a wider range of voluntary
sector groups. The increase in local sexual health, teenage pregnancy and substance misuse services (particularly since the introduction of the National Sexual Health & HIV Strategy) has seen a parallel increase in free condom provision.

**Other community services for people living with HIV**

The HIV Community Service is a specialist nursing service provided by Lambeth and Southwark PCTs. The service provides advice and support for people with HIV, their friends and family. HIV related work is also carried out in other community services including reproductive sexual health (RSH) and the voluntary sector.

**Sexual Health Modernisation Initiative**

The Sexual Health Modernisation Initiative in Lambeth and Southwark, funded by the Guy’s & St Thomas’ Charity, aims to develop an integrated system of sexual health service provision which is: evidence based; developed by service users; delivered by primary care, community and acute services working in partnership. The project will analyse current and projected demand, redesigning service delivery, develop staff capacity and incorporate new technologies to improve overall quality and patient experience.

**Hospital-based specialist services for people with HIV and AIDS**

These services are based primarily at Guy’s & St Thomas’ and Kings, and include both outpatient and inpatient provision. Services are provided through sexual health (genitourinary) clinics in all three hospitals, and through the dedicated Harrison Wing at St Thomas’ offering outpatient and day-patient care for HIV/AIDS patients.

**Costs and funding**

The average lifetime treatment costs for an HIV-positive individual are calculated to be between £135,000 and £181,000. The monetary value of preventing a single onward transmission is estimated to be somewhere between £0.5 and £1 million in terms of individual health benefits and treatment costs (Department of Health 2001).

Specialist HIV/AIDS care services are funded through a pan-London Regional Specialist Commissioning Consortium. The global NHS funding for HIV services across London is around £200 million per annum. The Southwark share of this funding is around £17 million, the majority of which is spent on the hospital-based specialist services and antiretroviral medication procured through a centralised scheme for HIV/AIDS patients.

Funding for HIV prevention is much lower. The amount allocated to Lambeth, Southwark & Lewisham is over £3 million per annum of which the Southwark share (on a 36% capitation basis) is £1,037K. This is channelled through a wide variety of providers in the community and voluntary sectors, and includes the free condom scheme.
Key issues for consideration

The PCT and its local partnership agencies are working together to:

- Ensure that the current level of HIV prevention and sexual health promotion work is maintained through a range of statutory and non-statutory agencies, and is closely linked with related strategies such as Young Southwark, Neighbourhood Renewal and Equality & Diversity.

- Strengthen generic sexual and reproductive healthcare delivery at all levels in the borough, particularly in primary care, including community pharmacies.

- Maintain the current service to intravenous drug users to keep HIV infection via this route at a sustainable low level.

- Continue to monitor trends in HIV infection and STIs - including age, gender, ethnicity, sexuality and mode of transmission to allow the development of targeted interventions for high-risk communities and groups.

- Re-negotiate our funding formula with the HIV Consortium to better reflect the rapid increase in heterosexually transmitted HIV, particularly within African communities in Southwark, requiring long-term treatment with antiretroviral drugs.

- Design care services for people with HIV in line with other similar models of care for long term conditions. This includes greater involvement of primary/community care, developing linkages with related services, especially generic sexual health, youth services and social services, and embedding this integrated service redesign in practice-based commissioning.

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