

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

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|----------------------------------|---------|
| Service Specification No. | |
| Service | |
| Commissioner Lead | NWL ICB |
| Provider Lead | |
| Period | |
| Date of Review | |

B. Service Specifications

1. Purpose

1.1 Aims

The overall aim of the commissioned service is to improve the quality of life for HIV positive people. Within this, some of the specific aims are:

- Improved physical and mental health
- Ensuring HIV positive people have minimum living standards

This service will be expected to complement primary and secondary prevention and care work commissioned from other providers.

In addition, in providing this service the 'Provider' will:

- Make a contribution to the emerging evidence base supporting local prevention planning, service design, commissioning and delivery and to close the gap between what is known to be effective for high risk population and the lack of evidence for work within BAME groups.
- Make a contribution to local initiatives designed to reduce the number of people diagnosed with HIV with a CD4 count <200 cells per mm3.

1.2 Evidence Base

- In 2017, the number of Brent residents aged 15-59 years who were seen at HIV services (the prevalence of diagnosed HIV) was 927. The diagnosed prevalence per 1,000 residents aged 15-59 years was 4.4, worse than 2.3 per 1,000 in England. The Brent ranked 21st highest (out of 150 UTLAs). Since 2016, the increase in prevalence in Brent was 2%; in the 5 years since 2012, the increase was 13%. In comparison the Brent rate of HIV diagnosis is greater than the England rate but below the London rate (Brent Sexual Needs Assessment 2019-20).
- In 2018, the percentage of eligible SHS attendees in Brent who received an HIV test was 74%, better than 71% for London and 65% for England. However, this represented a 8% decrease since 2017, and a 9% decrease since 2013.
 - The percentage of eligible men who have sex with men (MSM) Sexual Health Service (SHS) attendees in Brent who received an HIV test was 89%, better than 88% for England. This represented a 4% decrease since 2017.
 - The percentage of eligible female SHS attendees in 2018 in Brent who received an HIV test was 67%, better than 55% for England. This represented a 11% decrease since 2017.

- The percentage of eligible male SHS attendees in 2018 in Brent who received an HIV test was 84%, better than 78% for England. This represented a 4% decrease since 2017.
- In 2017, the number of Brent residents aged 15 years and older who were newly diagnosed with HIV was 64. The rate of new diagnoses per 100,000 residents was 24.4, worse than the rate of 8.7 per 100,000 in England. This represented a 2% decrease since 2016 and a 12% decrease in the 5 years since 2012. The rank of Brent for new HIV diagnoses was 13th highest (out of 150 UTLAs) (Brent Sexual Needs Assessment 2019-20).

Demographic Profile

Brent is an outer London borough in North West London. It has a population of 336,659 with a population density of 76.8 persons per hectare. The population has grown significantly since 2001 and is predicted to continue to grow. Population projections are as follows:

- 2018 336,659
- 2021 346,437
- 2026 363,285

The Brent population is young, dynamic and growing. The health of people in Brent is varied compared with the England average. Brent is ranked amongst the top 15% most-deprived areas of the country. This deprivation is characterised by high levels of long-term unemployment, low average incomes and supported through benefits and social housing.

The borough's population is one of the most diverse in London. Brent was the first local authority in the UK to have a majority black, Asian and minority ethnic (BAME) population. In the 2011 Census, 64.7% of the populations were BAME. By contrast, 14% of people in England and Wales and 40% of people in London were BAME.

The 2019-20 Brent JSNA indicates that in Brent, there were 927 people living with diagnosed HIV (aged between 15 and 59).

Late diagnosis of HIV is associated with a worse prognosis and an increased risk of onward transmission. In Brent, 39% of HIV diagnoses are at a late stage in 2015 - 17, compared to 41% in England but higher than 37% in London.

There are a number of key groups who are most at risk of poor sexual health: young people aged 15 to 24, men who have sex with men (MSM), black and black British communities and sex workers. As elsewhere, STIs are more prevalent in those parts of the borough with high deprivation.

The borough also has a higher HIV prevalence rate per 1,000 residents aged 15 – 59 years at 4.4%, worse than 2.3% per 1,000 in England.

It is recognised that peer support, where effectively delivered, empowers HIV positive people to better access key services and develop self-care and management strategies.

1.4 Objectives

The objectives of the commissioned Service are:

- To increase the number of HIV positive Brent Residents accessing and participating in the Provider's peer support programme
- To increase the number of HIV positive people with personalised care plans agreed through the HUB, who has the responsibility for establishing and case managing these plans.
- To reduce the levels of inpatient activity for Brent resident HIV positive people.

1.5 Expected Outcomes including improving prevention

- HIV positive people are empowered to access key services, including primary care, specialist HIV community and other services such as specialist advice services; relevant local services (housing, leisure, education, etc.) provided by the local authority and community/voluntary sector agencies
- HIV positive Brent residents that are adhering to treatment and have agreed personalised care plans
- Positive Brent residents accessing relevant health care and self-managing their conditions
- Improved employability of HIV positive people – clients are empowered to access employment skills training, volunteering opportunities and employment support services in both the community and statutory sectors.

- All HIV positive Brent Residents are aware of, and if they desire have social links with, other positive people
- Increased numbers of HIV service users have a care management plan
- Service users able to self-manage their health and wellbeing
- Increased adherence to standard antiretroviral therapy (ART) which consists of the combination of antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease.)

2. Scope

2.1 Service Description

The service that is being commissioned is that of HIV Peer Support that provides a range of services to the HIV positive population of Brent including:

- Representing the users in the development of HIV and AIDS care management strategies.
- Providing the HIV positive population of Brent with support including:
 - Linking them into HIV management services including the HUB
 - Providing support and signposting to help service users resolve social, legal and welfare rights issues such as immigration, housing etc.

The Provider will work in close and active partnership with the HIV Co-ordinator of Brent Community Services (BCS) to ensure effective and integrated service delivery and development.

The Provider will deliver a Peer Support Group for HIV positive people in Brent that will link into NHS HIV services. This group will be responsible for providing support and referrals for HIV positive people into other services.

People living with HIV need information on living with the condition when first diagnosed, and many feel isolated and distressed when they are first diagnosed and when they return home from a period in hospital. It is widely recognised that poverty is exacerbated by an HIV diagnosis while lack of employment can be a central factor in people living with HIV. Many HIV positive people are prevented from working not only by ill health but by social barriers that could be removed. The Provider will ensure that its Peer Support service helps increase emotional and physical well-being by empowering its members to access to both mainstream and HIV specialist services. The Peer Support service should also empower and support its members to influence the development and delivery of HIV services, e.g. participation in service redesign and CCG consultation events.

2.2 Accessibility/acceptability

The service must be equitable and accessible to all HIV positive Brent residents. It will provide a range of interventions to meet the needs of users, including provision of one-to-one support and must hold regular support groups that members can access. It must be available through the HIV HUB. The Provider will ensure that its information resources are available in different community languages, where necessary, and in a range of formats, e.g. written, telephone, web-based, etc. It should also ensure that its services are able to address the needs of HIV positive people with disabilities (e.g. wheelchair users, people with sight and hearing difficulties, etc.). Information provided should be up to date and evidence base where applicable.

2.3 Whole System Relationships

The Provider delivers Peer Support to HIV positive people by enabling HIV positive people to provide peer mentoring, education and signposting to their peers. The most important relationship that the Provider will have will be to the BCS HIV Co-ordinator and the HUB at Monks Park, the central point of care access for many HIV positive people. The Provider's Peer Support service will work in partnership with the CCG, the social care team at the Local Authority.

Other key relationships include:

Brent Community Services (BCS) and BCS HIV Coordinator
 NHS Brent
 LNWHT GUM service
 Brent HUB (Monks Park)
 Living Well
 Legal Aid law firms

St John's Hospice
Mildmay

It is expected that the Provider will be able to work in a manner that avoids duplication and maximises resources. The Provider's services must be integrated with and complement local work and provide good value for money to the commissioner

2.4 Interdependencies

The key inter-dependencies are:

LNWHT GUM Service
The Brent HUB
St John's Hospice
Mildmay

Brent Community HIV Services

2.5 Relevant networks and screening programmes

The service should link into the LNWHT Sexual Health Network

3. Service Delivery

3.1 Service Model

The Provider must ensure its Peer Support service provides HIV positive users with links from diagnosis into the relevant services to support them in the management of their disease including relevant support to enable them to manage their social conditions.

3.2 Care Pathway(s)

HIV is now defined as a Long Term Condition. This gives greater opportunity for HIV positive people to access, in addition to specialist HIV services, a broader network of other provision including personalised care planning, social and other support.

The Provider will be expected to complete monitoring forms every time they take on a new client and to track key changes to service users' circumstances. The provider will aim for feedback from all clients using a variety of mechanisms including self-evaluation forms and other more interactive evaluation methods to gauge changes in wellbeing, and access to and participation in opportunities which help increase their social and economic independence. Monitoring data will be presented in ways which will inform the future development of the service, and demonstrate contract compliance.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

London Borough of Brent

4.2 Location(s) of Service Delivery

HIV at the Hub at Hillside Primary Care Centre once per week and Northwick Park GUM one day per week and as necessary to meet the needs of service users

The Provider will ensure that its training courses and workshops are held in locations that are accessible to all clients/service users. These locations should be well publicised. In respect of its outreach programme, the Provider will seek to cover a wide range of geographical locations, with a view to maximising its effectiveness on reaching hard to reach clients.

4.3 Days/Hours of operation

1 day per week at the Hub at Hillside Primary Care Centre. Available for telephone access at least 8 hours per week. Regular group meetings and workshops, as detailed in the Indicative Activity Plan on Page 17 to support service users, for example, by providing adherence training, peer support, skills training etc.

4.4 Referral criteria & sources

Access criteria include that the person referred is:

- Registered with a Brent GP
- Living with HIV
- Referred in through partner voluntary sector organisations, the GUM service and the Hub at Hillside Primary Care Centre
- Self-referral

4.5 Referral route

Clients/service users may self-refer or referred in through partner voluntary sector organisations, the GUM service and the HUB / GPs/ other NHS services. Referrers should be informed when patients are both accepted into and discharged from the service.

4.6 Exclusion criteria

Patients not registered with a Brent GP within 6 months of accessing services

4.7 Response time & detail and prioritisation

The Provider must ensure its service will be able to respond in a timely manner (48 hours), and that all its standards are well publicised in simple and accessible language. It should provide the Commissioner with clear criteria, where applicable, how it prioritises its referrals.

5. Discharge Criteria and Planning

The Provider will ensure its planning criteria are understood by clients/service users. This will include information about the options of accessing one-to-one or/and group support, as well as accessing workshops for information; how users/ Peer Support group members are supported to move on and where they are referred to the HUB, how the Provider will work with them and the Hub at Hillside Primary Care Centre develop personalised care plans.

The Service User will work with a Caseworker to agree an action plan to manage their situation including discussion on other available local health and social care services.

Where a new user/client drops out of a Peer Support care plan midway through the expected number of attendances, the Provider will, without adversely affecting the user/client's wish to do so, ascertain the reasons for non-continuation. This information will be aggregated and used by the provider to inform future planning and improvement of its Peer Support service.

6. Prevention, Self-Care and Patient and Carer Information

Service Users should be signposted to self-care services that are available to them including the Living Well services, based at St Charles Centre for Health and Wellbeing which provides advice on living with HIV, one-to-one guidance, and support from other people in the same situation.

HIV prevention should be promoted in order to prevent the onwards transmission of HIV.

Service users should be able to access information in a format that is useable for them and where appropriate or possible in a language of their choice.